

Introduction to the OhioRISE Mixed Services Protocol

The OhioRISE Mixed Services Protocol clarifies financial responsibility for behavioral health services provided to children and youth who:

- Are enrolled in the OhioRISE plan.
- Become enrolled in the OhioRISE plan as of the date of admission to an inpatient behavioral health stay on or after OhioRISE program implementation (July 1, 2022). Youth who become enrolled in the OhioRISE program must have been determined eligible for Ohio Medicaid per ORC 5160.01(D)(1), which is distinct from other medical assistance programs or time limited benefits offered by the agency.

This protocol includes services that are covered by both the OhioRISE plan and the Managed Care Organization (MCO). It excludes the enhanced or new services that are only covered by the OhioRISE plan. Services that are not behavioral health (dental, transportation, etc.) are not OhioRISE covered services and remain the responsibility of the individual’s MCO (or fee-for-service (FFS) Medicaid). Financial responsibility for behavioral health services provided to children and youth who are not enrolled in the OhioRISE plan remains the responsibility of the recipient’s managed care organization or fee-for-service Medicaid.

Providers can use this document to identify the entity to which claims should be submitted if a child or youth is enrolled in the OhioRISE plan. Services are defined in the column on the left, while the entity to which the claim should be routed, dependent on the date of service, is in the column on the right.

Please note that inpatient behavioral health admissions for children and youth under age 21 on the admission date result in OhioRISE enrollment effective the date of admission, regardless of whether the eligibility systems demonstrate OhioRISE enrollment at the time the child or youth is admitted. Therefore, inpatient behavioral health hospital admissions, as described in this document, are the responsibility of the OhioRISE plan.

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OhioRISE Mixed Services Protocol

(Applicable to Youth Enrolled in the OhioRISE Plan)

Service	Responsible Entity
CANS Assessment	
<ul style="list-style-type: none"> • Claims for CANS assessment (HCPCS code H2000, except for those billed with the 'TG' modifier). 	<p>The OhioRISE Plan beginning with the date after the OhioRISE enrollment date.</p> <p>If the date of service was prior to or the same date as the individual's enrollment in OhioRISE, the individual's MCO (or FFS).</p>
Community Behavioral Health Services	
<ul style="list-style-type: none"> • All claims billed by community mental health agencies (Provider Type 84) and community substance use disorder (SUD) agencies (Provider Type 95). <ul style="list-style-type: none"> ○ Refer to OAC chapter 5160-27. ○ Refer to the <i>Behavioral Health Provider Manual</i> on the Medicaid Behavioral Health Webpage. 	<p>The OhioRISE Plan.</p>
Physicians	
<ul style="list-style-type: none"> • All Psychiatrist claims billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95); or • Professional claims billed by hospitals (Provider Type 01 or 02), rural health clinics (Provider type 05), federally qualified health centers (Provider Type 12), professional medical groups (Provider Type 21), clinics (Provider Type 50), or physicians (Provider Type 20) when the rendering provider is a Psychiatrist [a physician with a psychiatrist (Provider Specialty 213), addiction (Provider Specialty 227), or child/adolescent psychiatry (Provider Specialty 234) specialty]. 	<p>The OhioRISE Plan.</p> <p>Notes: Regardless of the service provided, services rendered by a physician with the Psychiatry specialty, as identified in this section, are the responsibility of the OhioRISE Plan.</p>
<ul style="list-style-type: none"> • Professional claims billed by hospitals (Provider Type 01 or 02), rural health clinics (Provider type 05), federally qualified health centers (Provider Type 12), professional medical groups (Provider Type 21), clinics (Provider Type 50), or physicians (Provider Type 20) when the rendering provider is a physician (Provider Type 20) that does NOT have a psychiatrist specialty [a physician (Provider Type 20) with a psychiatrist (Provider Specialty 213), addiction (Provider Specialty 227), or child/adolescent psychiatry (Provider Specialty 234) specialty]. 	<p>The individual's MCO (or FFS).</p> <p>Notes: Regardless of the service provided, services rendered by a physician that does not have a Psychiatry specialty, as identified in this section, that are not billed by a community mental health or community SUD agency, are the responsibility of the MCO (or FFS).</p>

Service	Responsible Entity
Physician Assistants	
<ul style="list-style-type: none"> • All Physician Assistant services billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95); or • Claims for which a Physician Assistant Provider Type/Provider Specialty 24/240 renders services when supervised by a psychiatrist for the services rendered. 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Services rendered by a Physician Assistant Provider Type/Provider Specialty 24/240 that is not supervised by a psychiatrist for the services rendered. 	The individual's MCO (or FFS).
Psychiatric Advanced Practice Registered Nurse	
<ul style="list-style-type: none"> • Services billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95); or • Claims for which a clinical nurse specialist (Provider Type 65) or certified nurse practitioner (Provider Type 72) with a psychiatric nursing specialty (Provider Specialty 213 or 996) who renders services under a collaborative agreement with a psychiatrist for the services rendered. 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Services rendered by a clinical nurse specialist (Provider Type 65) or a certified nurse practitioner (Provider Type 72) who does not have a psychiatric nursing specialty (Provider Specialty 213 or 996) or who does not render services under a collaborative agreement with a psychiatrist for the services rendered. 	The individual's MCO (or FFS).
Opioid Treatment Programs (OTP)	
<ul style="list-style-type: none"> • All claims billed by community SUD agencies (Provider Type 95), specialty 951 or 953. <ul style="list-style-type: none"> ○ Refer to the <i>Behavioral Health Provider Manual</i> on the Medicaid Behavioral Health Webpage for a list of covered drugs. 	The OhioRISE Plan.

Service	Responsible Entity
Other Licensed Behavioral Health Professionals	
<ul style="list-style-type: none"> • Services provided in accordance with OAC rule 5160-8-05. • Billing provider is one of the following individual practitioners: <ul style="list-style-type: none"> ○ Psychologist (Provider Type/Provider Specialty 42/420). ○ Licensed Professional Clinical Counselor (LPCC) (Provider Type/Provider Specialty/PS 47/474). ○ Licensed Independent Social Worker (LISW) (Provider Type/Provider Specialty 37/370). ○ Licensed Independent Marriage and Family Therapist (LIMFT) (Provider Type/Provider Specialty 52/520). ○ Licensed School Psychologist (Provider Type/Provider Specialty 42/421). ○ Licensed Independent Chemical Dependency Counselor (LICDC) (Provider Type/Provider Specialty 54/540). 	<p>The OhioRISE Plan.</p>
<ul style="list-style-type: none"> • Services provided in accordance with OAC rule 5160-8-05. • Services billed by rural health clinics (Provider type 05), federally qualified health centers (Provider Type 12), professional medical groups (Provider Type 21) and clinics (Provider Type 50) when rendered by the following: <ul style="list-style-type: none"> ○ Psychologist (PT/PS 42/420). ○ Licensed Professional Clinical Counselor (LPCC) (PT/PS 47/474). ○ Licensed Independent Social Worker (LISW) (PT/PS 37/370). ○ Licensed Independent Marriage and Family Therapist (LIMFT) (PT/PS 52/520). ○ Licensed School Psychologist (PT/PS 42/421). ○ Licensed Independent Chemical Dependency Counselor (LICDC) (PT/PS 54/540). 	<p>The OhioRISE Plan.</p>
Mobile Response & Stabilization Services (MRSS)	
<ul style="list-style-type: none"> • MRSS as described in OAC rule 5160-27-13 (to be effective 7/1/22). <ul style="list-style-type: none"> ○ See appendix to rule 5160-27-03 for MRSS billing codes. 	<p>The OhioRISE Plan.</p>

Service	Responsible Entity
Inpatient Hospital Services	
<p>General Hospital: Behavioral health inpatient admission that meets all of the following criteria:</p> <p><u>Dates of Admission on or after January 1, 2024:</u></p> <ul style="list-style-type: none"> • Inpatient claim type; and • Youth who are enrolled in OhioRISE or youth who are not yet enrolled in OhioRISE and are under 21 years of age at the time of admission; and • A mental health or substance use disorder principal diagnosis code in the behavioral health range: F0150-F99, R440-R443, R450-R4582, R45850-R4589, R4681-R4689, or Z72810-Z72811, or an Injury, poisoning and certain other consequences of external causes suicide code or an Injury, poisoning and certain other consequences of external causes intentional self-harm, initial encounter code; and • The reimbursement APR-DRG is in the behavioral health range: 740, 750-760, 770, 772-776, or 817. <ul style="list-style-type: none"> ○ For Dates of Admission on or after 10/1/2024, APR-DRGs 761-762 will be accepted and APR-DRG 754 has been obsolete. <p><u>Dates of Admission July 1, 2022 through December 31, 2023:</u></p> <ul style="list-style-type: none"> • Inpatient claim type; and • Youth who are enrolled in OhioRISE or youth who are not yet enrolled in OhioRISE and are under 21 years of age at the time of admission; and • A mental health or substance use disorder principal diagnosis code in the behavioral health range: F0150-F99, R440-R443, R450-R4582, R45850-R4589, R4681-R4689, Z72810-Z72811; and • The reimbursement APR-DRG is in the behavioral health range: 740, 750-760, 770, or 772-776. 	<p>The OhioRISE Plan.</p> <p>An inpatient claim type with a principal diagnosis code or reimbursement DRG outside of the behavioral health range is the responsibility of the individual’s MCO (or FFS).</p> <p>Notes:</p> <ul style="list-style-type: none"> • If the individual turns 21 during the psychiatric inpatient stay, the OhioRISE Plan is responsible for the hospital claim (admit through discharge). • If individual is transferred to/from medical to/from distinct part psychiatric unit, the psychiatric stay is billed to the OhioRISE Plan and medical is billed to the individual’s MCO (or FFS). • Three-day roll-in: If individual is enrolled in OhioRISE at the time of the outpatient visit and there is a subsequent psychiatric inpatient admission at the same hospital, the outpatient visit will be rolled into the inpatient admission; if not already on the OhioRISE Plan and has a subsequent psychiatric inpatient admission, the individual’s MCO (or FFS) is responsible for the outpatient services (services billed as OPHBH at general hospitals are excluded from the three-day roll-in for dates of admission through 12/31/2023).
<p>Psychiatric hospital:</p> <ul style="list-style-type: none"> • All inpatient admissions for youth who are enrolled in OhioRISE or for youth who are not yet enrolled in OhioRISE and are under 21 years of age upon admission in a psychiatric hospital (Provider Type 02). 	<p>The OhioRISE Plan.</p> <p>Note: If individual turns 21 during the psychiatric inpatient stay, the OhioRISE Plan is responsible for the hospital claim (admit through discharge).</p>

Service	Responsible Entity
Outpatient Hospital Services	
<p>General Hospital:</p> <p>Dates of Service on or after January 1, 2024:</p> <ul style="list-style-type: none"> • Outpatient claim type without an Emergency Department CPT code (99281-99285) or Emergency Department revenue center code (045X); and • Community Psychiatric Supportive Treatment (CPST) or any service that falls under reimbursement EAPG Categories: 16*, 71 or 72; or • Reimbursement EAPG 450 when observation code G0378 is submitted with the ‘HE’ modifier. <p>Dates of Service July 1, 2022-December 31, 2023:</p> <ul style="list-style-type: none"> • Outpatient claim type without an Emergency Department CPT code (99281-99285) or Emergency Department revenue center code (045X); and • Behavioral health primary diagnosis code from the ‘Outpatient Hospital Behavioral Health Diagnosis Codes’ list, available on ODM’s website (Resources for Providers > Fee Schedule and Rates > Outpatient Hospital Behavioral Health Services); and • Behavioral health procedure code (regardless whether the code is billed with the ‘HE’ modifier) from the ‘Outpatient Hospital Behavioral Health Codes and Rates’ available on ODM’s website (Resources for Providers > Fee Schedule and Rates > Outpatient Hospital Behavioral Health Services), except vaccine and laboratory codes. 	<p>The OhioRISE Plan.</p> <p>All other Outpatient Hospital Services are the responsibility of the individual’s Medicaid MCO (or FFS).</p> <p>*Excluding Applied Behavior Analysis (ABA) Services for Autism Spectrum Disorder (ASD). ABA services for ASD are the responsibility of the individual’s Medicaid MCO (or FFS).</p> <p>Notes:</p> <ul style="list-style-type: none"> • Hospitals may split bill if behavioral health services and non-behavioral health services were provided on the same date of service. • Three-day roll-in: If individual is enrolled in OhioRISE at the time of the outpatient visit and there is a subsequent psychiatric inpatient admission at the same hospital, the outpatient visit will be rolled into the inpatient admission; if not already on the OhioRISE Plan and has a subsequent psychiatric inpatient admission, the individual’s MCO (or FFS) is responsible for the outpatient services (services billed as OPHBH at general hospitals are excluded from the three-day roll-in for dates of service through 12/31/2023).
<p>Psychiatric Hospital:</p> <ul style="list-style-type: none"> • All outpatient claims billed by a psychiatric hospital (Provider Type 02). 	<p>The OhioRISE Plan.</p>

Service	Responsible Entity
Hospital Emergency Department Services	
<ul style="list-style-type: none"> • Emergency Department: <ul style="list-style-type: none"> ○ CPT codes 99281-99285 and/or ○ Emergency Department revenue code 045X and all services associated with that Emergency Department visit (including observation and services that may be considered outpatient hospital behavioral health services). ○ Professional services provided in the Emergency Department (Place of Service code 23). 	<p>The individual's MCO (or FFS).</p> <p>Notes:</p> <ul style="list-style-type: none"> • An Emergency Department visit without a subsequent behavioral health admission is the responsibility of the individual's MCO (or FFS). • Hospitals may split bill when the individual is enrolled in OhioRISE if there was an Emergency Department visit and a planned outpatient behavioral health service on the same date of service. • Three-day roll-in: If the individual is enrolled in OhioRISE and has a subsequent psychiatric inpatient stay at the same hospital, the Emergency Department visit is rolled into the inpatient admission; if the individual is not already on the OhioRISE Plan and has a subsequent psychiatric inpatient stay, the MCO (or FFS) is responsible.
Applied Behavior Analysis (ABA) Services	
<ul style="list-style-type: none"> • Claims for ABA services (HCPCS codes 97151-97158, 0362T, and 0373T) for Autism Spectrum Disorder. 	<p>The individual's MCO (or FFS).</p>

Service	Responsible Entity
Provider Administered Drugs	
<ul style="list-style-type: none"> • Billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95). <ul style="list-style-type: none"> ○ See the <i>Behavioral Health Provider Manual</i> on the Medicaid Behavioral Health Webpage for list of covered drugs. 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Professional claims billed by hospitals (Provider Type 01 or 02), rural health clinics (Provider type 05), federally qualified health centers (Provider Type 12), professional medical groups (Provider Type 21), clinics (Provider Type 50), or physicians (Provider Type 20) when the rendering provider is: <ul style="list-style-type: none"> ○ A psychiatrist [a physician with a psychiatrist (Provider Specialty 213), addiction (Provider Specialty 227), or child/adolescent psychiatry (Provider Specialty 234) specialty]; or ○ A Physician Assistant (Provider Type 24) that is supervised by a psychiatrist for the services rendered; or ○ An Advanced Practice Registered Nurse (Provider Type 65 or 72) with a psychiatric nursing specialty (Provider Specialty 213 or 996) that has a collaborative agreement with a psychiatrist for the services rendered. 	The OhioRISE Plan.
Pharmacist Services	
<ul style="list-style-type: none"> • Pharmacist services (Provider Type 69) in accordance with OAC rule 5160-8-52 billed by community mental health agencies (Provider Type 84) or community SUD agencies (Provider Type 95). 	The OhioRISE Plan.

Service	Responsible Entity
Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) Services	
<ul style="list-style-type: none"> • Services rendered by a practitioner with a BH specialty: <ul style="list-style-type: none"> ○ A Psychiatrist [a physician with a psychiatrist (Provider Specialty 213), addiction (Provider Specialty 227), or child/adolescent psychiatry (Provider Specialty 234) specialty]; or ○ A Physician Assistant (Provider Type 24) that is supervised by a psychiatrist for the services rendered; or ○ An Advanced Practice Registered Nurse (Provider Type 65 or 72) with a psychiatric nursing specialty (Provider Specialty 213 or 996) that has a collaborative agreement with a psychiatrist for the services rendered. ○ All practitioners listed in rule OAC 5160-8-05. 	The OhioRISE Plan.
<ul style="list-style-type: none"> • Services rendered by a practitioner without a BH specialty. 	The individual’s MCO (or FFS).
<ul style="list-style-type: none"> • FQHC/RHC wraparound payments. 	Fee-for-Service Medicaid.
<p>FQHC/RHC Section Notes:</p> <ul style="list-style-type: none"> • These guidelines apply to services furnished by an FQHC or RHC, whether or not payment is made under the PPS. Covered non-PPS services are listed in paragraph (C) of OAC rule 5160-28-03. • If the OhioRISE plan payment described under the ODM/OhioRISE plan provider agreement is less than the established ODM per-visit payment amount under the PPS, the FQHC or RHC is eligible to receive a wraparound payment in accordance with Chapter 5160-28 of the OAC. • BH services for which payment is not made under the PPS are not eligible for wraparound payments. • Fee-for-Service Medicaid, or FFS, means the Ohio Department of Medicaid is financially responsible for the claim and the FQHC or RHC should submit the claim to the Ohio Department of Medicaid for payment. 	