

Department of Behavioral Health ANNOUNCEMENT



Compliance



Behavioral Health

Compliance Corner

Stay in-the-know, by reading below.

Newly Posted Departmental Policies, Procedures, and Forms

The following are newly posted departmental policies, procedures, notices, and forms from May through June 2025.

Please review, as each DBH staff member is responsible for familiarization with department notices, policies, procedures, and forms. These items can be found on the DBH Website, under the "For Agencies" drop down menu in the section titled "Documents." You can locate each document by clicking the appropriate tab and typing the title or number into the search box on the right. You can also search by sorting the column titled "Name" (by clicking on it) and locating the document alphabetically.

[Newly Posted Departmental Policies, Procedures, and Forms](#)

Did You Know?

Telehealth Services and Face-to-Face Time

Did you know that all Telehealth services must be coded with specific Place of Service (POS) codes? Telehealth services that are not coded with the correct POS codes will deny.

Did you know that documentation time can no longer be billed? Face-to-Face time is the only allowable billable time.

Click the link below to access the Did You Know?

[Telehealth Services and Face-to-Face Time](#)

DBH Mental Health Service Table

Please see the recently updated DBH MH Service Table, which outlines allowable CPT/HCPCS codes for Mental Health services. Updates reflect minimum/maximum times, allowable modifiers, place of service, dependent on and supplemental codes. Newly added codes: 90885 (Psychiatric Evaluation of Hospital Record), H0036 (MH Functional Family Therapy) and Modifier 22 for Parent Child Interaction Therapy services.

[DBH MH Service Table \(FY 24-25\)](#)

Changes Made to Authorization to Release PHI form ([COM001](#))

Changes to the Authorization to Release PHI form are highlighted in the example below and reflect changes to 42 CFR Part 2 regulations and HIPAA Final Rule regarding reproductive rights. Also see [DBH Confidentiality, Privacy and Security Training](#), which includes recent updates to 42 CFR Part 2 and HIPAA.

I. AUTHORIZATION TO RELEASE PHI	
(A) I hereby authorize	
	(Facility Name/Provider Name/Other)
(B) To release to (Enter name of individual(s) or Entity(ies) in the section below and specify relationship)	
Individual(s) or Entity(ies) Name(s):	

IV. MENTAL HEALTH SPECIFIC

(A) I specifically authorize release of the following **Mental Health** treatment Information _____
(Client or legal representative's initials)

(B) I authorize the release of either:

(i) ☐ All my health information pertaining to my medical history and/or mental health condition

Dates From _____ To _____ **OR**

(ii) ☐ Only the following specific records or types of medical history and/or mental health information

Dates From _____ To _____

<input type="checkbox"/> Assessment	<input type="checkbox"/> Attendance	<input type="checkbox"/> Client Plan
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Medication	<input type="checkbox"/> Psych Clearance	<input type="checkbox"/> Summary Letter
<input type="checkbox"/> Treatment Notes	<input type="checkbox"/> Reproductive Health Information (e.g. Pregnancy status, Women's Health Survey)	
<input type="checkbox"/> Other		

VIII. SUBSTANCE USE DISORDER (SUD) SPECIFIC

(A) ☐ I specifically authorize release of the following specific records or types of **SUD** Treatment information _____
(Client or legal representative's initials)

Dates From _____ To _____

<input type="checkbox"/> Assessment	<input type="checkbox"/> Attendance	<input type="checkbox"/> Client Plan
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Lab Results
<input type="checkbox"/> Medications/dosage	<input type="checkbox"/> Psych Clearance	<input type="checkbox"/> Summary Letter
<input type="checkbox"/> Include SUD Medications		
<input type="checkbox"/> Counseling Notes (Requires separate release)	<input type="checkbox"/> All SUD claims and encounter data	<input type="checkbox"/> Legal proceedings (Requires separate release)
<input type="checkbox"/> Reproductive Health Information (e.g. Pregnancy status, Women's Health Survey)	<input type="checkbox"/> Treatment, Payment and Operations (TPO)*	<input type="checkbox"/> Other _____

Note: A copy of this authorization must accompany any records request, redisclosure requirements will align with HIPAA.

Department of Behavioral Health - WEBMASTER

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Our job is to create a county in which those who reside and invest can prosper and achieve well-being.

www.SBCounty.gov/DBH

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