



# Office of Compliance

## Behavioral Health

### Mobile Clinic Privacy Safeguards and Coding Guidance

This brief guidance document is intended to assist Department of Behavioral Health (DBH) providers who are working within a Mobile Crisis or Mobile Clinic setting. The goal is to ensure that clients' protected health information (PHI) is properly safeguarded while offering mental health and/or substance use disorder (SUD) services via a mobile unit, in accordance with federal and state privacy regulations, including Health Insurance Portability and Accountability Act (HIPAA), Welfare and Institutions Code (WIC) §5328, and 42 Code of Federal Regulations (CFR) Part 2.

#### What Information is protected by HIPAA?

HIPAA protects PHI, which includes any individually identifiable health information relating to an individual's past, present, or future mental health condition, including treatment and payment information. PHI can be in any form (i.e., electronic, paper, or oral) and includes medical records, billing information, and other demographic details (e.g., name, address, birth date, Social Security Number). HIPAA allows the disclosure of PHI *without client/member authorization* for the following:

- Treatment - between treatment providers.
- Payment - for services provided.
- Operations - such as compliance investigations, data collection, care coordination, and mandated reporting activities.
- A valid exception prescribed by law public health activities (reporting of disease), abuse reporting, or response to judicial proceedings.

#### What information is protected by 42 CFR Part 2?

42 CFR Part 2 protects the identity, diagnosis, prognosis or treatment records of any client/member maintained in connection with the performance of any program or activity relating to SUD education, prevention, training, treatment, rehabilitation, or research within a Part 2 program. Part 2 applies when PHI is created and/or disclosed by a Part 2 program, which is a program in which an individual or entity is federally assisted and holds itself out as providing, and provides, alcohol or drug abuse diagnosis, treatment or referral for treatment.

If PHI did not derive from a Part 2 program or is not being disclosed by a Part 2 program, it is **NOT** governed under Part 2. Simply because a substance use disorder is notated in the mental health record, it does not qualify as governance under 42 CFR Part 2; the PHI/medical record must be derived within the SUD-Part 2 program to be protected under Part 2.

Client/member authorization (also referred to as consent) is required to release any information (including confirmation of participation in services), **except** when the following applies.

- Medical Emergencies
- Research Activities (deidentified)
- Audit and Evaluation Qualified Service Organization (Comparable to HIPAA Business Associate)
- Reports of Abuse or Neglect



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- Reporting of Crimes on Part 2 Program Premises or Against Part 2 Program Personnel
- Communication within a Part 2 Program and/or Between Part 2 Program and Entity Having Direct Administrative Control (i.e., SUD contractor disclosing to DBH Part 2/SUD)

#### Privacy Safeguard Reminders

- Avoid conversations involving PHI in public or common areas such in or out of the mobile clinic where other people are around.
- Ensure all written materials are stored securely and kept out of sight of unauthorized individuals. Do not leave materials containing PHI on workstations, fax machines, printers, or in any public areas within the mobile clinic.
- Store documents containing PHI in locked cabinets, clipboards, or rooms when not in use, and ensure they are never left unattended.
- Do not remove PHI in any form from the designated work site unless authorized to do so by management.
- PHI that is authorized for transport should always remain in a locked bag/container while being transported.
- Never take unauthorized photographs while providing services, including audio and video.
- Maintain security of all mobile devices/laptops and/or backpacks during and after an encounter.
- Utilize a shield/monitor protector to prevent unauthorized individuals from viewing PHI.
- Apply the *Minimum Necessary Rule* by limiting the extent of access to and/or disclosing the minimum amount of PHI provided to the minimum number of recipients necessary to accomplish the intended purpose or function (related to DBH operations).

*\*See DBH Standard Practice Manual ([SPM](#)) for all current privacy policies/procedures, as well as current DBH Authorization to Release PHI form, which contains specifications for a Part 2 client/member to authorization disclosure for treatment/payment/health care operations if/when relevant.*

#### Coding Guidance

Type or Mode of Service	Brief Descriptor
Routine Outpatient	<b>Place of Service (POS) code 15, “Mobile Unit”</b> , supersedes all other POS codes when an outpatient service is provided via the mobile unit.  <b>POS code 15:</b> A facility/unit that moves from place to place equipped to provide preventative screening, diagnostic, and/or treatment services.



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Routine Outpatient, continued	Utilize applicable Healthcare Common Procedure Coding System (HCPCS) or Current Procedure Terminology (CPT) code for mental health or SUD service performed.						
Mobile Crisis	<p><b>POS code 15:</b> Should be used for mobile crisis services that are billed with HCPCS code H2011.</p> <p><b>HCPCS code H2011 - Mobile Crisis Intervention Service:</b> Behavioral health crisis intervention provides immediate support for an individual in personal crisis with outpatient status. The aim of this service is to stabilize the individual during a psychiatric emergency and is billed in 15-minute increments.</p>						
Telehealth	<p>Mobile clinic staff must use the appropriate POS code corresponding to the client's location at the time the service is rendered, as well as the appropriate modifier to indicate whether the service was provided via audio only or through both audio and video modalities (refer to POS codes and modifiers listed below).</p> <p>Telehealth codes should <b>only</b> be used when services are provided via audio only (phone call) or via audio and video (V-See/Teams).</p> <p>Telehealth codes should <b>not</b> be used to bill for services provided in person (e.g., face-to-face).</p> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>A provider is delivering telehealth services via VSee or Teams to a client who is physically present at the Mobile Clinic, but the provider is virtual (not within mobile clinic).</td><td><b>Yes,</b> staff should utilize telehealth POS 02 code.</td></tr><tr><td>A Mobile Clinic staff member is providing in-person assistance to a client and/or when a provider is delivering services in person.</td><td><b>No,</b> staff should not utilize telehealth POS code or modifiers.</td></tr></table>	If...	Then...	A provider is delivering telehealth services via VSee or Teams to a client who is physically present at the Mobile Clinic, but the provider is virtual (not within mobile clinic).	<b>Yes,</b> staff should utilize telehealth POS 02 code.	A Mobile Clinic staff member is providing in-person assistance to a client and/or when a provider is delivering services in person.	<b>No,</b> staff should not utilize telehealth POS code or modifiers.
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Telehealth Services, cont.	<p><b>Place of Service Codes:</b></p> <ul style="list-style-type: none"><li>• 02: Telehealth Not In Client's Home</li><li>• 10: Telehealth in Client's Home</li></ul> <p><b>Modifiers to be applied when relevant:</b></p> <p>With CPT service codes:</p> <ul style="list-style-type: none"><li>• 93: Synchronous Telemedicine Service Rendered Via Telephone or Other Real-Time Interactive <b>Audio-Only</b> Telecommunication System.</li><li>• 95: Synchronous Telemedicine Service Rendered Via a Real-Time Interactive <b>Audio and Video</b> Telecommunication System</li></ul> <p>With HCPCS codes:</p> <ul style="list-style-type: none"><li>• SC: Valid for codes when the service was provided via telephone or <b>audio-only</b> systems.<ul style="list-style-type: none"><li>○ <b>Note:</b> If the service is video <u>and</u> audio (e.g. on VSee or on Teams) with POS 02 or 10, do <b>not</b> use SC modifier.</li></ul></li></ul>
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### Coding References

- Refer to the CalAIM Service Tables, POS Descriptions and FAQs, and other guidance on [DBH CalAIM webpage](#) under *Documentation, Billing and Coding* dropdown.
- [Did You Know \(DYK\) Telehealth Services and Face to Face Time](#)

### Documentation Guidance

- Documentation must support the service(s) being medically necessary and include how the member meets criteria for a Specialty Mental Health Service (SMHS) or Drug Medi-Cal – Organized Delivery System (DMC-ODS) program.

**Questions are to be directed to the following email boxes, depending on the subject matter:**

Compliance Questions or to submit a Privacy Incident: [dbh-compliancequestions@dbh.sbcounty.gov](mailto:dbh-compliancequestions@dbh.sbcounty.gov) / [dbh-privacyincidents@dbh.sbcounty.gov](mailto:dbh-privacyincidents@dbh.sbcounty.gov)

Compliance Coding Questions: [dbh-compliancecodingquestions@dbh.sbcounty.gov](mailto:dbh-compliancecodingquestions@dbh.sbcounty.gov)

Documentation/Quality Management: [DBH-QualityManagementDivision@dbh.sbcounty.gov](mailto:DBH-QualityManagementDivision@dbh.sbcounty.gov)