

# A direct service is reimbursable when the requirements are met:

- Consult your RMTS Coordinator for district specific policy on interim claiming.
- For more detail on requirements, including discussion on Medical Necessity, exceptions to authorization, and minimum data elements and, see the [SBMP Direct Service Claiming \(DSC\) Guide](#).

## RMTS Participation

Qualified provider participates in the Random Moment Time Study (RMTS).\*

## Service Documentation

- Provider maintains adequate documentation to support RMTS responses and any interim billing the LEA submits to MassHealth.
- Service documentation meets practice standards of qualified provider's profession and MassHealth minimum data elements.
- Service documentation is signed by the provider (e-signature is acceptable when standards are met).

\*Visit the [SBMP Trainings page](#) for specific modules on the RMTS for Direct Service Providers (modules 8 and 10). You can view the modules and download the slides.

## Interim Billing

LEA may submit claim for service to MassHealth when all requirements are met.

## Meets Medical Necessity

Qualified provider determines that the service is:

- Within scope of practice.
- Reasonable within professionally recognized standards of practice.
- Requires **skill level of their licensure**, i.e., the student's condition requires the treatment/intervention of a level of complexity and sophistication that can only be safely and effectively performed by a licensed professional.

## Qualified Provider

- Must be provided by qualified practitioner who has a clinical license (when required under state law).
- Must be within the qualified provider's scope of practice.
- The list of qualified practitioners can be found on the [SBMP Resource Center](#), under **Direct Service Claiming Resources**.

## Service Authorization

- The **evidence** or **record** that a qualified practitioner has determined that a service is **necessary and appropriate**.
- Authorization is documented in a written plan of care, treatment plan, intervention plan or order or other similar evidence.
- **Qualified providers acting within the scope of their licenses authorize services** (e.g., a service is not authorized because a parent gave permission, or it was agreed upon by an IEP team).