

## Information Regarding Children's Services

- The benefit visit limits for speech therapy and physical therapy have been eliminated for children under age 21 for all benefit plans (Global, Family, Comprehensive, and Optimum).
  - Speech therapy and physical therapy provided to children through traditional home health or EPSDT Special Services continue to require prior authorization; speech therapy and physical therapy provided in other settings do not require prior authorization.
  - If speech therapy and physical therapy are being provided through traditional home health and no longer meet coverage criteria for that program, additional therapy services may be authorized through EPSDT Special Services as long as they continue to be medically necessary.
- Children who exceed their benefit plan limits for occupational therapy may continue to receive those services through the EPSDT Special Services as long as the services continue to be medically necessary.
  - All EPSDT Special Services require pre-authorization.
  - Therapy services provided through EPSDT Special Services are not counted towards the benefit plan limits.
  - Co-pays are not applicable to EPSDT Special Services
- Therapy services provided in the school setting are not counted towards the benefit plan limits.
  - Children may receive therapy services as shown in an IEP *in addition to* the number of visits allowed in their benefit plan, even if the school bills Medicaid for those visits.
  - Children receiving therapy services in school may also receive therapy services through EPSDT Special Services, if medically necessary.
- Therapy services provided through the First Steps Program are not counted towards the benefit plan limits.
  - Children may receive therapy services through First Steps *in addition to* the number of visits allowed in their benefit plan.
  - Children receiving therapy services through First Steps may also receive therapy services through EPSDT Special Services, if medically necessary.