Coverage and Medical Indications of Speech Therapy

Adjudication Guideline

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1. Abstract

1.1 For Members

This guideline outlines the medical indications and coverage criteria for speech therapy. Coverage may apply when services are medically indicated and is subject to the member's health insurance plan.

1.2 For Medical Professionals

- Speech therapy includes the assessment and skilled treatment of communication, cognitive-communication, feeding, and swallowing disorders in children and adults. Services may address speech, language, fluency, voice, resonance, cognitive-communication, feeding, and swallowing disorders, including aphasia, dysarthria, apraxia of speech, and dysphagia.
- The type, frequency, and duration of therapy should be individualized based on the member's diagnosis, clinical findings, functional limitations, treatment goals, and response to therapy. Coverage is subject to the member's health insurance plan and applicable policy requirements.

2. Scope

This adjudication rule aims to highlight the medical necessity and coverage details of speech therapy for all health insurance plans administered by Daman.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Speech therapy may be considered medically necessary for the assessment and treatment of speech, language, fluency, voice, resonance, cognitive-communication, feeding, and swallowing disorders when all applicable criteria are met:

- The member's physician has determined that the member's condition is reasonably expected to improve with speech therapy or that skilled therapy is required to establish an effective compensatory strategy, maintain clinically meaningful function, support safety, or prevent clinically significant deterioration.
- Referring physician specialties may include otolaryngology (ENT), neurology, neurosurgery, paediatrics, developmental and behavioural paediatrics, psychiatry, physical medicine and rehabilitation (PM&R), internal medicine, plastic surgery, oral and maxillofacial surgery, general surgery, paediatric surgery, surgical oncology, traumatology, and other relevant medical or surgical specialties involved in the management of conditions requiring speech and language therapy, subject to the member's schedule of benefits, applicable regulatory requirements and relevant scope of practice.
- Speech therapy services must be provided by a licensed speech-language pathologist or speech therapist.
- Speech therapy services must be provided in accordance with an ongoing written plan of care that is reviewed and approved and signed by the treating physicians. The plan of care must contain sufficient detail, including appropriate objective and subjective clinical information, to demonstrate the medical necessity of the proposed treatment.

3.2 Requirements for Coverage

Documentation Requirements for Speech Therapy:

Speech therapy must be provided in accordance with an ongoing written plan of care that supports the medical necessity of the requested services. The following documentation is required:

- The plan of care must be specific to the member's diagnosis, presenting symptoms, functional limitations, and speech therapy evaluation findings.
- The plan of care must be signed by the member's attending physician and speech therapist.
- The plan of care should include:
    - The date of onset, diagnosis, or exacerbation of the disorder, when known;
    - The speech therapy evaluation;
    - Specific short-term and long-term goals that are objective and measurable, including goals related to functional improvement, the establishment of compensatory strategies, or the maintenance of function, as clinically appropriate;
    - A reasonable estimate of when the goals are expected to be achieved or, for progressive conditions, the anticipated duration and clinical rationale for ongoing skilled intervention;
    - The specific treatment techniques, interventions, or exercises to be used in treatment; and
    - The frequency and duration of treatment, which must be medically necessary and consistent with generally accepted standards of practice for speech therapy.
- The plan of care must be updated when the member's condition, functional needs, treatment goals, or response to therapy changes. Continued treatment must be supported by one or more of the following:
    - Measurable improvement in the member's condition within a reasonable and predictable period; or
    - Establishment of an effective compensatory strategy that the member could not otherwise acquire without skilled intervention; or

- For members with a diagnosed progressive neurological or degenerative condition, such as amyotrophic lateral sclerosis, Parkinson's disease, primary progressive aphasia, or dementia, there must be a documented clinical need for skilled therapy to maintain communication or swallowing function, support safety, establish compensatory strategies, train caregivers, or prevent clinically significant deterioration.
- The member should be re-evaluated at clinically appropriate intervals based on the diagnosis, severity, plan of care, and response to therapy. The results should be recorded in a standard format.
- The clinical record must document progress toward the established treatment goals. For maintenance or compensatory goals, the record must document whether the member's functional status, safety, independence, or ability to use an established compensatory strategy has been maintained as expected. Any changes made to the treatment programme following reassessment must also be documented.
- The treatment goals and subsequent documentation of treatment results should specifically demonstrate that speech therapy services are contributing to the applicable outcome (functional improvement, effective compensation, maintenance of clinically meaningful function, improved safety, or prevention of clinically significant deterioration).

Speech-Generating Devices (SGDs):

Speech-generating devices are speech aids consisting of devices or software that generate speech. They are classified as durable medical equipment when used by individuals with severe speech impairments to meet their functional communication needs.

Documentation Requirements for Speech-Generating Devices (SGDs)

Daman considers speech-generating devices (SGDs) medically necessary durable medical equipment (DME) for members who meet all of the following criteria:

- The member's physician has determined that the member has a severe speech impairment and that the medical condition warrants the use of a device.
- The member has undergone a formal evaluation of their cognitive and language abilities by a speech-language pathologist (SLP). The formal written evaluation must include all the following elements:
  - An evaluation of the current communication impairment, including its type, severity, associated language skills, cognitive abilities, and anticipated course;

- A description of the functional communication goals expected to be achieved, and the treatment options considered;
- A treatment plan that includes a training schedule for the selected device and demonstrates that the member has, or is reasonably expected to develop, the cognitive and physical abilities required to use the selected device and any necessary accessories effectively for communication;
- For a subsequent upgrade to a previously issued SGD, information regarding the functional benefit of the upgrade compared with the previously provided SGD;
- Documentation that the member's communication needs cannot be met using natural communication methods and that other forms of treatment have been considered and ruled out; and
- The name and model number of the requested device.

- Only one SGD or speech-generating software program at a time is considered medically necessary per member. Software that enables a laptop computer, desktop computer, or personal digital assistant (PDA) to function as an SGD is considered an SGD. However, installation of the software and technical support cannot be claimed separately. Interfaces, cables, adapters, interconnects, and switches required to connect an accessory to the SGD must not be billed separately.

- Member policy has coverage for durable medical equipment.

3.3 Non-Coverage

A. Non-Coverage for Speech Therapy:

- Member's policy does not have Rehabilitation Benefit.

- Maintenance programs and exercises that preserve the member's present level of function and prevent regression of that function do not meet Daman's contractual definition of medical necessity. Maintenance begins when the therapeutic goals of a treatment plan have been achieved and when no further functional progress is apparent or expected to occur. Specifically, these include continued activities for individuals who have achieved generally accepted levels of function and are at a plateau or have reached "normal" levels. A plateau is a period of four weeks or dependent on the specific condition and/or individual situation, a lesser period that is seen as generally accepted.

- Treatments are not considered medically necessary if they do not require the skills of a qualified provider of speech therapy services, such as treatments or procedures that may be carried out effectively by the member, family, or caregivers at home on their own.

B. Non-Covered Indications for Pediatric Speech Therapy:

Speech therapy is not considered medically necessary for:

- Age-appropriate speech, language, or communication variations that do not result in a clinically significant functional limitation or require skilled intervention;
- Natural developmental disfluency that is not associated with clinically significant impairment, distress, avoidance, or functional limitation;
- Developmental speech-sound or articulation errors that are expected to resolve without skilled intervention, based on an age-appropriate speech-language pathology evaluation;
- An isolated suspected speech or language delay that is not supported by age-appropriate assessment findings, documented functional limitations, developmental or medical risk factors, or an individualized need for skilled intervention; or
- Services that are primarily educational or academic and are not directed toward a clinically documented speech, language, communication, feeding, or swallowing disorder.
- For infants and young children, medical necessity must be determined individually based on age-appropriate assessment findings, documented functional concerns, developmental or medical risk factors, and the need for skilled intervention. Age alone does not establish medical necessity or non-coverage.

C. Non-Coverage for Speech-Generating Devices:

- The member's policy does not cover durable medical equipment.
- General-purpose desktop computers, laptop computers, smartphones, tablets, personal digital assistants, portable multimedia players, and similar devices are not covered as durable medical equipment when they remain useful in the absence of illness or injury and are not primarily used to meet the member's functional communication needs.
- Internet, telephone, and data services are not covered. Modifications to the member's home that are made solely to facilitate the use of a speech-generating device are also not covered.
- Altered auditory feedback devices for stuttering are considered experimental and investigational because evidence of sustained functional benefit in everyday communication is limited and inconsistent.

3.4 Payment and Coding Rules

- Please apply regulator payment rules, regulations, and relevant coding manuals for ICD, CPT, and HCPCS.
- The applicable speech therapy form must be completed and submitted.

4. Denial Codes

Code	Code Description
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
MNEC-005	Service /supply may be appropriate, but too frequent
NCOV-003	Service(s) is (are) not covered

5. Appendices

5.1 References

- https://www.doh.gov.ae/-/media/B54F6F54687D47A689EE942CFCEE1DF7.ashx
- https://www.aafp.org/afp/2023/0800/speech-language-delay-children
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- https://www.uptodate.com/contents/speech-and-language-impairment-in-children-evaluation-treatment-and-prognosis?
- https://www.uptodate.com/contents/speech-and-swallowing-rehabilitation-of-the-patient-with-head-and-neck-cancer?

5.2 Revision History

Date	Change(s)
01/07/2013	V1.0 • New Template
15/07/2014	V2.0 • Restored original effective date • Disclaimer updated
06/01/2025	V3.0 • Updated Template and Content revision • References added and updated
19/10/2026	V3.1 • Clinical Content Revised • References Updated
27/10/2026	V3.2 • Updated Eligibility / Coverage Criteria

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