



**BlueCross BlueShield
of Alabama**

Name of Blue Advantage Policy:
Hippotherapy

Policy #: 427

Latest Review Date: March 2022

Category: Therapy

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat **hippotherapy** as a **non-covered benefit** and as **investigational**.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Hippotherapy, also referred to as equine-assisted therapy movement therapy, describes a treatment strategy that uses equine movement to engage sensory, neuromotor, and cognitive systems to achieve functional outcomes. Hippotherapy has been proposed as a type of therapy for patients with impaired walking or balance.

Hippotherapy

Hippotherapy has been proposed as a technique to decrease the energy requirements and improve walking in patients with cerebral palsy. It is thought that the natural swaying motion of the horse induces a pelvic movement in the rider that simulates human ambulation. In addition, variations in the horse's movements can prompt natural equilibrium movements in the rider.

Hippotherapy is also being evaluated in patients with multiple sclerosis and other causes of gait disorders, such as strokes.

As a therapeutic intervention, hippotherapy is typically conducted by a physical or occupational therapist and is aimed at improving impaired body function. Therapeutic horseback riding is typically conducted by riding instructors and is more frequently intended as social therapy. It is hoped that the multisensory environment may be beneficial to children with profound social and communication deficits, such as autism spectrum disorder and schizophrenia. When considered together, hippotherapy and therapeutic riding are described as equine-assisted activities and therapies.

This policy addresses equine-assisted activities that focus on improving physical functions such as balance and gait.

KEY POINTS:

The most recent literature update was performed through January 31, 2022.

Summary of Evidence

For individuals who have cerebral palsy, multiple sclerosis, stroke, or gait and balance disorders other than cerebral palsy, multiple sclerosis, and stroke who receive hippotherapy, the evidence

includes systematic reviews, randomized trials, and case series. Relevant outcomes include symptoms and functional outcomes. Studies in cerebral palsy, multiple sclerosis, stroke, and other indications have had variable findings. The randomized trials are generally small and have significant methodologic problems. In the largest randomized trial conducted to date (72 children), which had blinding outcome assessment, hippotherapy had no clinically significant impact on children with cerebral palsy. There are no RCT s showing that hippotherapy is superior to alternative treatments for patients with multiple sclerosis. Hippotherapy for other indications has been compared primarily with no intervention and, although some benefits have been seen, it has not been shown to be more effective than other active therapies. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Practice Guidelines and Position Statements

American Hippotherapy Association, Inc.

In their 2021 statement of best practices, the AHA states that hippotherapy is contraindicated during acute exacerbations of multiple sclerosis and other conditions that can flare.

U.S. Preventive Services Task Force Recommendations

Not applicable.

KEY WORDS:

Equine Movement Therapy, Hippotherapy, therapeutic horseback riding, simulated hippotherapy

APPROVED BY GOVERNING BODIES:

Not applicable

BENEFIT APPLICATION:

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT Codes:

There is no specific CPT code for this procedure.

HCPCS:

S8940	Equestrian/hippotherapy, per session
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POLICY HISTORY:

Adopted for Blue Advantage, March 2013

Available for comment March 7 through April 20, 2013

Medical Policy Group, January 2014

Medical Policy Group, December 2014

Medical Policy Group, March 2016

Medical Policy Group, March 2017

Medical Policy Group, March 2018

Medical Policy Group, April 2019

Medical Policy Group, March 2020

Medical Policy Group, April 2021

Medical Policy Group, March 2022

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.