



BlueCross BlueShield of Vermont

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Hippotherapy Corporate Medical Policy

File Name: Hippotherapy
File Code: UM.REHAB.08
Origination: 07/2011
Last Review: 07/2018
Next Review: 07/2019
Effective Date: 11/01/2018 ARCHIVED

Description/Summary

Hippotherapy, also referred to as equine movement therapy, describes physical therapy using a horse. Hippotherapy has been proposed as a type of physical therapy for patients with impaired walking or balance.

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 randomized controlled trials 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 has not been shown to be more effective than other active therapies. The evidence is insufficient to determine the effects of the technology on health outcomes.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I- CPT® & HCPCS Coding Table](#)

When a service is considered non-covered

Hippotherapy, treatment is considered **non-covered service** for all diagnoses including but not limited to, mental health substance abuse, autism spectrum disorders and intellectual disabilities.

Habilitative and Rehabilitative Services

Habilitative and rehabilitative services are services provided to achieve normal functions and skills necessary to perform age-appropriate basic activities of daily living, including ambulation, eating, bathing, dressing, speech, and elimination.

Habilitation and rehabilitation services may include respiratory therapy, speech therapy, occupational therapy and physical medicine treatments. Habilitation and rehabilitation services may be performed by those who are qualified to perform such services and do so within the scope of their license. Such services are evaluated based on objective documentation of measurable progress toward functional improvement goals. Measurement methods must be valid, reliable, repeatable, and evidence-based.

Habilitative services, including devices, are provided for a person to attain a skill or function never learned or acquired due to a disabling condition.

Rehabilitation services, including devices, on the other hand, are provided to help a person regain, maintain or prevent deterioration of a skill or function that has been acquired but then lost or impaired due to illness, injury, or disabling condition.

The following services are excluded from benefits under our certificates of coverage: custodial care, vocational, recreational, educational services, and services that show no likelihood of improvement and/or no therapeutic benefit.

Reference Resources

1. BlueCross and BlueShield Association. MPRM policy for Hippotherapy (8.03.12). Last reviewed January 2018.
2. Kwon JY, Chang HJ, Yi SH, et al. Effect of hippotherapy on gross motor function in children with cerebral palsy: a randomized controlled trial. *J Altern Complement Med.* Jan 2015;21(1):15-21. PMID 25551626
3. Frevel D, Maurer M. Internet-based home training is capable to improve balance in multiple sclerosis: a randomized controlled trail. *Eur J Phys Rehabil Med.* Feb 2015;51(1):23-30. PMID 24755773
4. Zadnikar M, Kastrin A. Effects of hippotherapy and therapeutic horseback riding on postural control or balance in children with cerebral palsy: a meta-analysis. *Dev Med Child Neurol.* Aug 2011;53(8):684-691. PMID 21729249
5. Tseng SH, Chen HC, Tam KW. Systematic review and meta-analysis of the effect of equine assisted activities and therapies on gross motor outcome in children with cerebral palsy. *Disabil Rehabil.* May 26 2012. PMID 22630812
6. Davis E, Davies B, Wolfe R, et al. A randomized controlled trial of the impact of therapeutic horse riding on the quality of life, health, and function of children with cerebral palsy. *Dev Med Child Neurol.* Feb 2009;51(2):111-119; discussion 188. PMID 19191844
7. McGibbon NH, Benda W, Duncan BR, et al. Immediate and long-term effects of hippotherapy on symmetry of adductor muscle activity and functional ability in children with spastic cerebral palsy. *Arch Phys Med Rehabil.* June 2009;90(6):966-974. PMID 19480872
8. Sterba JA, Rogers BT, France AP, et al. Horseback riding in children with cerebral palsy: effect on gross motor function. *Dev Med Child Neurol.* May 2002;44(5):301-308. PMID 12033715

9. Benda W, McGibbon NH, Grant KL. Improvements in muscle symmetry in children with cerebral palsy after equine-assisted therapy (hippotherapy). *J Altern Complement Med.* Dec 2003;9(6):817-825. PMID 14736353
10. Bronson C, Brewerton K, Ong J, et al. Does hippotherapy improve balance in persons with multiple sclerosis: a systematic review. *Eur J Phys Rehabil Med.* Sep 2010;46(3):347-353. PMID 20927000
11. Silkwood-Sherer D, Warmbier H. Effects of hippotherapy on postural stability, in persons with multiple sclerosis: a pilot study. *J Neurol Phys Ther.* Jun 2007;31(2):77-84. PMID 17558361
12. Munoz-Lasa S, Ferriero G, Valero R, et al. Effect of therapeutic horseback riding on balance and gait of people with multiple sclerosis. *G Ital Med Lav Ergon.* Oct-Dec 2011;33(4):462-467. PMID 22452106
13. Kim SG, Lee CW. The effects of hippotherapy on elderly persons' static balance and gait. *J Phys Ther Sci.* Jan 2014;26(1):25-27. PMID 24567669
14. Araujo TB, Silva NA, Costa JN, et al. Effect of equine-assisted therapy on the postural balance of the elderly. *Rev Bras Fisioter.* Sep-Oct 2011;15(5):414-419. PMID 22002189
15. de Araujo TB, de Oliveira RJ, Martins WR, et al. Effects of hippotherapy on mobility, strength and balance in elderly. *Arch Gerontol Geriatr.* May-Jun 2013;56(3):478-481. PMID 23290005
16. Homnick DN, Henning KM, Swain CV, et al. Effect of therapeutic horseback riding on balance in community dwelling older adults with balance deficits. *J Altern Complement Med.* Jul 2013;19(7):622-626. PMID 23360659
17. Lee CW, Kim SG, Yong MS. Effects of hippotherapy on recovery of gait and balance ability in patients with stroke. *J Phys Ther Sci.* Feb 2014;26(2):309-311. PMID 24648655
18. Silkwood-Sherer DJ, Killian CB, Long TM, et al. Hippotherapy--an intervention to habilitate balance deficits in children with movement disorders: a clinical trial. *Phys Ther.* May 2012;92(5):707-717. PMID 22247403
19. Giagazoglou P, Arabatzi F, Dipla K, et al. Effect of a hippotherapy intervention program on static balance and strength in adolescents with intellectual disabilities. *Res Dev Disabil.* Nov 2012;33(6):2265-2270. PMID 22853887
20. Lechner HE, Kakebeeke TH, Hegemann D, et al. The effect of hippotherapy on spasticity and on mental wellbeing of persons with spinal cord injury. *Arch Phys Med Rehabil.* Oct 2007;88(10):1241-1248. PMID 17908564
21. Bunketorp Kall L, Lundgren-Nilsson A, Blomstrand C, et al. The effects of a rhythm and music-based therapy program and therapeutic riding in late recovery phase following stroke: a study protocol for a three-armed randomized controlled trial. *BMC Neurol.* 2012;12:141. PMID 23171380

Related Policies

Physical Medicine

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical

practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

07/2011	New Policy
08/2012	Added “Document Precedence” section. Updated “Related Policies” section to reflect ECDD medical policy. Minor format changes. Cross referenced all CPT/HCPCS codes to ECDD medical policy, revised/added new coding table. Added “Audit Information” section. RLJ.
03/2015	Adoption of BCBSA policy# 08.03.12. Approved in MPC on 3/9/15.
04/2017	Updated references, minor formatting changes, policy statement remains unchanged. Habilitation & Rehabilitation Definitions added. CPT® Codes 97039 and 97139 moved from Benefit Exception to Not medically necessary. CPT 97799 moved from Benefit Exception to Investigational. HCPCS moved from Investigational to Benefit Exclusion. Medical policy name change from Hippotherapy and recreational therapy to Hippotherapy, removed all recreational therapy references.

07/2018	Reviewed, Policy aligned to be a non-covered service with coding table. References updated.
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Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

**Attachment I
CPT® & HCPCS Coding Table**

Code Type	Number	Description
These services will deny as a not medically necessary for all diagnoses. These codes should NOT be used for Hippotherapy		
CPT®	97039	Unlisted modality, (specify type and time if constant attendance)
CPT®	97139	Unlisted therapeutic procedure (specify)
The following codes will be denied as Investigational for all diagnoses		
CPT®	97799	Unlisted physical medicine/rehabilitation service or procedure
The following codes will be denied as a Benefit Exclusion for all diagnoses		
HCPCS	S8940	Equestrian / hippotherapy, per session