



# MASSACHUSETTS

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## Medical Policy Hippotherapy

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### Policy Number: 560

BCBSA Reference Number: 8.03.12 (For Plan internal use only)

NCD/LCD: N/A

### Related Policies

None

### Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

Hippotherapy is considered [INVESTIGATIONAL](#).

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	This is <b>not</b> a covered service.
<b>Commercial PPO and Indemnity</b>	This is <b>not</b> a covered service.
<b>Medicare HMO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.
<b>Medicare PPO Blue<sup>SM</sup></b>	This is <b>not</b> a covered service.

### CPT Codes / HCPCS Codes / ICD Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The following HCPCS code is considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

### HCPCS Codes

HCPCS codes:	Code Description
S8940	Equestrian/hippotherapy, per session

### Description

#### 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. Also, 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 benefit 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 evidence review addresses equine-assisted activities that focus on improving physical functions such as balance and gait.

### Summary

Hippotherapy, also referred to as equine-assisted 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 therapy for individuals with impaired walking or balance.

### 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 (92 children), which had blinded outcome assessment, hippotherapy had no clinically significant impact on children with cerebral palsy. There are no RCTs 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.

### Policy History

Date	Action
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5/2024	Annual policy review. Policy updated with literature review through January 31, 2024; references added. Policy statements unchanged.
5/2023	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2022	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2021	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
5/2020	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2019	Annual policy review. Description, summary, and references updated. Policy statements unchanged.
4/2016	Annual policy review. New references added.
12/2014	Annual policy review. New references added.
11/2014	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements. Language transferred from Medical Policy 178, Complementary Medicine

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

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