



Status

Active

## Medical and Behavioral Health Policy

Section: Behavioral Health and Allied Health

Policy Number: VII-03

Effective Date: 02/26/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## HIPPOTHERAPY

**Description:** Hippotherapy, also referred to as equine movement therapy, describes rehabilitative therapy using a horse or related mechanical equipment. This type of therapy has been proposed as a technique to decrease the energy requirements and improve walking in patients with cerebral palsy (CP). 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 also prompt natural equilibrium movements in the rider. To attain specific postural responses, the therapist may place the rider in different positions on the horse, such as sitting, side sitting, prone or side lying. In many cases, the therapist will ride with the rider in order to facilitate the movement or desired response. Hippotherapy has been proposed as a form of psychotherapy, sometimes referred to as "equine-facilitated psychotherapy."

**Policy:** The use of hippotherapy is considered **INVESTIGATIVE** for all indications, including mental health indications, due to lack of clinical evidence indicating its impact on improved health outcomes.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or

National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:** *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**HCPCS:**

S8940 Equestrian/hippotherapy, per session

**Policy History:** **Developed March 10, 2004**

**Most recent history:**

Reviewed March 9, 2011

Reviewed March 14, 2012

Reviewed March 13, 2013

Reviewed February 12, 2014

**Cross Reference:**

*Current Procedural Terminology (CPT®)* is copyright 2013 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.

Copyright 2014 Blue Cross Blue Shield of Minnesota.

