Hippotherapy

Policy #  00066
Original Effective Date:  08/25/2003
Current Effective Date:  11/14/2022

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

Services Are Considered Investigational
Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers hippotherapy to be investigational.*

Background/Overview
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.
Rationale/Source
This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

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 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, 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 the effects of the technology on health outcomes.

Supplemental Information
Practice Guidelines and Position Statements
Guidelines or position statements will be considered for inclusion in ‘Supplemental Information’ if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.
Hippotherapy

Policy #  00066
Original Effective Date:  08/25/2003
Current Effective Date:  11/14/2022

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

United States Preventive Services Task Force Recommendations
Not applicable.

Medicare National Coverage
There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

Ongoing and Unpublished Clinical Trials
Some currently ongoing and unpublished trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

<table>
<thead>
<tr>
<th>NCT No.</th>
<th>Trial Name</th>
<th>Planned Enrollment</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT04772898</td>
<td>Effectiveness of a 6-week Hippotherapy Program in Children With Autism Spectrum Disorder</td>
<td>30</td>
<td>Feb 2023</td>
</tr>
<tr>
<td>NCT04759326</td>
<td>Neurorehabilitation Through Hippotherapy on Neurofunctional Sequels of Brain Stroke: (i) Effect on Patient's Functional Independence, Sensorimotor and Cognitive Capacities and Quality of Life (ii) Effect on Caregivers' Quality of Life</td>
<td>52</td>
<td>Dec 2023</td>
</tr>
<tr>
<td>NCT05027503</td>
<td>Investigation of the Effectiveness of the Hippotherapy Simulator Added to Respiratory Physiotherapy in Children With Cystic Fibrosis</td>
<td>36</td>
<td>June 2022</td>
</tr>
</tbody>
</table>
Hippotherapy

Policy # 00066
Original Effective Date: 08/25/2003
Current Effective Date: 11/14/2022

<table>
<thead>
<tr>
<th>Trial ID</th>
<th>Description</th>
<th>Participants</th>
<th>Date</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCT04651725</td>
<td>Effectiveness of Hippotherapy Simulator on Balance and Knee Strength in People With Multiple Sclerosis: a Randomized Controlled Trial</td>
<td>40</td>
<td>July 2021</td>
<td>(enrolling by invitation)</td>
</tr>
<tr>
<td>NCT03889262</td>
<td>Development of Simulated Hippotherapry System and Investigation of its Effectiveness in Children With Cerebral Palsy</td>
<td>20</td>
<td>Sep 2019</td>
<td>(recruitment status unknown)</td>
</tr>
<tr>
<td>Unpublished</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCT03528993</td>
<td>The Effect of Exercise by Mechanical Hippotherapy Device on Postural Stability and Balance in Stroke</td>
<td>30</td>
<td>May 2019</td>
<td>(updated 08/07/19)</td>
</tr>
<tr>
<td>NCT04885023</td>
<td>Effects of Hippotherapy on Postural Asymmetries and Balance in Adolescents With Idiopathic Scoliosis: a Randomized Controlled Study</td>
<td>52</td>
<td>March 2021</td>
<td></td>
</tr>
<tr>
<td>NCT04465006</td>
<td>Efficacy of Hippotherapy Simulator Exercise Program in Stroke Patients</td>
<td>26</td>
<td>May 2019</td>
<td></td>
</tr>
</tbody>
</table>

NCT: national clinical trial.

References
Hippotherapy

Policy # 00066
Original Effective Date: 08/25/2003
Current Effective Date: 11/14/2022


Hippotherapy

Policy #  00066
Original Effective Date:  08/25/2003
Current Effective Date:  11/14/2022


Policy History
Original Effective Date:  08/25/2003
Current Effective Date:  11/14/2022
08/03/2005    Medical Director review
08/24/2005    Managed Care Advisory Council approval

©2022 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.
Hippotherapy

Policy #  00066
Original Effective Date:  08/25/2003
Current Effective Date:  11/14/2022

07/07/2006  Format revision, including addition of FDA and or other governmental regulatory approval and rationale/source. Coverage eligibility unchanged.
09/05/2007  Medical Director review
09/19/2007  Medical Policy Committee approval. No change to coverage eligibility.
09/03/2009  Medical Policy Committee approval
09/16/2009  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
09/09/2010  Medical Policy Committee review
09/01/2011  Medical Policy Committee review
09/14/2011  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
09/06/2012  Medical Policy Committee review
09/19/2012  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
09/05/2013  Medical Policy Committee review
09/18/2013  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
09/04/2014  Medical Policy Committee review
08/03/2015  Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
10/08/2015  Medical Policy Committee review
10/21/2015  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/06/2016  Medical Policy Committee review
10/19/2016  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/01/2017  Coding update: Removing ICD-9 Diagnosis Codes
10/05/2017  Medical Policy Committee review
10/18/2017  Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
Hippotherapy

Policy #  00066
Original Effective Date:  08/25/2003
Current Effective Date:  11/14/2022

10/04/2018  Medical Policy Committee review
10/03/2019  Medical Policy Committee review
10/01/2020  Medical Policy Committee review
10/07/2021  Medical Policy Committee review
10/06/2022  Medical Policy Committee review

Next Scheduled Review Date: 10/2023

Coding
The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®), copyright 2021 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy

©2022 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.
Hippotherapy

Policy #  00066
Original Effective Date: 08/25/2003
Current Effective Date: 11/14/2022

Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>No codes</td>
</tr>
<tr>
<td>HCPCS</td>
<td>S8940</td>
</tr>
<tr>
<td>ICD-10 Diagnosis</td>
<td>All related diagnoses</td>
</tr>
</tbody>
</table>

*Investigational — A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or

B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:

1. Consultation with technology evaluation center(s);
2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
3. Reference to federal regulations.

† Indicated trademarks are the registered trademarks of their respective owners.
Hippotherapy

Policy # 00066
Original Effective Date: 08/25/2003
Current Effective Date: 11/14/2022

NOTICE: If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.