



Louisiana

Hippotherapy

Policy # 00066

Original Effective Date: 08/25/2003

Current Effective Date: 11/09/2020

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.

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Rationale/Source

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

American Hippotherapy Association, Inc.

In their 2017 statement of best practices, the American Hippotherapy Association states that hippotherapy is contraindicated for 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.

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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

NCT No.	Trial Name	Planned Enrollment	Completion Date
<i>Ongoing</i>			
NCT03889262	Development of Simulated Hippotherapy System and Investigation of Its Effectiveness in Children With Cerebral Palsy	20	Sep 2019
<i>Unpublished</i>			
NCT03528993	The Effect of Exercise by Mechanical Hippotherapy Device on Postural Stability and Balance in Stroke	30	May 2019 (updated 08/07/19)
NCT01372059	The Effects of a Rhythm and Music-based Therapy Program and Therapeutic Riding in Late Recovery Phase Following Stroke	123	Jun 2014 (updated 04/24/19)

NCT: national clinical trial.

References

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08/03/2005 Medical Director review

08/16/2005 Medical Policy Committee review. Format revision. Rationale/Source added. Coverage eligibility unchanged.

08/24/2005 Managed Care Advisory Council approval

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

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09/16/2009	Medical Policy Implementation	Committee approval.	Coverage eligibility unchanged.
09/09/2010	Medical Policy Committee review		
09/15/2010	Medical Policy Implementation	Committee approval.	Coverage eligibility unchanged.
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		
09/17/2014	Medical Policy Implementation	Committee approval.	Coverage eligibility unchanged.
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.
10/04/2018	Medical Policy Committee review		
10/17/2018	Medical Policy Implementation	Committee approval.	Coverage eligibility unchanged.
10/03/2019	Medical Policy Committee review		

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10/09/2019 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

10/01/2020 Medical Policy Committee review

10/07/2020 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 10/2021

Coding

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

Code Type	Code
CPT	No codes

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HCPCS	S8940
ICD-10 Diagnosis	All related diagnoses

*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 the Blue Cross and Blue Shield Association technology assessment program (TEC) or other nonaffiliated 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.

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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.

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