



KAISER PERMANENTE[®]

Mid-Atlantic States

Hippotherapy (Equine-Assisted-Therapy)

Medical Coverage Policy

UTILIZATION * ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - For Medicare members, please consult the Medicare Coverage Database.
 - Medicare currently does not have a National Coverage Determination (NCD) for Hippotherapy (Equine-Assisted-Therapy).
 - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
 - After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guideline.
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I. Procedure: **Hippotherapy or Equine-Assisted-Therapy**

II. **Coverage / Exclusion Policy**

- A. Hippotherapy is considered **experimental and investigational** as existing scientific evidence is insufficient and not clinically proven to establish its' effectiveness
- B. The use of Hippotherapy or equine therapy is not medically necessary in **ALL** clinical conditions including the following:
1. Post-Traumatic Stress Disorder (PTSD)
 2. Multiple Sclerosis;
 3. Late-phase stroke;
 4. Idiopathic stroke;
 5. Spina bifida;
 6. Cerebral palsy;
 7. Attention Deficit Disorder (ADD);
 8. Hyperactivity Disorder;
 9. Autism Spectrum Disorder (ASD);
 10. Learning disabilities: and
 11. Mental retardation

III. **Definition**

Hippotherapy or equine-assisted therapy (also known as equine therapy, horse therapy, therapeutic riding, or equestrian therapy) are programs that incorporate a range of activities with horses and other equines with the goal to promote human physical and mental health



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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
01/26/2023	01/26/2023
01/24/2024	01/24/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.