



## Hippotherapy

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## DESCRIPTION

Hippotherapy, which is also referred to as equine-assisted therapy, is a form of therapy that uses equine (horse) movement and horseback riding. This therapy is thought to engage sensory, neuromotor, and cognitive systems to improve function by utilizing the natural swaying motion of the horse. It is being investigated as a treatment in patients with lower extremity spasticity secondary to neuromuscular disorders (e.g., cerebral palsy, spinal cord injury), as well as a social therapy for children with various social and developmental disorders.

## MEDICARE ADVANTAGE POLICY CRITERIA

### CMS Coverage Manuals\*

See References<sup>[1]</sup>

*Complementary and alternative medicine is not generally covered under Medicare. In addition, services of recreation therapists may not be billed or covered as therapy services.*

<b>National Coverage Determinations (NCDs)*</b>	None
<b>Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles.*</b>	None
<b>Medical Policy Manual</b>	<i>Medicare coverage guidance is not available for hippotherapy or equine therapy. Therefore, the health plan's medical policy is applicable.</i>

Hippotherapy, Allied Health, [Policy No. 34](#) (see "NOTE" below)

**NOTE:** If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

## CROSS REFERENCES

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

## REFERENCES

1. Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, [§230.5 - Physical Therapy, Occupational Therapy and Speech-Language Pathology Services Provided Incident to the Services of Physicians and Non-Physician Practitioners \(NPP\)](#)

## CODING

**NOTE:** S8940 is the correct code to use when reporting for this service and S-codes are not payable by Medicare. However, if an unlisted code is used instead of S8940, it also will be non-covered.

Codes	Number	Description
CPT	None	
HCPCS	S8940	Equestrian/Hippotherapy; per session ( <i>Not recognized by Medicare for payment</i> )

**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.