This Protocol considers this test or procedure investigational. If the physician feels this service is medically necessary, preauthorization is recommended.

The following Protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient’s contract at the time the services are rendered.

<table>
<thead>
<tr>
<th>Populations</th>
<th>Interventions</th>
<th>Comparators</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individuals:</td>
<td>Interventions of interest are:</td>
<td>Comparators of interest are:</td>
<td>Relevant outcomes include:</td>
</tr>
<tr>
<td>• With cerebral palsy</td>
<td>• Hippotherapy</td>
<td>• Standard of care</td>
<td>• Symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>• Functional outcomes</td>
</tr>
<tr>
<td>Individuals:</td>
<td>Interventions of interest are:</td>
<td>Comparators of interest are:</td>
<td>Relevant outcomes include:</td>
</tr>
<tr>
<td>• With multiple sclerosis</td>
<td>• Hippotherapy</td>
<td>• Standard of care</td>
<td>• Symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>• Functional outcomes</td>
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<tr>
<td>Individuals:</td>
<td>Interventions of interest are:</td>
<td>Comparators of interest are:</td>
<td>Relevant outcomes include:</td>
</tr>
<tr>
<td>• With stroke</td>
<td>• Hippotherapy</td>
<td>• Standard of care</td>
<td>• Symptoms</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Functional outcomes</td>
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<tr>
<td>Individuals:</td>
<td>Interventions of interest are:</td>
<td>Comparators of interest are:</td>
<td>Relevant outcomes include:</td>
</tr>
<tr>
<td>• With other gait and balance disorders</td>
<td>• Hippotherapy</td>
<td>• Standard of care</td>
<td>• Symptoms</td>
</tr>
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<td></td>
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<td>• Functional outcomes</td>
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Description

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 type of therapy for patients with impaired walking or balance.

Summary of Evidence

The evidence for hippotherapy in individuals who have cerebral palsy, multiple sclerosis, stroke, or other gait and balance disorders includes randomized trials and case series studies. Relevant outcomes include symptoms and functional status. Results from several studies are variable for cerebral palsy, multiple sclerosis, stroke, and other indications. The randomized trials are generally small and have significant methodologic problems. In the largest randomized trial conducted to date (72 children), hippotherapy had no clinically significant impact on children with cerebral palsy. There are no randomized controlled trials showing that hippotherapy is superior to alternative treatment for patients with multiple sclerosis. Hippotherapy for other indications has been compared primarily with no intervention and has not been shown to be more effective than other active therapies.
Policy
Hippotherapy is considered investigational.

Background
Patients with spastic cerebral palsy frequently have impaired walking ability due to hyperactive tendon reflexes, muscle hypertonia, and increased resistance to increasing velocity of muscle stretch. These abnormalities result in a lack of selective muscle control and poor equilibrium responses. 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. In addition, 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 developmental disorders such as Down syndrome.

Hippotherapy is a therapeutic intervention that 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 be beneficial to 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 Protocol addresses equine-assisted activities that focus on improving physical functions such as balance and gait.

Simulated hippotherapy using a new device has been studied in European centers. Therapeutic interventions using such a device would be conducted in physical and occupational therapy settings and are outside the scope of this review.

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. Some of this Protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.

References
We are not responsible for the continuing viability of web site addresses that may be listed in any references below.


