HIPPOTHERAPY DESCRIPTION

- Equine movement/activities as a therapy tool/strategy is used in conjunction with other therapy tools стратегії in a treatment plan to achieve functional outcomes for daily living.

- AHA trained therapists purposefully manipulate equine movement to facilitate core postural control and the neuro motor systems that support functional skills.

- Used by PT, OT, and SLP professionals.
CLARITY OF CONVERSATION

Hippotherapy is not a profession nor a separate service. There is also no profession called “equine therapy” or “equine assisted therapy”

➢ There are no “hippotherapists” nor “equine therapists”.

➢ There is no time when the therapist stops doing standard PT, OT, or ST and starts doing “hippotherapy” or “equine therapy”.

[Images of people engaging in hippotherapy activities]
MEDICIAL NEED FOR SERVICES

It is *medical necessity* as determined by formal diagnosis and evaluation that determines a client’s “need for Physical Therapy, Occupational Therapy and/or Speech-Language Therapy services”.

- Medical necessity is **NOT driven by the therapy tools/strategies used by PT, OT and SLP professionals**.
- Medical necessity and treatment goals are not “altered” by the therapist’s choice of tools/strategies for meeting those goals.
Clinical Rationale for Equine Movement

- Multidimensional equine movement can be purposefully manipulated to facilitate the neuromuscular and sensory systems that support functional skills.

- Therapists incorporate equine movement with other therapy tools/strategies to address the treatment goals/functional outcomes for the patient as part of their PT, OT or ST treatment plan.
EQUINE MOVEMENT AS A TOOL/STRATEGY:

- Equine movement provides a multidimensional dynamic medium that provides graded sustained neuromotor input at an average rate of 100 beats/minute. *Average of 2000 to 2500 neuromotor inputs per therapy session.*

- Examples of other dynamic movement mediums in physical, occupational and speech-language therapy include therapy balls, trampolines and various swings.
OT, PT and SLP professionals use evidence-based practice and clinical reasoning in the purposeful manipulation of equine movement to engage the sensorimotor and neuromotor systems to create functional change in their patient. Used with other neuromotor and sensorimotor tools/techniques, hippotherapy is one tool used in a patient’s integrated plan of care in occupational, physical or speech-language therapy.

- AHA, Inc. Best Practice Statement, 2018 -
SCOPE OF PRACTICE

- American Physical Therapy Association (APTA)
- American Occupational Therapy Association (AOTA)
- American Speech-Language-Hearing Association (ASHA)

- Recognize hippotherapy as a scope of practice tool/strategy/approach that can be utilized in treatment and have considered it so since the 1980s.

Letters from AOTA, APTA and ASHA are available on the AHA, Inc. website
Populations Who May Benefit from Equine Movement Incorporated into PT, OT or ST

- Age: 2 years* to Adults
- Impairments: mild to severe neurologic, sensory, oral-motor, communication and/or motor deficits

*Children younger than 2 years should be treated by a therapist with HPCS© (clinical specialist) certification
RESEARCH EVIDENCE

- Substantial body of evidence in over 80 peer reviewed journals and meta analyses nationally and internationally showing hippotherapy/equine movement as a beneficial treatment tool/strategy

- Subject populations include: Cerebral Palsy, Multiple Sclerosis, Down Syndrome, Postural instability, Spinal Cord Injury, Language-learning Disability, Stroke

- Detractors include poor consistency in the terminology used-but common element is “equine movement” as a treatment tool/strategy

- Health care does not have a “standard” for what constitutes experimental or investigational.

Equine movement as intervention tool/strategy has more literature support than many commonly accepted scope of practice tools/strategies in PT, OT and ST services.
States without Medicaid Exclusions on Equine Movement as a Therapy Tool/Strategy in PT, OT & ST Services.

Alaska    Georgia    New Mexico    Texas
Arkansas  Illinois  North Carolina
Delaware  Indiana   Oregon
Florida   Missouri  South Carolina

These states treat the inclusion of equine movement in therapy as they would any other scope of practice therapy tool/strategy using standard CPT coding, documentation and billing protocols.
The inclusion of equine movement/“hippotherapy” into a physical, occupational and/or speech-language therapy plan falls within standard fee schedules for those PT, OT and/or ST services.

Guidelines for meeting medical necessity and accountability for demonstrating positive treatment outcomes are part of a therapist’s legal/ethical obligation – regardless of tools/strategies used in the therapy services rendered.

This includes: assessments, treatment plans, treatment goals, data collection & treatment notes/reports as per discipline and payer source.
MEDICAL BILLING CODES

- Therapy professionals use the Healthcare Common Procedure Coding System (HCPCS) Level I Current Procedural Terminology (CPT) codes when coding and billing for occupational therapy, physical therapy, speech-language pathology services where equine movement is part of the skilled intervention that has been incorporated into a plan of care.

- This is in accordance with the coding and billing guidelines given by the American Medical Association (AMA) and supported by American Physical Therapy Association (APTA), the American Speech-Language-Hearing Association (ASHA) and the American Occupational Therapy Association (AOTA).
HEALTH CARE BILLING CODES

- **HCPCS Level I (CPT Codes):**
  - Developed and maintained by the AMA
  - HCPCS = Health Care Common Procedure Coding System
  - Level I = CPT including Physical Medicine Codes – used by therapy professionals to code their treatment procedures/services.

- **HCPCS Level II Codes**
  - Standardized coding system used primarily for products, supplies, and related health services not included in the Level I CPT codes.
    - Examples: ambulance services, durable medical equipment, prosthetics, orthotics, AAC devices, and (DMEPOS) when used outside physician's office.

The Level II Codes are not used by therapy professionals to code their treatment procedures/therapy services.
HCPCS Level II Code “S8940”

S8940: Equestrian Therapy/Hippotherapy, per session
Generated by BC/BS on April 1, 2005 as a commercial payer code

- No separate therapy service called “Hippotherapy/Equestrian Therapy” nor are there “hippotherapists/equestrian therapists”
- Not a Physical Medicine code as are used by medical/therapy professionals for billing treatment services.
- Potentially fraudulent for a PT/OT/SLP to use this code
  - does not follow professional practice acts to code a non existent “therapy service” as opposed to the therapy service (PT, OT, ST) being rendered.
  - Cannot be used in conjunction with standard CPT codes – due to bundling/unbundling billing protocols.
AMA /CMS CODING GUIDELINES MANDATE THAT TREATING THERAPISTS:

- Use the CPT Codes that most accurately describe the clinical reasoning process and treatment services provided.

- Therapy professionals should use the Healthcare Common Procedure Coding System (HCPCS) Level I Current Procedural Terminology (CPT) codes when coding and billing for physical therapy, occupational therapy, and/or speech-language pathology services where hippotherapy is part of the skilled intervention that has been incorporated into a plan of care as per statements from APTA, AOTA and ASHA.
CERTIFICATION OF THERAPISTS

- Voluntary certification administered by the American Hippotherapy Certification Board (AHCB)

- Prerequisite is PT, OT or SLP professional with clinical experience.

  TWO LEVELS OF CERTIFICATION

  - AHCB Certified Therapist
  - Advanced - Hippotherapy Clinical Specialist (HPCS©)

*These Certifications serve to encourage best practice by treating therapists using equine movement as a treatment tool/strategy*
Hippotherapy is just one more standard therapy tool/strategy in physical therapy, occupational therapy and speech-language therapy.