

## Other Extended Care Health Option (ECHO) Benefits - Hippotherapy

Issue Date: July 3, 1997

Authority: 10 USC Section 1079(e)(7) and [32 CFR 199.5\(c\)\(8\)](#)

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### 1.0 HCPCS PROCEDURE CODE

S8940

### 2.0 DESCRIPTION

**2.1** Under TRICARE, hippotherapy is an exercise program; thus, it is excluded from coverage under the TRICARE Basic Program. Hippotherapy is proposed to offer a person with a disability a means of physical activity that aids in improving balance, posture, coordination, the development of a positive attitude, and a sense of accomplishment.

**2.2** Hippotherapy is a unique type of exercise or event that must be performed in unique settings such as indoor or outdoor arenas or ranches. Hippotherapy requires not only a horse and a therapist, but also additional staff, including a horse handler and side-walkers to ensure safety. In addition, the horse and rider require special equipment (helmets, pads, surcingle, bridle, etc.).

### 3.0 POLICY

**3.1** Hippotherapy is covered under the ECHO program only for those beneficiaries with a primary or secondary diagnosis of Multiple Sclerosis (MS) or Cerebral Palsy (CP).

**3.2** Hippotherapy services must be prescribed by a physician based on a determination that the patient will benefit from the provision of these non-medical services above and beyond what is provided under the TRICARE Basic Program's medical benefit.

**3.3** Hippotherapy prescribed by a physician is covered as a non-medical ECHO benefit under the "other services" category of the ECHO program. Hippotherapy is not a substitute for otherwise covered physical therapy provided under the TRICARE Basic Program.

**3.4** Hippotherapy services must be authorized in accordance with [Section 4.1](#). Additionally, providers of hippotherapy must establish a plan with outcome goals. They must document in the medical record of the beneficiary evidence of ongoing improvement in the beneficiary receiving the hippotherapy intervention to continue authorization of hippotherapy. If ongoing improvement is not noted, authorization for continued sessions should be denied.

### 3.5 Providers of Hippotherapy

**3.5.1** Only TRICARE authorized physical therapists and occupational therapists who have obtained additional credentialing from the American Hippotherapy **Certification Board (AHCB)**, or other similar credentialing organization approved by the Director, TRICARE Management Activity (TMA), or designee, shall be considered as an authorized provider to render hippotherapy services under ECHO.

**3.5.2** Services must be provided at a Professional Association of Therapeutic Horsemanship International (PATH Intl.) **accredited facility**, or similar **accrediting** organization as approved by the Director, TMA, or designee.

### 3.6 Reimbursement

**3.6.1** Reimbursement is allowed for only the professional services provided by a TRICARE authorized physical therapist or occupational therapist who has obtained the credentialing outlined in [paragraph 3.5](#) of this policy.

**3.6.2** Reimbursement is made using the allowable charge rate (i.e., the lowest of the actual billed charge, the prevailing charge, or the maximum allowable charge). See the TRICARE Reimbursement Manual (TRM), [Chapter 5, Section 1](#).

**3.6.3** The amount of the government's cost for hippotherapy received in any month accrues to the maximum fiscal year ECHO benefit of \$36,000.

### 4.0 TRICARE ENCOUNTER DATA (TED) RECORD

TED records submitted for covered hippotherapy services must include Special Processing Code "PF ECHO".

### 5.0 EXCLUSIONS

**5.1** No reimbursement shall be made for the facility fee (e.g., stable fee, ranch fee), or for a fee related to the care, feeding, maintenance, equipment, or any other item related to the care of the horse. Also excluded from reimbursement: any special equipment (helmets, pads, surcingle, bridle, etc.).

**5.2** Hippotherapy as a substitute for authorized physical therapy under the TRICARE Basic Program is excluded.

**5.3** Hippotherapy services provided by a person or in a setting other than those outlined in [paragraph 3.5](#) of this policy are excluded from coverage.

**5.4** Equine assisted psychotherapy, which is different from hippotherapy, is excluded.

**TRICARE Policy Manual 6010.57-M, February 1, 2008**  
Chapter 9, Section 13.2  
Other Extended Care Health Option (ECHO) Benefits - Hippotherapy

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**6.0 EFFECTIVE DATE**

June 11, 2013.

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