

Clinical Policy: Activity Therapy Expanded Benefit 21 and Older

Reference Number: FL.CP.BH.06

Date of Last Revision: 05/25

[Coding Implications](#)

[Revision Log](#)

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Description

This policy describes the clinical criteria on which to review requests for Activity Therapy (Art, Equine, and Pet Therapies) as an adult expanded benefit for members 21 and older in Sunshine Health's Managed Medical Assistance (MMA), HIV/AIDS, Comprehensive Long-Term Care (LTC) and Serious Mental Illness (SMI) products. The goal is to provide Art, Equine, and Pet Therapy services when clinically appropriate and to define criteria and limitations for each included service.

Note: A request for a member *under* 21 years of age in any of Sunshine's Medicaid products will be reviewed against the *EPSDT policy and guidelines* initially or *FL.CP.BH.07 Activity Therapy Benefit for Children Under 21*, as appropriate.

Note: Standard of Care/General Practice Guidelines and Authorization Requirements:

- Art Therapy: 1 session per week for up to 6 months of services with prior authorization;
- Pet Therapy: 1 session per week for up to 6 months of services with prior authorization;
- Equine Therapy: 1 session per week for up to 6 months of services with prior authorization.

Policy/Criteria

- I. It is the policy of Sunshine Health that Activity Therapy as an expanded benefit is considered **medically necessary** when all of the following criteria are met:
 - A. Member must have a mental health diagnosis;
 - B. Member must be 21 years of age or older;
 - C. Talk therapy has been unsuccessful previously, particularly when the reliance on language in therapy has proven to be a barrier or member is withdrawn and engagement with the therapist is a barrier;
 - D. Member could benefit from improvements concerning any of the following:
 1. Cognitive and sensory-motor functions;
 2. Self-esteem and self-awareness;
 3. Emotional resilience;
 4. Insight;
 5. Social skills;
 6. Conflict resolution and distress.
 - E. The treating provider must submit the following information and documentation with any request for Activity Therapy as an expanded benefit:
 1. Medical documentation as noted above in I.A through I.D.
 2. Problem focused history and examination, including assessment of the member's:
 - a. Functional and cognitive deficits;
 - b. Mental and emotional health;

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- c. Psychosocial needs;
 - d. Support system in the home and community;
 - e. Member strengths and limitations;
3. S.M.A.R.T. treatment goals with expected completion dates, and clinical notes from each visit;
4. Treatment goal and objective updates at each concurrent review.

II. It is the policy of Sunshine Health that Activity Therapy as an expanded benefit is **not medically necessary** when one or more of the following *discharge* criteria is met:

- A. The member no longer meets criteria as defined in I.A. through I.D. above;
- B. The member withdraws from treatment;
- C. The member is not an active participant or fails to make adequate progress toward treatment goals;
- D. The member requires a different level of treatment or more specialized treatment;
- E. Treatment goals are achieved;
- F. Lack of communication from the member.

III. It is the policy of Sunshine Health that for Activity Therapy as an expanded benefit, the following **limitations/exclusions** apply:

- A. Benefit limits:
 1. Equine Therapy: Up to 10 sessions per year with prior authorization.

Background

Expressive Therapies are generally provided to complement other standard interventions. Art therapy is a form of psychotherapy involving the encouragement of free self-expression through painting, drawing, body movement, or modeling, used as a remedial activity. Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experience, and empowers individual, communal, and societal transformation.²

Equine therapy is a range of treatments that involve activities with horses and other equines to promote human physical and mental health.³

Pet therapy is a guided interaction between a person and a trained animal. It involves the animal's handler during these interactions. The purpose of pet therapy is to help the individual recover from or cope with a health problem or behavioral health disorder.⁴

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for

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informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description
G0176	Activity therapy (including art or pet therapies not for recreation), related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)
S8940	Equestrian / hippotherapy, per session

HCPCS Codes	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		07/18
Archer reload; no review or revision		05/19
Annual review; no changes		06/20
Annual review; Added contacted vendors may complete reviews to deny, reduce, suspend or terminate services. Removal of against advice from Discharge Criteria.		08/21
Policy update; Updated LOB; Added “Unlimited with PA”. Updated language under “Limitations and Exclusions”. No additional criteria changes.		11/21
Policy Update; removed Music Therapy and updated references		04/22
Annual review; no changes		04/23
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.33.00 to FL.CP.BH.06.	01/24	
Annual review. Replaced “Expressive” with “Activity” in policy title and throughout policy to align with updated FL expanded benefits grid. Added HIV/AIDS to policy description. Note edited to direct reviewer to EPSDT for requests for members < 21. Note added to reflect standard of care and authorization requirements. Criteria II. minor grammatical edits without impact to criteria. Criteria III. removed A.1 and A.3. Background updated References reviewed and updated. Florida state disclaimer added to footer of policy.	5/25	

References

1. Agency for Health Care Administration. Statewide Medicaid Managed Care Expanded Benefits.
<https://ahca.myflorida.com/content/download/25560/file/Health%20Plan%20Expanded%20B>

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Accessed April 1, 2025.

2. American Art Therapy Association (AATA). What is art therapy? Fact Sheet.
<https://arttherapy.org/what-is-art-therapy/>. Accessed April 1, 2025.
3. Agency for Health Care Administration. State of Florida. Adopted Rules-General Policies 59G-1.054 Recordkeeping and Documentation Requirements.
https://ahca.myflorida.com/content/download/5930/file/59G_1054_Recordkeeping_Documentation_Requirements_FINAL.pdf. Updated May 8, 2017. Accessed April 1, 2025.
4. Ward J, Hovey A, Brownlee K. Mental health benefits of mounted equine-assisted therapies: A scoping review. *Health Soc Care Community*. 2022;30(6):e4920 to e4935.
doi:10.1111/hsc.13904
5. Wijker C, Leontjevas R, Spek A, Enders-Slegers MJ. Effects of Dog Assisted Therapy for Adults with Autism Spectrum Disorder: An Exploratory Randomized Controlled Trial. *J Autism Dev Disord*. 2020;50(6):2153 to 2163. doi:10.1007/s10803-019-03971-9

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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