

# Clinical Policy: Activity Therapy Benefit for Children Under 21

Reference Number: FL.CP.BH.07

Date of Last Revision: 5/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

## Description

Activity Therapies (formerly known as Expressive Therapies) are generally provided to complement other standard interventions. This policy describes the clinical criteria on which to review requests for Activity Therapies (Art/Music, Equine, and Pet Therapies) as a benefit for Sunshine Health's Managed Medical Assistance (MMA), Children's Medical Services (CMS), Child Welfare (CW), 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 medically necessary and to define criteria and limitations for each of the services.

Note: If a request for Activity Therapies for a member under 21 in any of Sunshine's Medicaid products or Children's Medical Services (CMS) is submitted, it will be reviewed against *EPSDT policy and guidelines*. If EPSDT applies, the EPSDT policy will be used to establish benefit coverage when clinically appropriate.

Note: For requests for members 21 years of age or older, please refer to *FL.CP.BH.06 Activity Therapy Expanded Benefit*.

## Policy/Criteria

- I. It is the policy of Sunshine Health that *Art/Music* Therapy is a **covered benefit** and **medically necessary** for a member who meets the following criteria:
  - A. Participates in a Case or Disease Management program;
  - B. Member must be less than 21 years of age;
  - C. Must be enrolled in Sunshine Health Plan and Children's Medical Services (CMS);
  - D. Has a diagnosis of at least one of the following:
    1. Mental health condition;
    2. Cancer or cancer recurrence;
    3. Post-traumatic stress syndrome disorder (PTSD);
    4. Williams Syndrome;
    5. Autism;
    6. Emotional abuse within the past two years.
- II. It is the policy of Sunshine Health that *Pet* Therapy is a **covered benefit** and **medically necessary** for a member who meets all of the following criteria:
  - A. Participates in a Case or Disease Management program;
  - B. Member must be less than 21 years of age;
  - C. Must be enrolled in Sunshine Health Plan and Children's Medical Services (CMS);
  - D. Has a diagnosis of one or more of the following:

## CLINICAL POLICY

### Activity Therapy Benefit for Children Under 21

1. Cancer or cancer recurrence;
2. Cerebral palsy;
3. Autism;
4. Emotional abuse within the past two years;
5. Other chronic medical conditions.

III. It is the policy of Sunshine Health that *Equine* (Hippotherapy) Therapy is considered **medically necessary** for a member who meets all of the following criteria:

- A. Participates in a Case or Disease Management program;
- B. Has received clearance from their primary provider;
- C. Member must be less than 21 years of age and enrolled in Sunshine Health Plan;
- D. Has a diagnosis of one or more of the following:
  1. Cancer or cancer recurrence;
  2. Cerebral palsy;
  3. Autism;
  4. An eating disorder;
  5. PTSD.

IV. It is the policy of Sunshine Health that the treating provider must submit the following information and documentation with any request for Activity therapy:

- A. Medical documentation as noted above in I. II or III.
- B. Problem focused history and examination, including assessment of all of the following for the member:
  1. Functional and cognitive deficits;
  2. Mental and emotional health;
  3. Psychosocial needs;
  4. Support system in the home and community;
  5. Strengths and limitations;
- C. S.M.A.R.T. treatment goals with expected completion dates, and clinical notes from each visit;
- D. Treatment goals and objective updates at each concurrent review.

V. It is the policy of Sunshine Health that Art/Music, Pet, or Equine therapy is **not medically necessary** when one or more of the following criteria are met:

- A. The member no longer meets criteria as defined in I. II. or III. 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.

VI. It is the policy of Sunshine Health that for Art/Music, Pet, or Equine therapy, the following **limitations/exclusions** apply:

- A. Benefit limits:

## CLINICAL POLICY

### Activity Therapy Benefit for Children Under 21

1. Art/Music Therapy: One session per week for up to six months of services with prior authorization.
2. Pet Therapy: One session per week for up to six months of services with prior authorization.
3. Equine Therapy: One session per week for up to six months of services with prior authorization.

#### Background

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.<sup>2</sup> Music therapy is a form of art therapy that uses music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Equine therapy is a range of treatments that involve activities with horses and other equines to promote human physical and mental health.<sup>3</sup> Hippotherapy is used by occupational therapists, physical therapists, and speech-language pathology professionals for the purposeful manipulation of equine movement as a therapy tool to engage sensory, neuromotor and cognitive systems to promote functional outcomes.<sup>8,9</sup>

Pet therapy, also known as animal-assisted 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.<sup>4</sup>

#### 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 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

## CLINICAL POLICY



### Activity Therapy Benefit for Children Under 21

HCPSC Codes	Description
G0176	Activity therapy, such as music, dance, art or play 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

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date-New Policy		10/22
Annual review; Reworded some language with no impact to criteria.	10/23	02/24
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.60.00 to FL.CP.BH.07.	01/24	
Annual review; Reworded some language with no impact to criteria. References reviewed and updated.	10/24	
Annual review. Policy updated with name change from Expressive Therapy to Activity Therapy to align with state guidance. HIV/AIDS added to covered products; Note added for steering to EPSDT. "Music" added to "Art" throughout policy. Criteria I.D. and II.D. removed with Williams Syndrome and Autism added to I.D.; Criteria VI. Benefit limitations updated. Minor edits to language with no impact to meaning. Background updated. CPT codes 97139 and 97799 removed. Codes G0176 and S8940 added. References reviewed and updated. Florida state disclaimer added to footer.	05/25	

### References

1. FL.UM.08 EPSDT or Potential Benefit Exception Requests.
2. American Art Therapy Association (AATA). What is art therapy? Fact Sheet. <https://arttherapy.org/what-is-art-therapy/>. Accessed June 30, 2025.
3. 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
4. Silva NB, Osório FL. Impact of an animal-assisted therapy programme on physiological and psychosocial variables of paediatric oncology patients. *PLoS One*. 2018;13(4):e0194731. Published 2018 Apr 4. doi:10.1371/journal.pone.0194731
5. Siegel J, Iida H, Rachlin K, Yount G. Expressive Arts Therapy with Hospitalized Children: A Pilot Study of Co-Creating Healing Sock Creatures©. *J Pediatr Nurs*. 2016;31(1):92 to 98. doi:10.1016/j.pedn.2015.08.006
6. Harris A, Williams JM. The Impact of a Horse Riding Intervention on the Social Functioning of Children with Autism Spectrum Disorder. *Int J Environ Res Public Health*. 2017;14(7):776. Published 2017 Jul 14. doi:10.3390/ijerph14070776
7. American Veterinary Medical Association. Service, emotional support, and therapy animals. <https://www.avma.org/resources-tools/animal-health-and-welfare/service-emotional-support-and-therapy-animals>. Accessed June 30, 2025.

## CLINICAL POLICY

### Activity Therapy Benefit for Children Under 21

8. American Hippotherapy Association. What is hippotherapy?  
<https://www.americanhippotherapyassociation.org/what-is-hippotherapy>. Accessed June 30, 2025.
9. American Hippotherapy Association. AHA, Inc. Terminology for healthcare.  
<https://www.americanhippotherapyassociation.org/assets/docs/AHA-%20Recommended%20Terminology.pdf>. Accessed June 30, 2025.

### **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.

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.

## CLINICAL POLICY

### Activity Therapy Benefit for Children Under 21

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.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**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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