

# LEAD WITH THE THERAPY, NOT WITH THE HORSE

## TIPS FROM THE AHA, INC. INSURANCE TASK FORCE

BY SUSIE REHR, PT

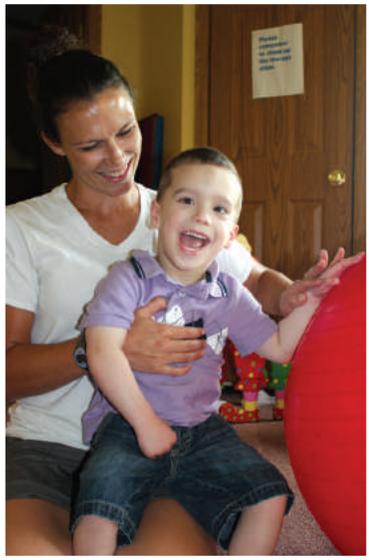
The themes of professionalism, education, and communication dominated in St. Louis during the 4th International Conference of the American Hippotherapy Association, Inc. (AHA, Inc.) A presentation by members of the AHA, Inc. Insurance Task Force, including Ruth Dismuke-Blakely, Jane Burrows, Lori Sullivan, and myself, identified barriers to reimbursement, pathways to success, challenges in marketing, and strategies for defining our practice. Our discussion of these topics generated awareness of the importance of self-appraisal, which can result in empowerment for therapists.

Therapists that use hippotherapy treatment strategies, equine movement, and other horse-related activities in plans of care often want to demonstrate the power of these methods by publicizing their programs to the community at large. Inviting other medical professionals and the lay public to visit our facilities and witness our achievements can promote awareness and help raise funds for non-profit programs. However, we are then challenged to clearly describe our practice using professional terminology that is accessible and easily understood by all while conveying credibility and validity. We are similarly challenged when communicating with insurance companies, documenting patient care, and participating in research. In all these areas of practice, maintaining the highest standards of professionalism through written terminology, verbal communication, and interpersonal actions is essential.

As a practitioner who integrates hippotherapy treatment strategies into my daily practice, I am struck by how the term “hippotherapy” has evolved. Much like the transition to people-first language, where the sound of a clinician saying, “A CP kid,” now seems discordant, I find the phrase “hippotherapy program” equally unsettling. It is necessary to encourage therapists to rethink their use of nomenclature to accurately reflect who they are and the types of services they provide. Being a “hippotherapy program” is what sets my practice apart from the four-walled concrete clinic down the road both structurally and theoretically, but defining my practice as a “hippotherapy program” also sets our services apart from other forms of physical and occupational therapy and speech-language pathology.

How can the same message be sent while still leading with therapy-first language? This change needs to come from within before we can expect outside parties, including third party payers and insurance companies, to understand why our words command attention. Is this a new body of knowledge that still has to be proven, or is it simply a different way to use existing clinical and didactic knowledge to achieve functional change efficiently because of the inherently integrative qualities of the strategy?

These are questions that require answers, because clinical practice drives research and, ultimately, reimbursement. The building blocks for successful contemplation of these questions and thoughtful navigation of the insurance maze include tools for professional introspection and an understanding of strategies for communication. These topics were the cornerstone of our task force’s presentation.



**DOES IT  
MATTER?**

**BALL OR  
HORSE =  
97112**



**PT/OT/SLP SAY NO!  
SAME FUNCTIONAL SKILL-  
DIFFERENT SURFACE**

The Insurance Task Force was initially directed to answer a series of questions pertaining to reimbursement, including use of the S-code, creation of a hippotherapy treatment code, and the current stance of insurance companies regarding coverage.

- **Utilization of the S-Code:** These are codes that can become CPT (current procedural treatment) codes, but not are typically used as such. Sometimes these codes are developed so that a commercial payer can create a policy regarding payment, and the claims process can then be used to deny the claim. This code will not lead to successful reimbursement.
- **Hippotherapy Treatment CPT Code:** The codes billed must represent the therapeutic intervention, but there is no criterion within them that mandates discussion of how an intervention was achieved. For

example, “97112 does NOT state any specific ‘tool’ that must be used, only the outcome that is intended (change in balance, coordination, and proprioception, etc.), so why use anything other than 97112 to report the treatment to the insurer?” (Source: May 2011 email interview with Helene Fearon, APTA expert on billing codes and representative to AMA’s CPT Healthcare Professionals Advisory Committee)

- **Compilation of names of insurance companies nationwide that provide coverage for treatment using equine movement and related activities:** A working list has been compiled and is available through the insurance task force, however this information is extremely mutable and can/does change quickly. Therapists should keep track of the insurers receiving submissions from you or your client to share with the rest of the AHA, Inc. members.



## INSURANCE INDUSTRY SAYS “YES!”

### HOW CAN WE CHANGE THIS?

## THE ANSWER IS TERMINOLOGY, DOCUMENTATION, COMMUNICATION, PHILOSOPHY

### TOOLS FOR EDUCATION

In July 2012, the Insurance Task Force was charged with the task of educating the therapist, the insurance company, and the community. This challenge can be summed up in the concept of clarity and consistency of conversation. To that end, the following items have been obtained, created, and printed for your toolbox. (Resources are also available in the members section on the website [www.americanhippotherapyassociation.org](http://www.americanhippotherapyassociation.org))

- Endorsement letters from the APTA and AOTA. ASHA does not utilize this form of endorsement as they feel it is adequately covered in their standards of practice.
- A Guide to Terminology, endorsed by the Board of Directors of AHA, Inc.
- A Position Statement on the Use of Equine Movement and Related Activities, endorsed by the Board of Directors of AHA, Inc.
- An updated bibliography on the AHA, Inc. website, which now eliminates articles that contain references to therapeutic riding instead of hippotherapy treatment strategies.

### AVOIDING CREATION OF THE “FOURTH THERAPY”

Clarity of conversation is paramount. This is not an issue of actual reimbursement; many insurers are providing coverage for the treatment codes currently used in billing. It is instead an opportunity to educate those within the professional medical community and the equine community at large so that insurance companies do not think they are covering something different from physical therapy, occupational therapy, or speech/language pathology. Hippotherapy is not a fourth therapy that stands separately from these. As therapists it is imperative that the message we share with the community and clients is clear, accurate, and consistent. This frequently starts with the printed literature provided by our therapy practices, not our “hippotherapy programs”. As Ruth Dismuke-Blakely clearly stated in her portion of our presentation, we must **LEAD WITH THE THERAPY, NOT WITH THE HORSE**. People-first language is firmly ingrained in our speech, and we must do the same with therapy-first language.

## PHYSICAL AND OCCUPATIONAL THERAPY AT SPECIAL STRIDES

By combining the professional skills of physical and occupational therapists with the movement of a horse, Special Strides offers a highly integrated treatment strategy for our clients. Hippotherapy treatment techniques are part of an integrated treatment plan that utilizes the physical, emotional, and sensory qualities of the horse in a powerful combination to achieve functional therapeutic goals in a natural environment. When used in conjunction with therapeutic exercise, NDT handling techniques, sensory integration, and other treatment strategies, a complete treatment plan is formulated to optimize functional change in all individuals.

Documentation of services is another critical point for therapists tackling reimbursement issues. The ability to translate the interventions specific to the equine setting into vocabulary that an insurance company recognizes as directly corresponding to the billed procedural codes (CPT codes) is essential.



HPOT ACTIVITY

DOCUMENTATION LANGUAGE

### GROOMING THE HORSE PRIOR TO RIDING

**O:** Using an asymmetric stance on an 8" stool Sarah participated in a bilateral motor task emphasizing shoulder flexion and extension, trunk rotation, grasp, and tactile resistance.

**A:** Sarah had greater difficulty maintaining asymmetric stance on the right lower extremity and required min A to maintain upright stance. While on the left lower extremity, Sarah was able to reach above 90 but was unable to do so on the more unstable right LE. Sarah's grasp fatigued after 1 minute.

The claims you make are equally important as how you document treatment.

### Don't make claims about hippotherapy that cannot be substantiated in some manner by the literature.

For example, "Treatment will use hippotherapy to treat Lucy's lordosis." There is no evidence to support direct use of hippotherapy as the best means of treating lordosis. A better statement might be: "a variety of therapeutic activities will be used to promote core strengthening and facilitate reduction of Lucy's lordosis, including but not limited to..."

Every therapist looks for the take-home message when attending a course, the one nugget that can change how they practice and make them a better clinician. The take-home message of our Insurance Task Force presentation was: follow your Code of Ethics, adhere to your individual Practice Acts, and communicate in a clear, consistent manner. Remember, as therapists we do not "do hippotherapy." Instead, physical therapists, occupational therapists, and speech language pathologists utilize hippotherapy treatment strategies, including equine movement and related activities, as part of an integrated treatment plan. Hopefully this distinction will become etched in practitioners' minds and will soon roll off tongues as smoothly as a discussion of a "child with cerebral palsy." ◀

We have a responsibility to use proper documentation and coding procedures and to understand why we do what we do. Please refer to the letter template on the next page as an example of what has been used by some therapists to educate an insurance company about the appropriate coding process when equine movement/related activities are included in a treatment plan.

#### SUSIE REHR, PT

Insurance Task Force Member, Treasurer of AHA, Inc. and Co-Executive Director of Special Strides in Monroe, NJ. I want to credit all members of the task force for their contributions to the presentation and directly or indirectly to this article. And special thanks to Janet for keeping me sane through multiple renditions of this article.



**SAMPLE**

March 15, 2013

ABC Insurance Company  
PO Box 1111  
Albuquerque, NM 87111

Your logo or  
company info here

Dear ABC Insurance Representative:

I am writing in regard to equine movement (also known as hippotherapy) as a treatment strategy in physical, occupational, and/or speech-language therapy and the proper coding of its use for reimbursement purposes. Hippotherapy has been scope of practice through the American Physical Therapy Association, the American Occupational Therapy Association and the American Speech-Language-Hearing Association since the mid 1980s.

The current physical medicine CPT codes describe what is done when equine movement is one of the treatment strategies used to improve function in our patients. The HCPCS code S8940: Hippotherapy/Equestrian Therapy should not be used for the following reasons:

1. There is no such therapy service called "equestrian therapy." Using the S8940 code could be regarded as fraudulent. Who does hippotherapy/equestrian therapy? There are no "hippotherapists." Hippotherapy is a physical, occupational, and speech-language therapy treatment strategy that utilizes equine movement as part of an integrated intervention program to achieve functional outcomes.
2. This code makes "hippotherapy" a separate service from PT, OT, and/or ST. At no time would a therapist stop "doing physical therapy" and start "doing hippotherapy." The entire treatment session is a physical therapy, occupational therapy, or speech-language therapy session. Equine movement is just one strategy used to help promote functional change in the patient.
3. AMA coding procedures/policies mandate a therapist use the codes that most accurately describe the treatment protocol. If an existing CPT code accurately represents what is being done, that is the code to be used. The following CPT codes best represent equine movement as one treatment strategy in the treatment plan:

97112 – neuromuscular reeducation

97110 – therapeutic exercise

92507 – speech/language therapy activities

97530 – therapeutic activities

97533 – sensory integration techniques

Hippotherapy treatment techniques are not used in isolation from the rest of the treatment plan. Hippotherapy is one strategy used by therapists to help achieve patient treatment goals. It is founded in evidence-based practice, with more than 24 peer-reviewed research publications and large bodies of human form-to-function research.

Physical, occupational, and speech-language therapists have a legal and ethical responsibility to use coding procedures that accurately reflect the treatment being provided. The standard physical medicine CPT codes are the most accurate in reflecting what is being provided when equine movement is one of the treatment strategies implemented. I am happy to provide any additional information that you might need, or address any concerns you may have.

Sincerely,

Therapist Name/Credentials

**SIDENOTE:** When dealing with third party reimbursement, therapy professionals are often intimidated by the process. Remember that, as the treating therapist, you know best what it is you are doing. The health insurance and CMS representatives are not therapists. It is important to take the time to properly educate them when questions arise regarding the incorporation of equine movement into a treatment session. You are not doing something questionable or "fringe." The inclusion of equine movement/related activities into PT/OT/ST is scope of practice by the American Physical Therapy Association, the American Occupational Therapy Association, and the American Speech-Language-Hearing Association. We have a responsibility to use proper documentation and coding procedures and to understand why we do what we do. This letter template is an example of how to educate an insurance company about the appropriate coding process when equine movement/related activities are included in a treatment plan.

By Ruth Dismuke-Blakely, MS/CCC-SLP, HPCS