# Pet therapy

Clinical Policy ID: CCP.1398

Recent review date: 8/2020

Next review date: 12/2021

Policy contains: Animal-assisted therapy; pet therapy; psychotherapy.

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## Coverage policy

For this policy, pet therapy (animal-assisted therapy) is defined as a goal-oriented, planned, structured, and documented therapeutic intervention directed by health and human service providers as part of their profession (Pet Partners, 2018).

Pet therapy (CPT Code G0176) is clinically proven and, therefore, a medically necessary component of psychotherapy[1] for members enrolled in the Managed Medical Assistance program when all of the following criteria are met (American Veterinary Medicine Association, 2018; Stewart, 2016):

- There is an agreed upon treatment plan with clearly defined benchmarks and time intervals for evaluating treatment progress.
- Treatment is delivered and/or directed by a health or human service provider working within the scope of their profession.
- Treatment involves a specially trained and evaluated therapy animal.

[1] Psychotherapy is a collaborative treatment based on the relationship between member and therapist, grounded in dialogue, and provided in a supportive, neutral, and nonjudgmental environment (American Psychiatric Association, 2019; American Psychological Association, 2020). Psychotherapy can be provided by various professionals, including psychiatrists, psychologists, licensed social workers, licensed professional counselors, licensed marriage and family therapists, psychiatric nurses, and others with specialized training in psychotherapy.

- Prior authorization of the treatment plan and any subsequent modifications are required.

Limitations

Coverage determinations are subject to benefit limitations and exclusions as delineated by the state Medicaid authority.

Renewal of the treatment plan requires prior authorization; the treatment plan will be initiated and managed by the pet therapist.

Pet therapy is not medically necessary if:

- Treatment goals have been achieved and member can maintain benefit independently.
- Treatment goals have not been achieved and member is unlikely to benefit from further treatment.
- Contraindications are present.
- Provided as a stand-alone therapy and not a component of a psychotherapy protocol.

Contraindications to pet therapy include:

- Allergic reactions.
- Increased anxiety around the therapy pet.
- Infections (including zoonosis).
- Risk of harm to the animal or member.

For Medicare members only

Pet therapy is investigational and, therefore, not medically necessary.

Alternative covered services

Standard guideline-directed care.

## Background

Animal-assisted interventions (both therapy and activity programs) exploit the bond between humans and animals that, in many ways, is analogous to the bond between parent and child (Cirulli, 2011). Animal-assisted therapy (also called pet therapy) is a goal-oriented intervention in which a specifically trained animal is an integral part of the treatment process (Pet Partners, 2018). It is delivered in a variety of settings and directed by a health or human service provider working within the scope of their profession. The therapeutic goals are to promote improvement in human physical, social, emotional, and cognitive functioning, and progress is measured and documented (Cirulli, 2011). Dogs and horses are the most common therapy pets, but other domesticated animal have been involved.

Pet therapy differs from other animal-assisted activities, which are generally less-structured, motivational, supportive, recreational, educational, or therapeutic activities usually conducted by volunteers (or trained staff) to enhance quality of life or well-being (Mani, 2016). Examples of other animal-assisted activities include emotional support animals and service animals.

## Findings

We found one meta-analysis of 28 articles with 34 independent samples (n = 1,310 participants) (Ein, 2018), one narrative review (Scales, 2018), a systematic review of 18 studies (Lundqvist, 2017), a systematic review of 36 studies (Bert, 2016), a systematic review of 10 studies (Maber-Aleksandrowicz, 2016), and two guidelines

(American Veterinary Medicine Association, 2018; Stewart, 2016) for this policy. The evidence for the clinical use of pet therapy consists of low-to-moderate quality studies. Children, patients under psychiatric care, and the elderly were most often studied, and dogs were the most common non-equine animal used. The goals of pet therapy were related to improving quality of life and assisting recovery from or coping with a chronic health problem or behavioral disorder, e.g., reducing debilitating stress and anxiety and improving self-esteem, verbal skills, social skills, and interactions with others.

The research often lacked adequate sample sizes, clearly defined patient populations, and consistent definitions for animal-assisted therapy versus animal-assisted activities or support that are not strictly for therapeutic purposes. All systematic reviews recommend more rigorous study designs and larger samples to validate pet therapy across a range of clinical conditions.

Although optimal therapy protocols and outcome measurements remain ill-defined, the evidence suggests potentially positive effects of pet therapy, such as increased sense of comfort and safety, increased prosocial behaviors, and decreased behavioral problems, across a range of populations with chronic or terminal conditions. However, the mechanisms underpinning any benefits of these interactions are unclear. Adverse effects included allergic reactions, hygiene concerns, increased anxiety, infections (including zoonosis), and animal-related accidents, which could be effectively mitigated with simple infection control protocols, security precautions, and careful patient selection.

Ensuring the welfare of human and animal participants is critical to successful pet therapy programs. The health care provider, animal, and handler (if needed) require specialized training, and a veterinarian may need to be actively involved to ensure the wellness and welfare of the animal and humans involved (American Veterinary Medical Association, 2018). However, unified competencies are lacking. Ultimately, pet therapy should enhance the therapy process and not be used as a stand-alone intervention (Stewart, 2016).

Policy updates

In 2019, we added two systematic reviews of animal-assisted therapy in pediatric populations (Charry-Sanchez, 2018b; Jones, 2019), four systematic reviews of animal-assisted therapy in adult populations (Charry-Sanchez, 2018a; Hawkins, 2019; Jormfeldt, 2018; Zafra-Tanaka, 2019), and updated practice standards from Animal Assisted Intervention International (2019). The results are consistent with previous findings, and no policy changes are warranted.

In 2020, we added a Cochrane review of animal-assisted therapy for dementia (Lai, 2019). The findings are consistent with previous findings. No policy changes are warranted.

## References

On June 17, 2020, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “Animal Assisted Therapy” (MeSH), “animal facilitated therapy,” and “pet therapy.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

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## Policy updates

7/2018: initial review date and clinical policy effective date: 8/2018

8/2019: Policy references updated.

8/2020: Policy references updated.