

Pet therapy

Clinical Policy ID: CCP.1398

Recent review date: 8/2024

Next review date: 12/2025

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

First Choice Next has developed clinical policies to assist with making coverage determinations. First Choice Next's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case by case basis, by First Choice Next when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. First Choice Next's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. First Choice Next's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, First Choice Next will update its clinical policies as necessary. First Choice Next's clinical policies are not guarantees of payment.

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, 2023).

Pet therapy is clinically proven and, therefore, may be a medically necessary component of psychotherapy when all of the following criteria are met (American Veterinary Medicine Association, 2023; 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.
- Prior authorization of the treatment plan and any subsequent modifications are required.

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, 2023; American Psychological Association, 2023). 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.

Limitations

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

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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.

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, 2023). 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 animals 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, 2023; 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, 2023). However, unified competencies are lacking. Ultimately, pet therapy should enhance the therapy process and not be used as a stand-alone intervention (Stewart, 2016).

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 (2021). 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.

In 2021, we updated the references and added no new relevant literature to the policy. No policy changes are warranted.

In 2022, we added a systematic review/meta-analysis of eight studies ($n = 348$) documenting that animal assisted therapy, as an adjuvant to traditional treatment, significantly improved outcomes for hospitalized children. Outcomes included less pain ($P < .001$), lower systolic blood pressure ($P = .04$), higher diastolic blood pressure ($P = .001$); no significant difference was observed for depression, anxiety, stress, or heart rate (Feng, 2021). We also added a review of 11 randomized controlled trials ($n = 825$) showing animal assisted therapy for dementia patients significantly reduced behavioral and psychological symptoms, but did not improve cognitive function, activities of daily living, agitation, or quality of life (Chen, 2022) These results were similar to those in another large review (Batubara, 2022).

In 2023, we added a systematic review/meta-analysis of 14 studies ($n = 548$), nine of which were randomized controlled trials, on pet therapy in ambulatory and emergency settings. Effects on patient-reported and observed anxiety and distress varied by study. In three randomized trials, no effects were observed in patient-reported pain. Authors conclude that evidence in ambulatory/emergency settings is limited (Gaudet, 2022).

We added a systematic review of seven studies on effects of animal-assisted therapy in autistic children and adolescents. Authors found behavioral, cognitive, emotional, physical, and social improvements after therapy, but cautioned results were heterogenous due to lack of standardized research framework (Rehn, 2023).

In 2024, we added a systematic review and meta-analysis examined 23 randomized ($n = 1,219$) controlled trials on animal-assisted therapy and pet-robot interventions for reducing depressive symptoms in adults. The studies included ($n = 659$) receiving animal-assisted therapy or pet-robot interventions and ($n = 560$) in control groups. The review found that animal-assisted therapy had a moderate and statistically significant effect on reducing

depressive symptoms compared to control conditions. Dog-assisted therapy specifically also showed a modest beneficial effect. However, pet-robot interventions did not show a significant effect on depressive symptoms (Villarreal-Zegarra, 2024). No policy changes warranted.

References

On July 9, 2024, 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.

8/2021: Policy references updated.

8/2022: Policy references updated.

8/2023: Policy references updated.

8/2024: Policy references updated.