# Pet therapy

Clinical Policy ID: CCP.1398

Recent review date: 8/2026

Next review date: 12/2027

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, 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 Medical 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.

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). Service animals and emotional support animals are distinct from animal-assisted therapy and animal-assisted support programs: service animals are individually trained to perform disability-related tasks, while emotional support animals provide comfort but are not trained to support therapeutic interventions.

## Findings

Guidelines

Recent guidance on animal-assisted therapy centers on several key documents that establish a cross-disciplinary framework: the American Veterinary Medical Association's animal-assisted-intervention guidelines (American Veterinary Medical Association, 2023), the Royal College of Nursing's practice resource for dogs in healthcare facilities (Royal College of Nursing, 2025), the Standards of Practice for Animal-Assisted Interventions developed by Pet Partners (2021), the competency-based Standards of Practice issued by Animal-Assisted Intervention International (Animal-Assisted Intervention International, 2021), and the American Counseling Association's animal-assisted therapy counselling competencies (Stewart, 2016). Collectively, these sources emphasize that animals are sentient partners in the therapeutic process, and that programs must balance patient benefit with rigorous protections for animal welfare and infection control.

All guidelines concur that providers who integrate animals into psychotherapy or allied health services must hold clinical qualifications and demonstrate specialized competencies in animal-assisted therapy. The Animal-Assisted Intervention International framework uses four competency tiers (entry, intermediate, advanced, and expert), pairing each with continuing-education expectations that extend beyond general clinical licensure (Animal-Assisted Intervention International, 2021). Complementing this, Stewart (2016) delineates counselling-specific skills in treatment planning, handler-animal communication, and ethical decision-making, thereby anchoring animal-assisted therapy within established professional scopes of practice.

Therapy-animal eligibility criteria emphasize the health and welfare of the animal. Pet Partners stipulates ongoing behavioral and health screening, risk management, and handler education (Pet Partners, 2021). The Royal College of Nursing's recommendations explicitly state that programs must exclude dogs fed raw-meat diets and mandate up-to-date vaccination and parasite control before entry into clinical areas (Royal College of Nursing, 2025).

Infection-prevention and environmental controls constitute a critical component. The American Veterinary Medical Association requires written treatment plans, measurable outcomes, and governance by trained personnel to justify the presence of animals in healthcare settings (American Veterinary Medical Association, 2023). Building on this, the Royal College of Nursing sets UK-specific expectations for screening patients and staff for allergies or phobias, restricting animal access in high-risk zones, and ensuring facilities provide dedicated rest and elimination areas for therapy dogs (Royal College of Nursing, 2025).

The International Association of Human-Animal Interaction Organizations (2024) has proposed "Animal-Assisted Services" as a unifying umbrella term, clarifying the distinctions between goal-directed Animal-Assisted Therapy and less structured Animal-Assisted Activities. Animal Assisted Services International has developed practice standards that emphasize approaches prioritizing both human and animal well-being. The 2025 American Cancer Society PAWS guide states that no specific guidelines exist for facility-dog programs in pediatric oncology and describes common institutional practices for consent, patient screening, hygiene, veterinary care, animal welfare, and adverse-event reporting (American Cancer Society, 2025). Separately, IAHAIO's 2025 minimum standards address research design and reporting rather than clinical indications or coverage; they emphasize appropriate methods, transparency, multidisciplinary expertise, and safeguards for both human and animal participants (International Association of Human-Animal Interaction Organizations, 2025).

Systematic reviews and meta-analyses

Mental health and psychiatric conditions

Multiple systematic reviews report possible benefits of animal-assisted therapy for psychiatric disorders across age groups. A meta-analysis of 28 articles with 34 independent samples (n = 1,310 participants) found that pet therapy significantly reduced heart rate and self-reported anxiety/stress but did not significantly change blood pressure (Ein, 2018). For adult psychiatric populations, systematic reviews report benefits for depression, anxiety, and PTSD symptoms, with specific evidence for schizophrenia (Hawkins, 2019) and mixed psychiatric disorders (Jormfeldt, 2018), though many studies are small and heterogeneous with mixed results (Arsovski, 2024; Charry-Sanchez, 2018a; Pandey, 2024). A 2024 systematic review by Arsovski covering studies from 2003 to 2023 synthesized findings across multiple psychiatric conditions and identified significant reductions in depressive and anxiety symptoms across multiple randomized controlled trials, alongside physiological benefits including reported increases in oxytocin and decreases in cortisol levels. A comprehensive 2024 meta-analysis of 23 randomized controlled trials examining animal-assisted therapy for depressive symptoms in adults found benefits, with dog-assisted therapy showing effectiveness (Villarreal-Zegarra, 2024). However, pet-robot interventions demonstrated no significant effect on depressive symptoms in this population.

For pediatric psychiatric populations, systematic reviews report positive effects on psychopathology, including reduced anxiety and improved mood, alongside enhanced interpersonal engagement (Charry-Sanchez, 2018b;

Fornefeld, 2025; Jones, 2019). A 2025 systematic review of canine-assisted therapy in inpatient psychiatric settings analyzed five studies and reported cautiously positive findings, although most studies had methodological quality deficits (Fornefeld, 2025). The review reported improvements in psychopathology including reduced anxiety and improved mood, as well as enhanced interpersonal engagement with both staff and peers. The authors concluded that a general recommendation could not be made and that interventions should be carefully considered, planned, and implemented by professionals.

A critical 2025 systematic review by Shoesmith examined 29 randomized controlled trials of dog-assisted interventions for individuals with mental health or neurodevelopmental conditions. Intervention group sizes ranged from 5 to 186 participants, and control group sizes ranged from 4 to 185. Most trials were conducted in Europe and delivered therapy in hospitals or care facilities; approximately 54.9% of participants were female (n = 784), and the mean age across studies was 42.7 years (SD = 32.8). Eleven randomized controlled trials enrolled people with dementia, five included schizophrenia, three autism spectrum condition, two attention-deficit/hyperactivity disorder, two acute psychiatric diagnoses, two fetal alcohol spectrum disorder, and the remainder other neurodevelopmental conditions. The review concluded that evidence for dog-assisted therapy remains limited by small sample sizes, heterogeneity, and poor reporting, with mean adherence to Consolidated Standards of Reporting Trials reporting standards below 50% and highly variable intervention descriptions that limit replication and identification of effective therapeutic components.

Neurodevelopmental disorders

Evidence for animal-assisted therapy in autism spectrum disorder shows positive outcomes. A 2024 meta-analysis by Xiao of 45 studies encompassing 1,212 participants found significant improvements in social communication, irritability, and hyperactivity in individuals with autism spectrum disorder. Most interventions used horses (32 studies, 71%) or dogs (20%). A meta-analysis showed that animal-assisted therapy significantly improved social communication and reduced irritability and hyperactivity, but had no effect on social awareness, cognition, or motivation. Multiple systematic reviews report benefits across social, emotional, and behavioral domains, particularly with equine-and canine-assisted therapies (Nieforth, 2023; Rehn, 2023). However, all reviews noted heterogeneity in protocols and called for more standardized research approaches.

For attention-deficit/hyperactivity disorder, a 2025 meta-analysis by Yu of 17 trials demonstrated small to moderate benefits on associated features, including reduced attention problems (SMD -0.42), improved self-esteem (SMD +0.46), and enhanced motor proficiency (SMD +0.77). Critically, no significant effect was found on core attention-deficit/hyperactivity disorder symptom severity compared to conventional treatments, suggesting that animal-assisted interventions should be positioned as complementary therapy targeting specific functional impairments rather than primary treatment for the core disorder (Yu, 2025). A 2025 systematic review of donkey-assisted therapy included only four observational studies with samples ranging from four to 35 participants; findings were promising for emotional regulation, communication, social interaction, self-esteem, autonomy, and motor coordination, but the low methodological rigor precluded robust conclusions (Fulgenzi, 2025).

Dementia and cognitive disorders

Multiple systematic reviews and meta-analyses support animal-assisted therapy's effectiveness for dementia-related symptoms. A Cochrane review of animal-assisted therapy for dementia provides high-quality evidence synthesis (Lai, 2019). A 2025 meta-analysis by Özdemir and Özer of randomized controlled trials found improvements in cognitive function, depression scores, and activities of daily living. Additional meta-analyses demonstrate reductions in behavioral and psychological symptoms; however, the effects on cognitive function, agitation, and quality of life remain inconsistent (Batubara, 2022; Chen, 2022). Another review of 11 randomized controlled trials with 825 participants found that therapy animals modestly reduced behavioural and psychological symptoms of dementia but did not improve cognitive function, activities of daily living, agitation or

quality of life (Chen, 2022). A 2023 network meta-analysis found that pet-robot therapy slightly reduced agitation compared with controls in patients with dementia, although there were no significant differences between pet-robot and live animal therapy in terms of depression or quality of life (Du, 2023).

Pediatric medical populations

Systematic reviews demonstrate the effectiveness of animal-assisted therapy for hospitalized children across multiple outcomes. A meta-analysis of eight studies (n = 348) found that animal-assisted therapy as an adjuvant to traditional treatment significantly improved pain outcomes ($P < .001$), with blood pressure effects showing systolic decreases (approximately -3 mm Hg) and diastolic increases (approximately +2 mm Hg), though no significant differences were observed for depression, anxiety, stress, or heart rate (Feng, 2021). A 2025 systematic review by Brandão identified seven dog-assisted studies of anxiety in pediatric populations, six with control groups; three controlled studies found statistically significant between-group reductions in anxiety, while others did not, and small samples and brief interventions limited certainty. A 2025 systematic review of 30 studies, including 21 randomized trials, reported possible cognitive, behavioral, socio-emotional, and learning benefits in school-aged children, but all included studies had design problems that produced a high risk of bias (Moe, 2025).

Emergency and ambulatory care settings

A systematic review and meta-analysis of 14 studies (n = 548) examining animal-assisted therapy in ambulatory and emergency settings found no effect on patient-reported anxiety, distress or pain across three randomized trials. The authors concluded that evidence in ambulatory and emergency settings remains limited (Gaudet, 2022).

Geriatric populations

Evidence supports the benefits of animal-assisted therapy for older adults. A 2024 meta-analysis found reductions in depressive symptoms among adults aged 65 and older (Villarreal-Zegarra, 2024). A 2025 randomized controlled trial by Yilmaz and Kartinsoy, involving 59 nursing home residents, demonstrated that 12 pet therapy sessions over six weeks (twice weekly) led to statistically significant improvements in both sleep quality and overall quality of life compared to control groups. A 2026 network meta-analysis of 20 randomized trials involving 1,073 older adults with depression found that live animal-assisted therapy reduced depressive symptoms compared with passive controls (SMD -2.04; 95% CI -3.03 to -1.04), with the largest estimate for therapy combined with gait training (SMD -4.82; 95% CI -6.69 to -2.95); robotic-pet effects were not statistically significant. Modest sample sizes, clinical heterogeneity, differing depression scales, expectancy effects, and indirect comparisons limited interpretation (Dai, 2026).

Other evidence types

Narrative reviews and specialized populations

Early systematic reviews noted that most animal-assisted therapy studies were small, heterogeneous, and of low or moderate quality and generally reported modest improvements in psychosocial outcomes such as quality of life, social interaction, and emotional wellbeing (Bert, 2016; Lundqvist, 2017; Maber-Aleksandrowicz, 2016). Subsequent reviews focusing on specific populations, children, people with intellectual disability, schizophrenia, dementia, or autism spectrum disorder, also found variable results and highlighted inconsistent definitions of therapy versus recreational animal-assisted activities. A narrative review examining evidence-based nonpharmacological practices for behavioral and psychological symptoms of dementia identified animal-assisted therapy as a promising intervention (Scales, 2018). Systematic reviews of animal-assisted therapy for individuals with intellectual disabilities found improvements in psychosocial outcomes, though sample sizes were limited (Maber-Aleksandrowicz, 2016). A systematic review of patient benefits from dog-assisted interventions in

healthcare settings found positive effects across multiple domains while noting the need for more rigorous study designs (Lundqvist, 2017).

Physiological and stress response studies

A 2025 systematic review by Faucher examining brief dog-assisted interventions on psychobiological stress markers found partial support for the ability of animal-assisted therapy to attenuate autonomic stress responses, although the evidence was limited by methodological heterogeneity, particularly in measurement timing. Results varied by physiological marker, measurement timing, population, and setting, and were insufficient to establish consistent effects within a particular population or setting or superiority to other therapeutic interventions. A 2026 systematic review of 37 human-animal studies found preliminary, heterogeneous evidence of physiological comodulation; the authors concluded that it is premature to use comodulation for session tuning or outcome evaluation (Bargigli, 2026).

In 2026 we added three systematic reviews on physiological comodulation (Bargigli, 2026), donkey-assisted therapy (Fulgenzi, 2025), and animal-assisted services for school-aged children (Moe, 2025). In addition, we added one network meta-analysis of pet-assisted interventions for depression in older adults (Dai, 2026), and two guidance documents addressing pediatric-oncology hospital programs (American Cancer Society, 2025) and minimum research standards (International Association of Human-Animal Interaction Organizations, 2025). No policy changes were warranted.

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On July 17, 2026, 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

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## Related codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1398 .This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

| Code | Code description |
|---|---|
| 90832 | Psychotherapy, 30 minutes with patient |
| 90834 | Psychotherapy, 45 minutes with patient |
| 90837 | Psychotherapy, 60 minutes with patient |
| 90846 | Family psychotherapy (without patient present), 50 minutes |
| 90847 | Family psychotherapy (conjoint), with patient present, 50 minutes |
| 90853 | Group psychotherapy (other than of a multiple-family group) |
| 90899 | Unlisted psychiatric service or procedure |