Art therapy

Clinical Policy ID: CCP.1400

Recent review date: 8/2026

Next review date: 12/2027

Policy contains: Aging; art therapy; cancer; dementia; depression; psychosis; schizophrenia; sexual abuse.

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

Art therapy is clinically proven and, therefore, may be medically necessary (National Comprehensive Cancer Network, 2026 b; National Institute for Health and Care Excellence, 2014, 2016a, 2016b; Regev, 2018):

- For members in a case management or disease management program with a behavioral health diagnosis, including dementia, depression, psychosis, or schizophrenia.
- For children with a history of sexual abuse.
- For members with chronic diseases including cancer.
- For members older than age 65 to support mental well-being and independence by developing or maintaining social participation and preventing loneliness and social isolation.

Limitations

Art therapy is investigational/not clinically proven and, therefore, not medically necessary for post-traumatic stress disorder, as its effectiveness has not been proven for this condition (National Institute for Health and Care Excellence, 2018).

Alternative covered services

Alternate treatments depend on diagnosis and stage, and include behavioral therapies (cognitive behavioral therapy, trauma-focused cognitive behavioral therapy, single or group psychoanalytic behavioral therapy, and family intervention); pharmacologic therapies (antidepressants and antipsychotics); and alternative leisure activities.

Background

Art therapy applies art media, the creative process, and the final artwork as a therapeutic and healing process (Art Therapy Credentials Board, 2021b). For individuals experiencing developmental, medical, educational, social, or psychological impairments, art therapy is used to improve or restore the patient's functioning and sense of well-being.

Art therapy is used in inpatient, outpatient, and community settings (Art Therapy Credentials Board, 2021a). Art therapy may benefit patients in multiple ways, including by providing a sense of satisfaction and accomplishment, important to those feeling frustrated by their medical conditions; by helping those who are emotionally or verbally withdrawn to express themselves; and by helping those with life-limiting diseases, such as cancer, to find an identity outside of their condition and to make meaning of their experiences.

Entry into the profession of art therapy requires a master's degree (Art Therapy Credentials Board, 2021a). Educational standards for approved art therapy master programs are established and overseen by the American Art Therapy Association. The Art Therapy Credentials Board ensures that the educational and professional standards for being a qualified art therapist are met and maintained. The Board confers and administers four levels of professional credentials to art therapy practitioners, including board certification (Art Therapy Credentials Board, 2021b).

Findings

Guidelines

The National Institute for Health and Care Excellence guidance recommends offering art-based therapies as part of a multidisciplinary package of care for adults and children with psychosis or schizophrenia, and as a way to promote social participation and mental well-being in older adults (National Institute for Health and Care Excellence, 2014, 2016a, 2016b). Conversely, its guideline on post-traumatic stress disorder does not recommend art therapy due to insufficient evidence (National Institute for Health and Care Excellence, 2018). A German psychiatric guideline lists art therapy among optional interventions for anxiety disorders but notes that the evidence remains limited (Bandelow, 2022). The National Comprehensive Cancer Network guideline for distress management says music therapy may be helpful for depressive disorders and may be used to reduce anxiety in patients with breast cancer (National Comprehensive Cancer Network, 2026 a). The National Comprehensive Cancer Network guideline for palliative care says art or music therapy may be considered as a nonpharmacologic or integrative intervention and that art and music therapy may be offered, if available, as social support for patients and caregivers (National Comprehensive Cancer Network, 2026 b).

Evidence reviews

Systematic reviews consistently report that art therapy has positive effects on psychological outcomes across varied populations but highlight heterogeneity, small sample sizes and methodological limitations. A 2018 systematic review (Regev, 2018) noted promising results for quality-of-life outcomes in cancer and mixed findings in other conditions. A large JAMA Network meta-analysis of 50 randomized trials (n = 2,766) found that art therapy improved only about 18% of reported outcomes; effect sizes were small (change-score standardized mean difference = 0.38 and post-test SMD = 0.19), and study quality was generally low (Joschko, 2024). More recent reviews echo these concerns, while also providing quantitative data for specific populations.

Cancer and other chronic diseases

In adults with cancer, a 2025 meta-analysis of 22 randomized controlled trials reported that art-based interventions moderately improved quality of life (SMD = 0.38, 95% CI [0.25, 0.51]) but did not significantly reduce fatigue overall; benefits were greater when interventions lasted at least two months and included music or dance

components (Zou, 2025). A 2026 meta-analysis of 67 randomized trials (n = 6,259) found that creative arts therapies improved anxiety, depression, and quality of life at several time points, but 80.6% of interventions were music-based, certainty was low to very low, and art therapy did not improve depression at four to six weeks (Chou, 2026). Another 2024 review of mixed RCTs and quasi-experimental studies in patients receiving chemotherapy found that painting, drawing or sculpting improved overall and social quality-of-life measures but not depressive symptoms (Abu-Odah, 2024). A 2025 meta-analysis of 15 studies (n = 1,113) focused on art-based interventions and found improvements in anxiety, depression, and physical quality of life, but not fatigue, overall quality of life, or psychological and social quality-of-life domains (Ünal, 2025). Evidence in pediatric oncology is emerging; a 2025 meta-analysis of three RCTs and five quasi-experimental studies involving 452 children with cancer showed that art therapy significantly reduced anxiety and depression and qualitatively improved stress and anger (Zhou, 2025 a). Separate systematic reviews in stroke rehabilitation describe improvements in limb function, fine motor ability and emotional wellbeing from creative arts-based therapies (Lo, 2018; Liu, 2024), and a small meta-analysis of five trials in diabetes reported reductions in depression (SMD = −1.36, 95% CI [−1.63, −1.09]) and blood glucose without changes in anxiety or glycated hemoglobin (Yang, 2021).

Mental health conditions in children and adults

An updated 2025 systematic review and meta-analysis of art-based interventions for depression among children and adolescents included 12 randomized controlled trials and found that art therapy significantly reduced depressive symptoms (SMD = −0.72, p = 0.01) and that visual arts, music, and drama were all beneficial (Zhang, 2025). A 2026 meta-analysis of 14 studies (n = 861) found that art therapy reduced depressive symptoms in adults (SMD = −0.69, 95% CI [−1.04, −0.35]) but did not significantly reduce anxiety; heterogeneity and risk of bias limited confidence (Qiao, 2026). Group painting therapy for depressed adolescents has shown improvements in positive and negative emotion scores and in cognitive and executive functioning (Yuan, 2021). In schizophrenia, a 2024 meta-analysis of 31 RCTs covering painting, calligraphy and handcrafts found small-to-moderate improvements in positive symptoms (SMD = 0.41), moderate improvements in negative symptoms (SMD = 0.70) and depression (SMD = 0.61) and large improvements in anxiety (SMD = 0.91); longer weekly sessions and female participants were associated with greater benefit (Du, 2024). A 2025 systematic review of 65 studies found that art therapy and several other interventions improved social functioning and positive and negative symptoms in psychosis, but the art-therapy evidence comprised only three structured group studies (Vinu, 2025). Evidence for eating disorders remains inconclusive (Pedra Cruz Bettin, 2024). A 2025 meta-analysis focusing on breast-cancer survivors' mental health reported that art therapy significantly reduced anxiety and depression, with effect sizes of −0.771 for depression and −1.594 for anxiety (Huang, 2025 a).

Cognition, dementia and aging

In a 2025 randomized controlled trial of 78 dyads, a creative expressive art-based storytelling program delivered twice weekly for 12 weeks reduced behavioral and psychological symptoms of dementia, caregiver distress and burden, and improved communication and quality of life for persons with dementia; these benefits persisted for up to 24 weeks (Zhuo, 2025 b). A mixed-methods cluster trial of a social-art intervention for older adults with mild cognitive impairment found significant improvement in global cognitive function immediately after a 14-week program (β = 2.85; 95% CI [1.27, 4.44]) but no sustained effects at six months and no significant changes in psychosocial indicators or functional abilities (Huang, 2025 b). Meta-analyses continue to show that art therapy reduces depressive symptoms in older adults (Jenabi, 2023) and improves quality of life, cognitive and emotional functions in persons with dementia (Emblad, 2021; de Souza, 2022). A 2025 meta-analysis of 26 randomized trials found small improvements in global cognition (SMD = 0.26) and overall neuropsychiatric symptoms (SMD = −0.43) in older adults with dementia, but no significant effects on anxiety, agitation, or quality of life (Xu, 2025). A 2026 systematic review of 11 studies restricted to credentialed art therapists found no significant pooled

improvement in depression; qualitative reports of short-term behavioral benefits were based largely on small observational and case studies (Guseva, 2026). A 2026 meta-analysis of nine RCTs (n = 595) found that visual art therapy improved global cognition (SMD = 0.55, moderate certainty), memory, depressive symptoms, and activities of daily living in older adults with mild cognitive impairment, but not language function; most secondary outcomes were low-certainty (Jiao, 2026). The 2024 scoping review of creative activities for stroke survivors (Liu, 2024) and a 2024 systematic review on mild cognitive impairment (Chiang, 2024) suggest potential cognitive and psychological benefits, but emphasize the need for long-term studies.

Developmental conditions and neurodiversity

A 2024 systematic review of art and music therapy for children with autism spectrum disorder and attention-deficit hyperactivity disorder concluded that creative arts therapies improve symptomatology, behavior, communication, and social, cognitive, and emotional skills, and participants reported high satisfaction (Martínez-Vérez, 2024). Evidence for the effectiveness of art therapy in addressing language disorders or learning disabilities remains limited.

Trauma and stress-related conditions

Evidence for the effectiveness of art therapy in trauma treatment is mixed. A 2015 review of six comparative studies in adults reported reductions in trauma symptoms and depression in some trials but concluded that methodological weaknesses preclude firm conclusions (Schouten, 2015). Subsequent uncontrolled studies of art therapy in refugee children and mixed pediatric populations suggest potential benefits but are insufficient for independent recommendations (Annous, 2022; Braito, 2022). A 2018 review found that art therapy interventions reduced stress markers such as self-reported scales, cortisol, and blood pressure in most studies and helped bereaved individuals find meaning and feel connected to loved ones (Martin, 2018; Weiskittle, 2018). A more recent randomized trial comparing narrative writing, art therapy, and control conditions in mothers of premature infants found no significant differences in stress reduction (Martínez-Shaw, 2023). Mandala art therapy may improve negative emotions and hope, relieve pain, and reduce physiological indicators of stress, but the evidence is uncertain (Zhang, 2024).

Post-traumatic stress disorder

While art therapy for post-traumatic stress disorder (PTSD) has attracted research interest, the current evidence base is insufficient to support its clinical use. A recent 2025 meta-analysis reported a significant reduction in PTSD symptoms (SMD = −1.98, 95% CI [−3.80, −0.16]) among 665 participants but noted extreme between-study heterogeneity ($I^2 \approx 98\%$) and a limited number of trials, substantially reducing confidence in these findings (Wang, 2025). A second 2025 meta-analysis of 33 randomized and quasi-experimental studies (n = 4,587) found a large reduction in youth PTSD symptoms (Hedges' g = 0.85), including for art interventions, but heterogeneity was extreme ($I^2 = 98.6\%$), many analyses were uncontrolled pre-post comparisons, and effects were not significant in Western populations (Applewhite, 2025). A separate 2025 systematic review of 10 studies concluded that benefits of individual art modalities for youth PTSD remained inconclusive (Li, 2025). This marked variability indicates that included studies may have examined fundamentally different interventions or populations, undermining the reliability of pooled effect estimates. Previous evidence is similarly inconclusive: a 2015 systematic review of six controlled trials found significant trauma symptom improvements in only half the studies, and just one reported decreased depression (Schouten, 2015). Small, uncontrolled studies with refugee children and other pediatric groups have described improvements in stress, hope, and coping after art-based interventions (Annous, 2022; Braito, 2022; Zhang, 2024), but these studies lack methodological rigor and generalizability due to small sample sizes, absence of control groups, and unstandardized outcome measures. Consequently, the National Institute for Health and Care Excellence (NICE) guideline on PTSD does not recommend art therapy for treatment, reflecting its investigational status until more robust, high-quality evidence becomes available (NICE, 2018; last reviewed 2024).

In 2026 we added six systematic reviews and meta-analyses covering creative arts therapy in cancer, credentialed art therapy for dementia, visual art therapy for mild cognitive impairment, art therapy for adult depression, art-based cancer interventions, and art-based interventions for dementia (Chou, 2026; Guseva, 2026; Jiao, 2026; Qiao, 2026; Ünal, 2025; Xu, 2025), one meta-analysis of creative arts interventions for youth PTSD (Applewhite, 2025), two systematic reviews addressing arts therapy for youth PTSD and social-functioning interventions in psychosis (Li, 2025; Vinu, 2025), and a new palliative-care guideline while updating the distress-management guideline (National Comprehensive Cancer Network, 2026a; National Comprehensive Cancer Network, 2026b). No position statement changes were warranted.

References

On July 16, 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 “Art therapy” (MeSH), “creative therap*,” and “activity therap*.” 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: 9/2018

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.

8/2025: Policy references updated.

8/2026: Policy references updated.

Related codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1400 .This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code description
G0176	Activity therapy, such as music, dance, art, or play therapies, not for recreation, related to the care and treatment of the patient's disabling mental health problems, per session (45 minutes or more) (Medicare PHP/IOP).
90832	Psychotherapy, 30 minutes with patient.
90834	Psychotherapy, 45 minutes with patient.
90837	Psychotherapy, 60 minutes with patient.

Code	Code description
90853	Group psychotherapy (other than of a multiple-family group).