APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

The American Veterinary Medical Association (2013) defines animal-assisted therapy (AAT) as a goal directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. AAT is delivered and/or directed by health or human service providers working within the scope of their profession. AAT is designed to promote improvement in human physical, social, emotional, or cognitive function and is provided in a variety of settings, and may be group or individual in nature. Research shows that interaction with animals can provide emotional and physical health benefits for individuals of all ages with varying health conditions (e.g., the elderly, children, physically disabled, deaf, blind, emotionally or physically ill).
PET THERAPY
HS-226

POSITION STATEMENT

Applicable To:
✔ Medicaid – Florida

Pet therapy is a covered benefit for a member who:
- Participates in a Case or Disease Management program; AND,
- Is a child or adult enrolled in Staywell through the Managed Medical Assistance (MMA) plan; AND,
- Has a diagnosis of:
  o cancer or cancer recurrence
  o cerebral palsy
  o autism
  o emotional abuse within the past 2 years
  o other chronic medical conditions

NOTE: There is no visit limit; treatment plan will be initiated and managed by the pet therapist.
NOTE: Member must be able to tolerate animals and groups.

CODING

Covered CPT®* Codes – No applicable codes.

HCPCS®* Code
G0176 Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)

ICD-10-CM PCS Codes – No applicable codes.

Covered ICD-10-CM Diagnosis Codes – this list may not be all inclusive
C00.0 - C96.9 Neoplasms, Malignant
F30.10 - F39 Mood affective disorders
F43.10 - F43.12 Post-traumatic stress disorder (PTSD)
F84.0 Autistic disorder
G80.0 - G80.9 Cerebral palsy
T74.31 Adult psychological abuse, confirmed
T74.32 Child psychological abuse, confirmed


REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/6/2014</td>
<td>Approved by MPC. Clarification of language; inclusion of “Staywell”.</td>
</tr>
<tr>
<td>6/18/2014</td>
<td>Approved by MPC.</td>
</tr>
<tr>
<td>9/13/2013</td>
<td>Approved by MPC.</td>
</tr>
</tbody>
</table>

Clinical Coverage Guideline page 2