

## Recreational Therapy

**Policy** REIMB-041

**Origination Date:** 12/01/2023

**Reviewed/Revised Date:** 12/04/2024

**Next Review Date:** 12/04/2025

**Current Effective Date:** 12/04/2024

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**
5. Provisions and terms of the provider contract may supersede this policy.

### Description:

Recreational therapy, also known as therapeutic recreation, is therapy based on engagement in recreational activities (e.g. sports or music) especially to enhance the function, independence, and well-being of individuals affected with a disabling condition.

A good recreational therapy program provides activities for the client that cover the physical, spiritual, artistic, intellectual, social and sensory domains. The artistic domain, or creative arts, could involve crafts, music, drama and games. The physical domain could include sports or activities such as exercise, yoga or dance. The spiritual is not just formal religion but anything that deals with self-awareness, meditation and inner peace and can include religious participation or communing with nature. The cognitive or intellectual domain can involve crossword puzzles, word searches, trivia games or even current-event discussions.

Another domain is sensory stimulation or sensory awareness where the client's senses are engaged purposefully to elicit a response or reaction. These senses include the visual, auditory, olfactory (smell), gustatory (taste) and tactile. For someone who needs to be engaged on the sensory level, I use the example of an orange. An orange has a certain size, a certain texture and a certain visual appeal. If you cut open the orange, it has a fragrance. Once the orange is cut open and you squeeze it, you can put a drop of juice onto the client's lip for the gustatory—you engage almost all the senses with one item. The most successful therapeutic recreation program with the greatest outcome is where the client experiences sensations across a diversity of domains.

## Policy Statement and Criteria

### 1. Commercial Plans/CHIP

U of U Health Plans does NOT cover recreational therapy for commercial members in any setting as current published evidence is insufficient to determine efficacy and safety of this therapy for any indication.

### 2. Medicaid Plans

Healthy U covers recreational therapy *in limited circumstances* when the following specific criteria have been met.

Requirements for coverage of recreational therapy (1-3 **MUST** be present)

1. Documentation of a referral from a behavioral health specialist
2. Service is being provided in one of the following locations:
  - i. Assisted living facility
  - ii. General acute hospital
  - iii. Intermediate care facility
  - iv. Mental health agency
  - v. Psychiatric hospital
  - vi. Skilled nursing facility
  - vii. Residential treatment facility
3. Service is being provided/billed by one of the following providers licensed by the state of Utah to provide this service:
  - i. Master Therapeutic Recreation Specialist;
  - ii. Therapeutic Recreation Specialist;
  - iii. Therapeutic Recreation Technician;
  - iv. Temporary Licensed Therapeutic Recreational Specialist
4. An assessment must be documented and include a treatment and/or intervention plan which includes **ALL** of the following:
  - i. Date, start and stop time, and duration of the service
  - ii. Setting in which the service was rendered
  - iii. Specific service rendered (e.g., assessment),

- iv. Individualized treatment goal(s) addressed in the service and the members progress toward treatment goal(s) or if there was no reportable progress, documentation of reasons or barriers, and
- v. Signature and licensure of the individual who rendered the service.
- vi. Member's response to the individualized treatment or intervention plan.

**Healthy U does not cover recreational therapy in an outpatient setting for any indication other than behavioral health agencies.**

## **Clinical Rationale**

There is a large body of evidence as it relates to recreation therapy but is generally of low quality with few randomized controlled trials. This is demonstrated by 2 Hayes reviews in the last 15 years. One review focused on Aquatic Therapy for Mobility Impairment in Children. It was published in 2012 and subsequently updated in 2014. This review noted evidence on the efficacy and safety of aquatic physical therapy for treatment of impaired mobility in children consists of three randomized controlled trials (RCTs), one nonrandomized, controlled study, and one prospective uncontrolled study. Among the reviewed studies, the evidence was inconsistent for efficacy outcomes. In two RCTs, improvement in mobility following aquatic therapy in children with developmental coordination problems or juvenile idiopathic arthritis (JIA) was not significantly improved compared with no therapy. In the nonrandomized, controlled study, aquatic therapy resulted in a significant gain in mobility compared with land-based therapy in children with delayed functional mobility. The prospective uncontrolled study showed no significant difference between baseline and posttest motor skills in children with developmental disabilities. The third randomized study—designed to compare combined aquatic therapy and land-based physical therapy versus land-based physical therapy only—described an overall improvement of JIA disease status, without a difference between treatment groups. Safety was not evaluated as primary outcome in any of the studies, and was only reported in two of the five studies. In these studies, no adverse events were reported.

Despite the relatively high-quality study designs, the overall quality of the evidence is low. There were wide differences among the studies with respect to patient age, physical condition, underlying cause and degree of motor impairment, types of aquatic programs, and outcome measures, which limited synthesis and interpretation of the data. In addition, most of the studies were small in size and the findings were inconsistent; none of the studies assessed long-term outcomes of aquatic therapy. While aquatic therapy appears to be safe, and may confer some benefits to individual patients, particularly those who are unable to exercise on land or as a transition to land-based physical therapy, the available evidence precludes the drawing of definitive conclusions about treatment efficacy. Additional well-designed studies are needed to further examine whether aquatic therapy, and specifically, which interventions for which patients, has a beneficial effect in children with mobility impairment disorders and how it compares with established land-based physical therapies.

The second Hayes review focused on Sensory Integration (SI) Therapy for Children with Learning Disabilities or Developmental Delay. It was published in 2006 and last updated in 2009. Data from individual studies and results of two meta-analyses fail to provide evidence that SI therapy is an effective treatment or improves long-term outcomes for children with learning disabilities, Down syndrome, developmental delays, or putative SI disorders. The few studies that assessed SI therapy in

children with cerebral palsy or autism provide insufficient evidence to evaluate SI therapy for these indications.

Similar studies have been completed for dementia, PTSD, schizophrenia and a number of other conditions. In general the studies lack academic rigor and are subject the many methodological flaws are of small sized and nonrandomized.

## **Applicable Coding**

### **CPT Codes**

No applicable codes

### **HCPCS Codes**

**H2032** Activity therapy, per 15 minutes

*The HQ modifier must be appended with H2032 for group interventions*

### **Modifiers**

**HQ** Group setting

### **References:**

1. Hayes, Inc. (2004). Health Technology Assessment. "Sensory Integration Therapy for Children with Learning Disabilities or Developmental Delays". Annual Review: Jan 29, 2009. Accessed: November 19, 2023. Available at: <https://evidence.hayesinc.com/>
2. Hayes, Inc. (2012) Health Technology Assessment. "Aquatic Therapy for Mobility Impairment in Children". Annual Review: Jun 26, 2014. Accessed: November 19, 2023. Available at: <https://evidence.hayesinc.com/>
3. Utah Code, Chapter 40 "Recreational Therapy Practice Act" 58-40-10 Definitions. Accessed: November 3, 2023. Available at: [https://le.utah.gov/xcode/title58/chapter40/C58-40\\_1800010118000101.pdf](https://le.utah.gov/xcode/title58/chapter40/C58-40_1800010118000101.pdf)
4. Utah Code, Title 58 Chapter 60 "Mental Health Professional Practice Act". Part 1 General Provisions. Section 102 Definitions. Accessed November 3, 2023. Available at: [https://le.utah.gov/xcode/Title58/Chapter60/58-60-S102.html?v=C58-60-S102\\_2021050520210505](https://le.utah.gov/xcode/Title58/Chapter60/58-60-S102.html?v=C58-60-S102_2021050520210505)
5. Utah State Legislature. House Bill (H.B.) 315 "Recreational Therapy Medicaid Coverage Amendments". Accessed: November 3, 2023. Available at: <https://le.utah.gov/~2023/bills/static/HB0315.html>

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