Clinical Policy Title: Art therapy

Clinical Policy Number: CCP.1400

Effective Date: September 2018
Initial Review Date: July 3, 2018
Most Recent Review Date: July 3, 2018
Next Review Date: July 2019

Related policies:

CP# 10.02.05 Treatment-resistant depression
CP# 18.02.04 Hospice and palliative care

ABOUT THIS POLICY: Prestige Health Choice has developed clinical policies to assist with making coverage determinations. Prestige Health Choice’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 by Prestige Health Choice 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. Prestige Health Choice’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. Prestige Health Choice’s clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Prestige Health Choice will update its clinical policies as necessary. Prestige Health Choice’s clinical policies are not guarantees of payment.

Coverage policy

Prestige Health Choice considers art therapy to be medically necessary for members in a case management or disease management program with behavioral health diagnoses including dementia, depression, psychosis, and schizophrenia; for children with a history of sexual abuse; for members with chronic diseases including cancer; and to support mental well-being and independence among those over age 65 by developing or maintaining social participation and preventing loneliness and social isolation (Archer, 2017; Geue, 2010; National Institute for Health and Care Excellence, 2005a; 2013; 2014; 2016; 2017; 2018; Poder, 2013).

Limitations:

Policy contains:
- Dementia.
- Depression.
- Psychosis.
- Schizophrenia.
- Sexual abuse.
- Cancer.
- Aging.
Coverage determinations are subject to benefit limitations and exclusions as delineated by the state Medicaid authority. The Florida Medicaid website may be accessed at http://ahca.myflorida.com/Medicaid/.

In Florida, coverage is limited to seven sessions per year with prior authorization, in an outpatient setting only.

As art therapy has not been shown to be effective in post-traumatic stress disorder, coverage excludes this condition (National Institute for Health and Care Excellence, 2005b).

**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 is one of many components of integrative medicine. Integrative medicine combines conventional and complementary care approaches to address multiple facets of a patient’s life, including physical, emotional, and social aspects. Integrative medicine brings these multiple aspects of life together to holistically address patient well-being, including aspects of clinical and emotional health and the patient experience.

The term “art therapy” was first used by the artist Adrian Hill, who found that drawing helped him cope with the stress and boredom of his long convalescence in a tuberculosis sanatorium (1945). Hill and others began teaching art to patients in 1939 as a component of a new occupational therapy program. The use of art as a treatment modality was extended to other conditions in which patients experience the long and often debilitating processes typical of chronic illness, such as cancer, and to mental health treatment. Art therapy is used in treatment facilities around the world, in inpatient, outpatient, and community settings (Art Therapy Credentials Board, 2018a). Art therapy is seen to 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, 2018a). Educational standards for approved art therapy master’s programs were established in 2007 and are overseen by the American Art Therapy Association’s Educational Programs Approval Board. A five-year transition is currently underway in which the Educational Programs Approval Board approval process is shifting to an accreditation process under the Commission on Accreditation of Allied Health
Education Programs. The Art Therapy Credentials Board ensures the educational and professional standards needed to be a qualified art therapist are met and maintained, and confers and administers four levels of professional credentials to art therapy practitioners, including board certification (Art Therapy Credentials Board, 2018b).

**Searches**

Prestige Health Choice searched PubMed and the databases of:
- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality’s National Guideline Clearinghouse and other evidence-based practice centers.
- The Centers for Medicare & Medicaid Services.

We conducted searches on June 19, 2018. Search terms were: “art therapy,” “arts therapy,” “art therapies,” “arts therapies,” “creative therapy,” “creative therapies,” “activity therapy,” and “activity therapies.”

We included:
- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews.**
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

**Findings**

Despite art therapy being practiced for about 60 years, research has only examined its efficacy in the past few decades. Much of the research undertaken to assess the impact of art therapy lacks rigorous study design. Similarly, large comparative samples are generally lacking. This is likely because it is challenging to identify industry stakeholders who stand to benefit from funding such research. To better identify the gaps in research, Kaiser (2013) undertook a Delphi study of the research literature on art therapy. The findings lead to the suggestion that research should focus on the following key areas: outcomes and efficacy, the neuroscience of art therapy, the processes and mechanisms of art therapy, assessment validity and reliability across sample populations, cross-cultural and multicultural approaches to assessment and delivery, and establishing a database of normative artwork across the lifespan.
The Centers for Medicare & Medicaid Services’ Local Coverage Determinations for psychiatric partial hospitalization and psychiatric inpatient hospitalization programs (see below) categorize art therapy as an “activity therapy, such as music, dance, art, or play therapies not for recreation, related to care and treatment of patient’s disabling mental problems, per session (45 minutes or more).” Several additional guidelines and literature reviews form the basis for this policy. The National Institute for Health and Care Excellence’s guidelines include art therapy as a behavioral therapy that should be considered in the following conditions: in psychosis and schizophrenia in children and young people (2016) and in adults (2014), in children and young people who have been sexually abused (2017) or who have depression (2017), to enhance the mental well-being and sense of independence in older people (2016), and for those with dementia (2018). The National Institute for Health and Care Excellence guideline on the management of post-traumatic stress disorder, now over a decade old, states that there is no good evidence that art therapy is effective in that condition (2005). A review of studies using art therapy in those with post-traumatic stress disorder could not draw conclusions due to limitations of the data (Baker, 2017).

Slayton (2010) sought to update a previous review conducted by Reynolds (2000). While Reynolds’ review includes 17 publications dated before 1999, Slayton’s review includes 35 publications with dates from 1999 to 2007. These can be organized into four groups: qualitative research, pre-test/post-test (examining scores before and after the intervention), non-random assignment to treatment or control group, and randomized assignment to either a treatment or control group. The measures, settings, and samples varied widely. Among the 11 randomized controlled studies, five studies enrolled those with clinical diagnoses that included breast cancer, dementia, schizophrenia, and post-traumatic stress disorder. The remaining six studies sampled a male prison population (n = 1), college students screened for a history of trauma (n = 1), and non-diagnosed and non-pre-screened community populations of undergraduates or children. The authors did not calculate a summary measure, but they concluded that the 35 studies provide evidence that art therapy is effective. Examining the table of the 11 included randomized controlled studies, it is clear that the overall direction of the outcomes shows that art therapy was associated with improved outcomes.

Many studies have examined art therapy in cancer, but due to small sample sizes and design issues, the quality of their evidence is limited. Reviews such as Geue (2010), Archer (2015), Aguilar (2017), Carlson (2017), and Kim (2017) have shown encouraging results; however, study limitations such as a lack of standardization, small samples, few studies, and a lack of comparison groups limit the ability to make conclusive determinations. Radl’s (2018) analysis of the outcomes of a randomized clinical trial of a six-session art therapy intervention compared to usual care for women with breast cancer found no significant difference. However, positive trends were noted for the art therapy group, including an improvement in post-intervention emotional distress scores, suggesting that additional research is needed.

To address the problem of stress as a factor in poor health, Martin’s (2018) review studied stress levels in art therapy participants. Stress as measured by scales, physical symptoms, cortisol, and blood pressure was reduced in participants in eight of 11 art therapy interventions. Two of the studies
sampled people with mental health diagnoses, and the family members of people with cancer, and both of these showed statistically significant improvement in stress levels as measured by either blood pressure or cortisol levels. Weiskittle’s (2017) narrative synthesis of 27 studies of art therapy in samples of the bereaved found that art therapy helped bereaved persons make meaning of their experience and feel closer to their loved ones.

Scope’s (2017) examination of the acceptability of art therapy among patients and providers showed that art therapy is acceptable to providers and to most patients. However, a small proportion of patients prefer not to participate because of the potentially negative effect of the process evoking negative feelings.

**Policy updates:**

None.

**Summary of clinical evidence:**

<table>
<thead>
<tr>
<th>Citation</th>
<th>Content, Methods, Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Martin (2018)</td>
<td><strong>Key points:</strong></td>
</tr>
</tbody>
</table>
| Creative arts interventions for stress management and prevention — a systematic review | • Stress is seen as a risk for many health problems. This study examined 37 studies of three types of arts interventions (art, music, and dance). Of these, 11 examined art therapy and impact on stress.  
• The measures included numerous scales, physical symptoms, cortisol, blood pressure, and pulse.  
• The analysis showed a statistically significant improvement in stress among participants in eight of the 11 art therapy studies.  
• Two of the studies had samples from clinical populations: adults with mental health diagnoses, or family members of patients with cancer. Both of these showed statistically significant improvement. The mental health patients’ measures included blood pressure and pulse. |
| Baker (2017)      | **Key points:**                   |
| A systematic review of the efficacy of creative arts therapies in the treatment of adults with post-traumatic stress disorder | • Data were insufficient and, therefore, no conclusions could be drawn. |
| Kim (2017)        | **Key points:**                   |
| Use of art-making intervention for pain and quality of life among cancer patients: a systematic review | • This analysis examined 14 articles reporting on 13 studies.  
• Some studies reported benefits to art making on pain and quality of life, but the evidence was weakened by poor study quality ratings, heterogeneity in interventions and measures, interventions including miscellaneous components, and few randomized controlled studies. |
<table>
<thead>
<tr>
<th>Citation</th>
<th>Content, Methods, Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioli (2017)</td>
<td>• More rigorous research is necessary.</td>
</tr>
<tr>
<td>Costs and effective of mindfulness-based art therapy versus standard breast cancer support group for women with cancer</td>
<td><strong>Key points:</strong></td>
</tr>
<tr>
<td></td>
<td>• This cost effectiveness analysis compared a breast cancer support group with a mindfulness-based art therapy program (n = 191).</td>
</tr>
<tr>
<td></td>
<td>• Outcomes of quality of life and physical health, measured by health care utilization, were comparable.</td>
</tr>
<tr>
<td></td>
<td>• Costs were higher for the art program, but a sensitivity analysis showed that those costs could be reduced if some expenses such as staff time and supplies could be reduced.</td>
</tr>
<tr>
<td>Weiskittle (2017)</td>
<td><strong>Key points:</strong></td>
</tr>
<tr>
<td>The therapeutic effectiveness of using visual art modalities with the bereaved</td>
<td>• Bereaved individuals are increasingly considered at risk for negative psychological and physiological outcomes.</td>
</tr>
<tr>
<td></td>
<td>• Due to heterogeneity, a meta-analysis could not be performed. A narrative synthesis of 27 publications on art therapy for the bereaved found that scores improved and that the process helped the bereaved persons make meaning of their experience and feel closer to their loved ones.</td>
</tr>
<tr>
<td>Archer (2015)</td>
<td><strong>Key points:</strong></td>
</tr>
<tr>
<td>The effect of creative psychological interventions on psychological outcomes for adult cancer patients: a systematic review of randomized controlled trials</td>
<td>• This publication examined four types of creative psychological interventions in adult cancer patients. The interventions were art therapy, drama, dance/movement, and music.</td>
</tr>
<tr>
<td></td>
<td>• 10 studies were included. They were assessed as high quality (n = 1), satisfactory quality (n = 7), and poorer quality (n = 2).</td>
</tr>
<tr>
<td></td>
<td>• There is initial evidence that the studied interventions are beneficial with respect to anxiety and depression, quality of life, coping, stress, anger, and mood.</td>
</tr>
<tr>
<td></td>
<td>• The analysis did not result in any evidence suggesting that any one of the four interventions outperformed the others.</td>
</tr>
<tr>
<td>Uttley (2015)</td>
<td><strong>Key points:</strong></td>
</tr>
<tr>
<td>The clinical and cost effectiveness of group art therapy for people with non-psychotic mental health disorders: a systematic review and cost-effectiveness analysis</td>
<td>• A quantitative systematic review of clinical effectiveness and a systematic review of studies evaluating the cost-effectiveness of group art therapy in patients with non-psychotic mental health diagnoses were conducted. The analysis included 11 randomized controlled trials (n = 533).</td>
</tr>
<tr>
<td></td>
<td>• Meta-analysis was not possible due to clinical heterogeneity and insufficient comparable data on outcome measures across studies. The control groups were of various types, including no treatment/wait-list, attention placebo controls, and psychological therapy comparators.</td>
</tr>
<tr>
<td></td>
<td>• Art therapy was associated with significant positive changes relative to the control group in mental health symptoms in seven of the 11 studies.</td>
</tr>
<tr>
<td></td>
<td>• Group art therapy appeared cost-effective compared with wait-list control with high certainty. However, generalizability to the target population was unclear. Group verbal therapy appeared to be more cost-effective than art therapy, but there was considerable uncertainty and a sizeable probability that art therapy was more cost-effective.</td>
</tr>
<tr>
<td>Citation</td>
<td>Content, Methods, Recommendations</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>• The included trials were generally of poor quality and therefore likely to be at a high risk of bias. Art therapy appeared to be cost-effective versus wait-list, but further research is needed to confirm this result. There was insufficient evidence to make an informed comparison of the cost-effectiveness of group art therapy with group verbal therapy.</td>
</tr>
<tr>
<td>Boehm (2014)</td>
<td><strong>Key points:</strong></td>
</tr>
</tbody>
</table>
| Arts therapies for anxiety, depression, and quality of life in breast cancer patients: a systematic review and meta-analysis | • This analysis of creative therapies included music, dance, and art. The sample population was breast cancer.  
• Four of the included studies focused on an art intervention. However, each aimed to address a different problem (coping, mood states, quality of life, and social behavior and symptoms), and used different outcome measures.  
• There was no subanalysis of the four art therapies. The three included in forest plots examining effects on anxiety and depression showed that the outcomes of each favored the art therapy as opposed to the control group. |
| Poder (2013)             | **Key points:**                                                                                  |
| How effective are spiritual care and body manipulation therapies in pediatric oncology? | • This systematic review examines complementary and alternative therapies intended to reduce pain and emotional distress for children with cancer.  
• Two art therapy publications are included.  
• The authors note that many studies report enhanced quality of life and reduced anxiety and depression with the use of art therapy in pediatric and adult patients in general. However, these studies use small sample sizes and non-randomized design, limiting the level of evidence to the category of “fair.”  
• The review finds that in pediatric oncology, art therapy has a significantly positive effect on pain, facial expression, excitement, happiness, nervousness, and anxiety. |
| Geue (2010)              | **Key points:**                                                                                  |
| An overview of art therapy interventions for cancer patients and the results of research | • This review included 17 reports of 12 research projects.  
• The authors found considerable variability in the art therapy interventions’ content and structure, research questions, and study design. The variance in the study design of the papers was also high. More females than males participated in the interventions.  
• Six of seven quantitative papers that focused on mental health found a decrease in anxiety and depression, and three found an increase in quality of life.  
• Four papers based on qualitative research identified positive effects on personal growth, coping, the development of new forms of self-expression, and social interaction. |
| Slayton (2010)           | **Key points:**                                                                                  |
| Outcome studies on the efficacy of art therapy: a review of findings | • A total of 35 studies were included (n = 1,246, without one study that did not specify the participant number). Of these, 11 (n = 653) were both randomized and controlled.  
• The research samples included both diagnosed/clinical and community/healthy populations.  
• The overall outcomes from the 35 included studies, as well as the 11 randomized controlled studies, show that art therapy was associated with improved scores on the various measures used across the studies. |
References

Professional society guidelines/other:


Peer-reviewed references:


**Centers for Medicare & Medicaid Services National Coverage Determinations:**

No National Coverage Determinations identified as of the writing of this policy.

**Centers for Medicare & Medicaid Services Local Coverage Determinations:**


The Local Coverage Determinations below pertain to states where Prestige Health Choice does not have an active contract. They are included for your information.

Commonly submitted codes

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0176</td>
<td>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)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ICD-10 Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>C00.0-C96.6</td>
<td>Malignant Neoplasms</td>
<td></td>
</tr>
<tr>
<td>F03.90-F03.91</td>
<td>Dementia</td>
<td></td>
</tr>
<tr>
<td>F32.9</td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td>T76.-T76.92xs</td>
<td>Abuse, physical, sexual, adult, child</td>
<td></td>
</tr>
<tr>
<td>F20-F20.9</td>
<td>Schizophrenia</td>
<td></td>
</tr>
<tr>
<td>F29.</td>
<td>Psychosis, unspecified</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HCPCS Level II Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
<td></td>
</tr>
</tbody>
</table>