



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

*'Ohana Health Plan, a plan offered by
WellCare Health Insurance of Arizona, Inc.*

WellCare Health Insurance of Illinois, Inc.

WellCare Health Insurance of New York, Inc.

WellCare Health Plans of New Jersey, Inc.

WellCare of Florida, Inc.

WellCare of Connecticut, Inc.

WellCare of Georgia, Inc.

WellCare of Kentucky, Inc.

WellCare of Louisiana, Inc.

WellCare of New York, Inc.

WellCare of Ohio, Inc.

WellCare of Texas, Inc.

WellCare Prescription Insurance, Inc.

Craniosacral Therapy

Policy Number: HS-128

Original Effective Date: 9/3/2009

Revised Date(s): 9/3/2010; 9/1/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. 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 Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. 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.

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.

BACKGROUND

Craniosacral therapy is a noninvasive osteopathic technique that involves the therapist touching the patient to detect pulsations and rhythms of flow of cerebrospinal fluid (CSF). The therapist then gently works with the skull and spine, with the goal to effect release of potential restrictions to the flow of CSF, without the use of forceful physical manipulation. Practitioners in this field use craniosacral therapy for a variety of musculoskeletal and general medical conditions.

Although craniosacral therapy is a relatively new diagnostic and treatment procedure, its foundations reach back to the early 1900s, when William Sutherland, an osteopathic physician, disputed the belief that cranial bones were immobile. Sutherland developed cranial therapy, which is manipulation of the cranial bones to relieve a symptom or problem. Sutherland's cranial therapy is also based on a connection of the cranium to the sacrum via the dura. In the mid 1970s, John Upledger, also an osteopathic physician, reported the detection of a craniosacral rhythm that he believed to be the pulse of flow of the cerebrospinal fluid. Upledger went on to develop craniosacral therapy, which does not involve manipulation, but rather involves a reported detection of the craniosacral rhythm around the body and synchronization of the craniosacral rhythm between the cranium and the sacrum. Providers of craniosacral therapy claim that the light touches of the skull and spine performed during a craniosacral session can remove restrictions to the flow of cerebrospinal fluid, and thereby improve symptoms or problems for a wide variety of medical conditions.

Craniosacral therapy, also called cranial osteopathy and cranial treatment, as developed by Sutherland, is taught to all osteopathic physicians; however, not all osteopathic physicians use the techniques in their practice. Craniosacral therapy, as developed by Upledger, is taught through the Upledger Institute to lay people, osteopathic physicians, chiropractors, dentists, physical therapists, and other licensed healthcare workers. Upledger is now in the process of obtaining a trademark for the name Upledger CranioSacral Therapy.

POSITION STATEMENT

Craniosacral therapy **is considered experimental and investigational** for all indications.

CODING

Non-covered CPT® Codes

- 97124** Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139 Unlisted Therapeutic procedure, when billed for craniosacral therapy
98925 – 98929 Osteopathic manipulative treatment (OMT)

ICD-9-CM Procedure Codes - No applicable codes

HCPCS Level II ® Codes - No applicable codes

Non-Covered ICD-9-CM Diagnosis Codes - All diagnosis are non-covered

*Current Procedural Terminology (CPT®) ©2011 American Medical Association: Chicago, IL.

REFERENCES

Peer Reviewed

1. Christine, D.C. (2009). Temporal bone misalignment and motion asymmetry as a cause of vertigo: the craniosacral model. *Alternative Therapies in Health and Medicine*, 15(6), 38-42.
2. Hayes Directory. (2009). Craniosacral therapy. Retrieved from <http://www.hayesinc.com>.

Government Agencies, Professional and Medical Organizations

1. American Cancer Society. (2011, March 7). Craniosacral therapy. Retrieved from <http://www.cancer.org/>

HISTORY AND REVISIONS

Date	Action
12/1/2011	<ul style="list-style-type: none">• New template design approved by MPC.
9/1/2011	<ul style="list-style-type: none">• Approved by MPC.