



Children's Medical Services Health Plan (CMS Health Plan)

Missouri Care

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

Staywell of Florida

WellCare (Alabama, Arizona, Arkansas, California, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Kentucky, Louisiana, Maine, Michigan, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas, Washington)

WellCare Heritage Health

WellCare Prescription Insurance

WellCare TexanPlus

Craniosacral Therapy and Osteopathic Manipulative Treatment

Policy Number: HS-128

Original Effective Date: 9/3/2009

Revised Date(s): 9/3/2010; 9/1/2011;
10/4/2012; 10/3/2013; 11/6/2014; 12/3/2015;
11/3/2016; 12/7/2017; 3/1/2018; 3/28/2019;
4/16/2020

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 an enrollee's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, an enrollee'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 enrollee. 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 state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Craniosacral Therapy^{1,6,7}

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.

The American Osteopathic Association (AOA) is the federally recognized body charged with approval of certifying boards within the osteopathic medical profession. The AOA has chartered the American Osteopathic Board of Neuromusculoskeletal Medicine; this certifying Board administers written, oral and practical examinations which include items relating to osteopathy in the cranial field and cranial osteopathy.⁹

Osteopathic Manipulative Treatment (OMT)

Osteopathic manipulative treatment (OMT) involves using the hands to diagnose, treat, and prevent illness or injury by moving the muscles and joints using techniques that include stretching, gentle pressure and resistance. OMT is used to ease pain, promote healing and increase overall mobility. OMT is often used to treat muscle pain as well as asthma, sinus disorders, carpal tunnel syndrome, migraines and menstrual pain.²

Centers for Medicare and Medicaid Services^{3,8}

Osteopathic manipulative treatment (OMT) is a distinct manual procedure employed by a physician that aims to optimize a patient's health and function. OMT is defined in the Glossary of Osteopathic Terminology as the therapeutic application of manually guided forces by an osteopathic physician to improve physiologic function and/or support homeostasis that have been altered by somatic dysfunction. There are numerous types of physician performed manipulative treatments that make up OMT. The method employed by the physician is determined by the patient's condition, age and the effectiveness of previous methods of treatment. (Note: OMT can be performed by a D.O. or by an M.D. who has been specially trained in OMT.)

Somatic dysfunction is defined in the Glossary of Osteopathic Terminology as: Impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodiar, and myofascial structures, and related vascular, lymphatic, and neural elements. Somatic dysfunction is treatable using OMT. The positional and motional aspects of somatic dysfunction can also be described using at least one of three parameters:

1. The position of a body part as determined by palpation and in reference to its adjacent define structure,
2. The directions in which motion is freer, or
3. The directions in which motion is restricted.

The diagnosis of somatic dysfunction is made by determining the presence of one or more findings, known as T.A.R.T. (Tenderness, Asymmetry, Restriction of Motion and Tissue Abnormality). Osteopathic manipulative treatment includes thrust (active correction), muscle energy, counterstrain, articulation, myofascial release, visceral and cranial technique.

Somatic dysfunction in one region can create compensatory somatic dysfunction in other regions. Osteopathic manipulative treatment can also be used to treat the somatic component of visceral disease and any organ system. This component can manifest as changes in the skeletal, arthrodial and myofascial tissues. Normalizing musculoskeletal activity can normalize outflows through sympathetic or parasympathetic autonomic nervous systems to visceral systems, resulting in more normal visceral and any organ system function.

The following is a description of and examples of OMT techniques:

1. **Thrust (active correction):** Moving a restricted joint in the direction it is resisting.

Example of Technique: Physician slowly pulls joint in the direction it is resisting. Once at the point of muscle resistance, the physician continues to slowly pull against the muscle restraint, while applying a quick force localized to the area of resistance often resulting in a "pop" in the affected joint.

Reason for Applying: Treats motion loss and impaired or altered functions of the body's framework.

Effect of Treatment: Immediate increase in range and freedom of motion.

2. **Muscle Energy:** Manipulative treatment in which the patient's muscles are actively used on request from a precisely controlled position, in a specific direction, and against a distinctly executed counterforce.

Example of Technique: The patient actively co-operates with the physician to contract a muscle or muscles, inhale or exhale, or move one bone of a joint in a specific direction relative to the adjacent bone.

Reason for Applying: Applied to strengthen weak muscles, activate inhibited muscles, and strengthen short, tight muscles.

Effect of Treatment: Mobilizes joints in which movement is restricted, stretches tight muscles and fascia, or fibrous tissue, that envelops the body beneath the skin, encloses muscles and groups of muscles, improves local circulation, and balances neuromuscular relationships to alter muscle tone and improve joint movement.

3. **Counterstrain:** Technique in which patient is placed in position of comfort, maintains the position for a period of time, then is assisted by the physician to slowly return to a neutral position.

Example of Technique: Patient is placed in position of comfort for 90 seconds, then is slowly returned to a relaxed and neutral position.

Reason for Applying: Applied to relieve the physical pain of patients suffering from tender points, to relieve referred pain from active trigger points and to normalize imbalances in the autonomic nervous system.

Effect of Treatment: Identifies tender points and positions the patient to eliminate the tenderness.

4. **Articulation:** Physician gently and repeatedly forces the joint against the restrictive barrier, intending to reduce the barrier and improve motion.

Example of Technique: Physician moves the affected joint to the limit of all ranges of motion. As the restrictive barrier is reached, slowly, and firmly the physician continues to apply gentle force against the joint to the limit of tissue motion, or the patient's tolerance to pain or fatigue. The articulation is slowly repeated several times, each time gaining increased range and improved quality of motion.

Reason for Applying: Often applied to postoperative patients and elderly patients suffering from arthritis.

Effect of Treatment: Enhances the effect of passive articulating motion by resisting it or permitting increased range of motion.

5. **Myofascial Release:** Also referred to as MFR, this procedure is designed to stretch and reflexly release patterned soft tissue and joint-related restrictions.

Example of Technique: Physician twists, shears, and compresses joints while simultaneously feeling tissue and joints for shifting tightness and looseness.

Reason for Applying: Applied to patients suffering from muscle tightness.

Effect of Treatment: Joint-related movements are assessed and treated simultaneously. Joint and muscle movements are improved and pain is decreased.

Professional Organizations

The American College of Physicians and the American Pain Society (ACP/APS) published a joint clinical guideline for the diagnosis and treatment of low back pain; spinal manipulation is recommended for patients who do not improve with self-care options.^{4,8} Of note, the recommendation is characterized as weak and is based on moderate quality evidence. Spinal manipulation is recommended along with a number of other non-pharmacological therapies, and osteopathic manipulation is not specified by these guidelines.

In 2010, the AOA published guidelines for osteopathic manipulative treatment for patients with low back pain based on a meta-analysis of six randomized controlled trials.^{1,2,5} They offered a strong recommendation that OMT be utilized by osteopathic physicians as a primary therapy for patients with a diagnosis of somatic dysfunction related to low back pain. They note that the diagnosis of somatic dysfunction entails a focal or complete history and physical examination, including an osteopathic structural examination that provides evidence of asymmetrical anatomical landmarks, restriction or altered range of motion, and palpatory abnormalities of soft tissues. They state that OMT for somatic dysfunction should be utilized after other potential causes of low back pain are ruled out or considered improbable by the treating physician.

The American Osteopathic Association defines somatic dysfunction as "impaired or altered function of related components of the somatic (body framework) system: skeletal, arthrodiarthral, and myofascial structures, and related vascular, lymphatic, and neural elements." The palpatory diagnosis of somatic dysfunction and the use of osteopathic manipulative treatment (OMT) by osteopathic physicians to relieve or ameliorate patient discomfort and pain are hallmarks of osteopathic principles and practice.⁹

POSITION STATEMENT

Applicable To:

- Medicaid (excluding KY)

Clinical Coverage Guideline

page 4

- Children's Medical Services Health Plan (CHIP)
- Medicare

Exclusions

1. Craniosacral therapy administered by a therapist or provider who is not an osteopathic physician (DO) or an allopathic physician (MD) who is not board certified in neuromuscular medicine (NMM) **is considered experimental and investigational** for all indications.
2. Osteopathic Manipulative Treatment is not covered when the indications of coverage are not met and when the documentation of a somatic dysfunction is not present in the medical record.

Coverage

Osteopathic manipulation (OM) or osteopathic manipulative treatment (OMT) **is a covered benefit** for all indications when the following are met:³

1. OMT must be performed by a licensed osteopathic practitioner with appropriate training as outlined by the American Osteopathic Association*; **AND**,
2. Treatment is specific to one or more of the following regions:
 - A. Abdomen / Viscera
 - B. Cervical
 - C. Extremities - Lower
 - D. Extremities - Upper
 - E. Head
 - F. Lumbar
 - G. Pelvic
 - H. Rib Cage
 - I. Sacral
 - J. Thoracic

AND,

3. Treatment is consists of one of the following types:
 - A. High Velocity Low Amplitude-Thrust technique (active correction); **OR**,
 - B. Muscle Energy; **OR**,
 - C. Counterstrain; **OR**,
 - D. Articulation; **OR**,
 - E. Myofascial Release

AND,

4. Osteopathic Manipulative Treatment is to be performed by a qualified osteopathic physician or fully licensed physician with Board certification in Neuromuscular Medicine (NMM) who has examined the patient and determined that there is somatic dysfunction in one or more body regions and documented this in the medical record. The diagnosis of somatic dysfunction is made by determining the presence of one or more findings described by the acronym TART (Tenderness, Asymmetry, Restriction of Motion and Tissue Texture Abnormality).

AND,

5. Treatment is likely to result in improvement in the patient's condition (e.g. less pain) or functional status.

* For AOA criteria, see <http://www.osteopathic.org/osteopathic-health/about-dos/do-licensing/Pages/default.aspx> and the National Board of Osteopathic Medical Examiners (<http://www.nbome.org>).

CODING

Craniosacral Therapy

Non-Covered CPT® Codes for Craniosacral Therapy

- 97124** Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
97139 Unlisted Therapeutic procedure, (specify)

HCPCS Level II ® Codes – No applicable codes.

ICD-10-PCS Codes – No applicable codes.

Non-Covered ICD-10-CM Diagnosis Codes Craniosacral Therapy

All indications and/or diagnoses are non-covered

Osteopathic Manipulation (OMT)

Covered CPT® Codes for OM or OMT

- 98925** Osteopathic manipulative treatment (OMT); 1-2 body regions involved
98926 Osteopathic manipulative treatment (OMT); 3-4 body regions involved
98927 Osteopathic manipulative treatment (OMT); 5-6 body regions involved
98928 Osteopathic manipulative treatment (OMT); 7-8 body regions involved
98929 Osteopathic manipulative treatment (OMT); 9-10 body regions involved

HCPCS Level II ® Codes – No applicable codes.

ICD-10-PCS Codes – No applicable codes.

Covered ICD-10-CM Diagnosis Codes for OM or OMT

- M99.00** Segmental and somatic dysfunction of head region
M99.01 Segmental and somatic dysfunction of cervical region
M99.02 Segmental and somatic dysfunction of thoracic region
M99.03 Segmental and somatic dysfunction of lumbar region
M99.04 Segmental and somatic dysfunction of sacral region
M99.05 Segmental and somatic dysfunction of pelvic region
M99.06 Segmental and somatic dysfunction of lower extremity
M99.07 Segmental and somatic dysfunction of upper extremity
M99.08 Segmental and somatic dysfunction of rib cage
M99.09 Segmental and somatic dysfunction of abdomen and other regions

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply enrollee coverage or provider reimbursement. Consult the enrollee's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Practice guideline for osteopathy in the cranial field. American Osteopathic Association Web site. <http://files.academyofosteopathy.org/MemberResourceGuide/AOALowBackPainGuidelines.pdf>. Published July 2009. Accessed March 10, 2020.
2. How are DOs licensed? American Osteopathic Association Web site. <http://www.osteopathic.org/osteopathic-health/about-dos/do-licensing/Pages/default.aspx>. Published 2013. Accessed March 10, 2020.
3. Local coverage determination: osteopathic manipulative treatment (L33929). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 10, 2015. Accessed March 10, 2020.
4. Chou R, Qaseem A, Snow V, Casey D, Cross JT, Shekelle P, et al. (2007). Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine*, 147(7), 478-491.
5. Osteopathic manipulative treatment. American Osteopathic Association Web site. <https://osteopathic.org/what-is-osteopathic-medicine/osteopathic-manipulative-treatment/>. Published 2013. Accessed March 10, 2020.

Clinical Coverage Guideline

page 6

Original Effective Date: 9/3/2009 - Revised: 9/3/2010, 9/1/2011, 10/4/2012, 10/3/2013, 11/6/2014, 12/3/2015, 11/3/2016, 12/7/2017, 3/1/2018, 3/28/2019; 4/16/2020

PRO_55326E Internal/State Approved 07252020

NAOPROWEB55326E_0000

©WellCare 2020

6. Hayes Directory Web site. Osteopathic manipulative treatment (OMT) for backpain. <http://www.hayesinc.com>. Published February 23, 2011 (archived March 23, 2016). Accessed March 10, 2020.
8. Craniosacral therapy. Hayes Directory Web site. <http://www.hayesinc.com>. Published 2009 [updated April 10, 2018]. Accessed March 10, 2020.
9. Local coverage determination: osteopathic manipulative treatment (L33616). Centers for Medicare and Medicaid Services Web site. <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Published September 2016. Accessed March 10, 2020.
10. Osteopathic manipulative treatment of somatic dysfunction among patients in the family practice clinic setting: A retrospective analysis. The Journal of the American Osteopathic Association. Published 2005. Volume 105, 537-544. <http://jaoa.org/article.aspx?articleid=2093078>. Accessed March 10, 2020.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
4/16/2020, 3/28/2019	<ul style="list-style-type: none"> • Approved by MPC. No changes.
3/1/2018	<ul style="list-style-type: none"> • Approved by MPC. Updated CMS language and criteria.
12/7/2017, 11/3/2016	<ul style="list-style-type: none"> • Approved by MPC. No changes.
12/3/2015	<ul style="list-style-type: none"> • Approved by MPC. Coding update only.
11/6/2014	<ul style="list-style-type: none"> • Approved by MPC. Added regions and items from CMS.
10/3/2013	<ul style="list-style-type: none"> • Approved by MPC. No changes.
10/4/2012	<ul style="list-style-type: none"> • Approved by MPC. Tabled from 9/6/2012 MPC. Inserted "Osteopathic Manipulative Treatment" in name. Expanded Background section. Included professional statements; AOA guideline with respect to who certifies practitioners. Four new references added. Revisions do not impact coverage; remains E/I.
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.