Craniosacral Therapy, Osteopathic Manipulation, and Osteopathic Manipulative Treatment

Policy Number: HS-128

Original Effective Date: 9/3/2009


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

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.8

**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

OMT includes muscle energy, high velocity-low amplitude, counterstrain, myofascial release, visceral, and craniosacral. The chosen treatment will vary depending on patient’s age and clinical condition. 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.

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, arthrodial, and myofascial structures, and related vascular, lymphatic, and neural elements. Somatic dysfunction is treatable using OMT. The positional and motion aspects of somatic dysfunction are described as using at least one of the following parameters:

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

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 to 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.\(^4\)\(^9\) 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.

**POSITION STATEMENT**

**Applicable To:**
- [x] Medicaid
- [x] Medicare

Craniosacral therapy administered by a therapist or provider is considered experimental and investigational for all indications.

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

- OMT must be performed by a licensed osteopathic practitioner with appropriate training as outlined by the American Osteopathic Association*; **AND**,

- Treatment is specific to one or more of the following regions:
  - Abdomen / Viscera
  - Cervical
  - Extremities - Lower
  - Extremities - Upper
  - Head
  - Lumbar
  - Pelvic
  - Rib Cage
  - Sacral
  - Thoracic

**AND,**

- Treatment is consists of one of the following types:
  - Thrust (active correction); **OR,**
  - Muscle Energy; **OR,**
  - Counterstrain; **OR,**
  - Articulation; **OR,**
  - Myofascial Release

* For AOA criteria, see [http://www.osteopathic.org/osteopathic-health/about-dos/do-licensing/Pages/default.aspx](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](http://www.nbome.org)).
CODING

CRANIOSACRAL THERAPY, OSTEOPATHIC MANIPULATION AND OSTEOPATHIC MANIPULATIVE TREATMENT

HS-128

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 – M99.09  Segmental and somatic dysfunction of head region (M99.00)

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 member coverage or provider reimbursement. Consult the member’s benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
<thead>
<tr>
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<td>12/7/2017, 11/3/2016</td>
<td>Approved by MPC. No changes.</td>
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<tr>
<td>12/3/2015</td>
<td>Approved by MPC. Coding update only.</td>
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<tr>
<td>11/6/2014</td>
<td>Approved by MPC. Added regions and items from CMS.</td>
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<tr>
<td>10/3/2013</td>
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<tr>
<td>10/4/2012</td>
<td>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.</td>
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<td>12/1/2011</td>
<td>New template design approved by MPC.</td>
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