



Cranial Sacral Therapy Guidelines

Origination: 10/08/08	Revised: 7/22/20	Annual Review: 11/05/20
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Purpose:

To provide cranial sacral therapy guidelines for Population Health and Provider Alliances associates to reference when making benefit determinations.

Compliance Status

- This procedure is in compliance with current CMS Manual System: *Pub. 100-02. Medicare Benefit Policy* regulatory requirements

Additional Information

- Craniosacral therapy (alternate names: Cranial therapy, Cranial Manipulation therapy, Bio Cranial therapy, Craniopathy, Sacro Occipital technique, Upledger technique) involves manipulation of the skull and has been proposed as a treatment for many diverse problems including headaches, TMJ, orthopedic disorders, cranial nerve entrapment dysfunctions, depression, chronic fatigue, fibromyalgia, and ADD/ADHD. Although similar to Cranial Osteopathy that is performed by Osteopathic physicians, Cranial Sacral Therapy is not taught in Osteopathic colleges, and is usually given by massage therapists and/or other therapists.
- CST practitioners utilize a very light-touch technique to manipulate the skull in order to release restrictions in the cranial sacral system, sometimes called “energy cysts” that apparently cause dysfunction. Treatment of these restrictions results in “somatoemotional release” that practitioners claim not only make the patient feel better, but also eliminates the negative effects of stress, strengthens resistance to disease, and enhances overall health.
- CST has also been mentioned as being helpful in cases of scoliosis. Scoliotic deviations may be a result of functional adaptations to lumbo-pelvic lower extremity dysfunction for which standard chiropractic care is appropriate. Manipulative procedures, in conjunction with electrical muscle stimulation and exercise, can significantly reduce the associated muscle spasm and resultant pain of scoliosis during the acute exacerbations and/or injury, and improve spinal mobility prior to an active exercise regimen. However, CST and Chiropractic/manipulative management of scoliosis has not been shown to substantially alter the idiopathic scoliotic curve or progression of the curve in late adolescence or adulthood.

Exclusion Criterion

- Cranial Sacral Therapy is not a covered benefit for AvMed Members, regardless of diagnosis or indication, as it is considered to be experimental/investigational.



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References:

1. Assendelft WJJ, et al. Spinal Manipulative Therapy for Low Back Pain: A Meta-Analysis of Effectiveness Relative to Other Therapies. *Annals of Internal Medicine* 2003; 138:871-881.
2. CMS Manual System: Pub. 100-02. Medicare Benefit Policy.
3. Cherkin DC, et al. A Comparison of Physical therapy, Chiropractic Manipulation, and Provision of an Educational Booklet for the Treatment of Patients with Low Back Pain. *NEJM* 1998; 339:1021-1029.
4. Chou R, Huffman LH. Nonpharmacologic Therapies for Acute and Chronic Low Back Pain: A review of the Evidence for an American Pain Society/American College of Physicians Clinical Practice Guideline. *Annals of Internal Medicine* 2007; 147:492-504.
5. Cote P. et al. The Treatment of Neck and Low Back Pain: Who Seeks Care? Who Goes Where? *Medical Care* 2001; 39:956-967.
6. Green CJ, Martin C, Bassett K, Kazanjian A. Systematic Review of Craniosacral Therapy: Biological Plausibility, Assessment Reliability and Clinical Effectiveness. *Complementary Therapies in Medicine*. 1999;7(4):201-7.
7. Hurley DA, et al. A Randomized Clinical Trial of Manipulative Therapy and Interferential Therapy for Acute Low Back Pain. *Spine* 2004; 29(20):2207-16.
8. American Chiropractic Association website.
9. National Center for Complementary and Alternative Medicine website.

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.