

Eli's Rehab Report

Reader Question: Craniosacral Therapy Code

Question: A therapist reported craniosacral therapy on her form. How should we code this?

California Subscriber

Answer: Most insurers (both Medicare and private payers) consider craniosacral therapy an alternative medicine therapy and will not pay for it. If, however, the therapist reported that she performed massage, which included lumbar, cervical and craniosacral massage to treat muscle spasms (728.85), the total time of the massage can be added together and billed as 97124 (massage, including effleurage, ptrissage and/or tapotement [stroking, compression, percussion]). The other condition is if the massage was intended to cure the muscle spasms and not to manipulate the skull bones to cure other, noncovered problems (which is often the case with true craniosacral therapy). But 97124 has very specific reimbursement guidelines and is covered for only a few conditions, which vary by carrier. Doctors of osteopathic medicine (DOs) can sometimes report craniosacral manipulation using an osteopathic manipulative treatment (OMT) code (98925-98929), depending on the carrier, but most therapists who perform craniosacral therapy do so on a cash basis. See the accompanying article Payment Methods Increase for Noncovered Services on page 76 for more information on collecting payment for such modalities.

-- Advice for reader questions was provided by **Laureen Jandroep, OTR, CPC, CCS-P CPC-H**, owner of A+ Medical Management and Education, a coding and reimbursement consulting firm and a national CPC training curriculum site in Egg Harbor City, N.J.; and **Barbara Cobuzzi, MBA, CPC, CPC-H, CHBME**, president of Cash Flow Solutions, a physician reimbursement consulting firm in Lakewood, N.J.