*Evolent	
Clinical guidelines **CHIROPRACTIC INFANT CARE POLICY**	**Original Date: April 2016**
Physical Medicine – Clinical Decision Making	**Last Revised Date: December 2023**
Guideline Number: Evolent_CG_611	**Implementation Date: July 2024**

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GENERAL INFORMATION

It is an expectation that all patients receive care/services from a licensed clinician. All appropriate supporting documentation, including recent pertinent office visit notes, laboratory data, and results of any special testing must be provided. If applicable: All prior relevant imaging results and the reason that alternative imaging cannot be performed must be included in the documentation submitted.

Statement

The evaluation, diagnosis, and management of infants falls within the scope of chiropractic practice.

NOTE: Chiropractic providers should not engage in unsafe or unproven services as outlined in this policy. There is insufficient evidence that manual therapy (spinal manipulation, extraspinal manipulation, and mobilization) results in improved health outcomes, particularly functional outcomes, related to the treatment of both musculoskeletal and non-musculoskeletal infant conditions [1].

Purpose

Support medically necessary, appropriate, and acceptable chiropractic treatment of infants (age: birth to 24 months).

Scope

This guideline applies to all physical medicine participating network practitioners.

Procedure

ALL of the following apply:

- Therapeutic trial of chiropractic care for the infant patient; [2]
    - In the absence of conclusive evidence, clinical experience and patient/parent preferences must align
    - Infant patient shows no clinically significant improvement (progress toward measurable goals) after a two-week trial of chiropractic care, no additional chiropractic care is indicated and referral may be appropriate
- Manual-based therapy (spinal/extraspinal manipulation and mobilization), active care, and passive therapies have not been shown to improve the health outcomes of spine, extremity-based musculoskeletal conditions, or non-musculoskeletal conditions (childhood immunizations, treatment of infectious diseases, etc.) in infant populations [3, 4]
- There is no contemporary chiropractic consensus demonstrating a general agreement to support the treatment of non-musculoskeletal conditions [5, 6] such as:
    - Treatment of the common cold
    - Sinus congestion

    - Allergies
    - Sleep disturbances
    - Difficulty nursing
    - Infantile colic
    - ADHD
    - Asthma
    - Autism
    - Cancer
    - Cerebral palsy
    - Constipation
    - Nocturnal enuresis
    - Otitis media
    - Chiropractic infant care for wellness care, well-baby checks, and preventive care are **NOT** covered
    - The use of maintenance or preventive‡ spinal/extraspinal manipulation
    - The following services
        - CPT code 97012 – Mechanical traction
        - CPT code 97014 – Unattended electrical stimulation
        - CPT code 97032 – Attended electrical stimulation
        - HCPCS code G0283 – Electrical stimulation
        - CPT code 97035 – Ultrasound
        - CPT code S9090 or any code used to bill low level laser
- These codes will require peer review of clinical documentation to determine medical necessity:
    - CPT code 97110 – Therapeutic exercise
    - CPT code 97112 – Neuromuscular reeducation
    - CPT code 97530 – Activities of daily living
    - CPT code 98942 – 5-region chiropractic manipulative therapy
    - CPT code 98943 – Extraspinal chiropractic manipulative therapy
    - CPT code 97124 – Massage therapy
    - CPT code 97140 – Manual therapy
    - All X-rays

NOTE: This organization has the decisive authority to determine if treatment is medically necessary and appropriate.

BACKGROUND

‡Preventive, defined as prevention of any disease or condition or the promotion and enhancement of health after maximum therapeutic benefit has occurred.

Literature Support
As of August 15, 2023, there is no first-level evidence based literature in relation to the effectiveness of manual therapy/manipulation for spinal disorders in the infant (young) population. [5, 7, 8]

Infantile colic
The American Academy of Family Physicians (AAFP) report on infantile colic primary level of treatment is parental reassurance and support because colic is benign [9]. Although the AAFP article addresses physical therapies for colic, which included chiropractic and osteopathic manipulation, massage, and acupuncture, it also addressed the insufficient evidence to support these therapies due to numerous studies with small sample size, nonblinded trials, and high performance bias. [10]

Other randomized controlled trials (RCTs) comparing the effect of chiropractic care to treat infants with colic also reported insufficient evidence to support these manual therapies, reporting similar issues of small sample size, limited blinding, bias, heterogenous variations of infants with excessive crying, and in some trials the outcomes trending in the opposite direction of what was expected. [11, 12, 13, 14]

The reliability of musculoskeletal indicators in crying infants is uncertain and further investigation is needed. [15]

Non-musculoskeletal
The American Academy of Pediatrics clinical report on Pediatric Integrative Medicine corroborates there is a lack of quality evidence to support the effectiveness of spinal manipulation for non-musculoskeletal conditions in infants and children in which the risks of adverse events may be the highest because of immature stability of the spine or high-velocity extension and rotational spinal manipulation. [3]

Musculoskeletal
No high-quality methodological guidelines, systematic reviews, or randomized controlled trials were discovered in a literature search regarding the treatment of infant musculoskeletal conditions with spinal or extra-spinal manipulation, mobilization, massage therapy, mechanical traction, electrical stimulation, ultrasound therapy, or low-level laser therapy (LLLT).

POLICY HISTORY

Date	Summary
December 2023	• Editorial changes - sections moved/updated for better reading flow • Updated references
August 2022	No content changes
December 2021	Added “General Information” statement. No substantive clinical changes have been made.

References

[1] F. Driehuis, T. J. Joogeboom, M. W. G. Nijhuis-van der Sanden, R. A. de Bie and J. B. Staal, "Spinal manual therapy in infants, children and adolescents: A systematic review and meta-analysis on treatment indication, technique and outcomes," *PLoS One,* vol. 14, no. 6, p. e0218940, 25 June 2019.

[2] C. Hawk, M. J. Schneider, S. Vallone and E. G. Hewitt, "Best Practices for Chiropractic Care of Children: A Consensus Update," *J Manipulative Physiol Ther,* vol. 39, no. 3, pp. 158-168, 2016.

[3] H. McClafferty, S. Vohra, M. Bailey, M. Brown, A. Esparham, D. Gerstbacher, B. Goulianu, A.-K. Niemi, E. Sibinga, J. Weydert and A. M. Yeh, "Pediatric Integrative Medicine," *Pediatrics,* vol. 140, no. 3, p. e20171961, 2017.

[4] C. Hawk, R. Khorsan, A. J. Lisi, R. J. Ferrance and M. W. Evans, "Chiropractic care for nonmusculoskeletal conditions: a systematic review with implications for whole systems research," *J Altern Complement Med,* vol. 13, no. 5, pp. 491-512, 2007.

[5] C. P. Prevost, B. Gleberzon, B. Carleo, B. Anderson, M. Cark and K. A. Pohlman, "Manual therapy for the pediatric population: a systematic review," *BMC Complement Altern Med,* vol. 19, no. 1, p. 60, 13 March 2019.

[6] A. Gotlib and R. Rupert, "Assessing the evidence for the use of chiropractic manipulation in paediatric health conditions: A systematic review," *Paediatr Child Health,* vol. 10, no. 3, pp. 157-161, 2005.

[7] K. G. Brurberg, K. T. Dahm and I. Kirkehei, "Manipulation techniques for infant torticollis. Manipulasjonsteknikker ved nakkeasymmetri hos spedbarn," *Tidsskr Nor Laegeforen,* vol. 138, no. 1, 19 December 2018.

[8] N. Milne, L. Longeri, A. Patel, J. Pool, K. Olson, A. Basson and A. R. Gross, "Spinal manipulation and mobilisation in the treatment of infants, children, and adolescents: a systematic scoping review," *BMC Pediatr,* vol. 22, no. 1, p. 721, 19 December 2022.

[9] J. D. Johnson, K. Cocker and E. Chang, "Infantile Colic: Recognition and Treatment," *Am Fam Physician,* vol. 92, no. 7, pp. 577-582, 1 October 2015.

[10] D. Dobson, P. L. Lucassen, J. J. Miller, A. M. Vlieger, P. Prescott and G. Lewith, "Dobson D, Lucassen PL, Miller JJ, Vlieger AM, Prescott P, Lewith G. Manipulative therapies for infantile colic. Cochrane Database Syst Rev. 2012;12:CD004796. Published 2012 Dec 12. doi:10.1002/14651858.CD004796.pub2," *Dobson D, Lucassen PL, Miller JJ, Vlieger AM, Prescott P, Lewith G. Manipulative therapies for infantile colic. Cochrane Database Syst Rev. 2012;12:CD004796. Published 2012 Dec 12. doi:10.1002/14651858.CD004796.pub2,* vol. 12, no. CD004796, 12 December 2012.

[11] L. V. Holm, D. E. Jarbol, H. W. Christensen, J. Sondergaard and L. Hestbaek, "The effect of chiropractic care on infantile colic: results from a single-blind randomised controlled trial," *Chiropr Man Therap,* vol. 29, no. 1, 19 April 2021.

[12] D. Carnes, A. Plunkett, J. Ellwood and C. Miles, "Manual therapy for unsettled, distressed and excessively crying infants: a systematic review and meta-analyses," *BMJ Open,* vol. 8, no. 1, p. e019040, 24 January 2018.

[13] S. Vohra, B. C. Johnston, K. Cramer and K. Humphreys, "Adverse events associated with pediatric spinal manipulation: a systematic review," *Pediatrics,* vol. 119, no. 1, pp. e275-e283, 2007.

[14] S. Cabanillas-Barea, S. Jimenez-Del-Barrio, A. Carrasco-Uribarren, A. Ortega-Martinez, S. Perez-Guillen and L. Ceballos-Laita, "Systematic review and meta-analysis showed that complementary and alternative medicines were not effective for infantile colic," *Acta Paediatr,* vol. 112, no. 7, pp. 1378-1388, 2023.

[15] L. V. Holm, W. Vach, D. E. Jarbol, H. W. Christensen, J. Sondergaard and L. Hestbaek, "Identifying potential treatment effect modifiers of the effectiveness of chiropractic care to infants with colic through prespecified secondary analyses of a randomised controlled trial," *Chiropr Man Therap,* vol. 29, no. 1, 19 April 2021.

Reviewed / Approved by Clinical Guideline Committee

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