



<b>National Imaging Associates, Inc.</b>	
<b>Clinical guidelines</b> <b>CHIROPRACTIC INFANT CARE POLICY</b>	<b>Original Date:</b> April 2016
<b>Physical Medicine – Clinical Decision Making</b>	<b>Last Revised Date:</b> <del>April</del> <b>June 2018</b>
<b>Guideline Number: NIA_CG_611</b>	<b>Implementation Date:</b> January <del>2019</del> <b>2020</b>

### Policy Statement

While the evaluation, diagnosis, and management of infants falls within the scope of chiropractic practice, participating network providers should not engage in unsafe or unproven services as outlined in this policy. There is insufficient evidence that manual therapy (spinal manipulation, extra-spinal manipulation, and mobilization) results in improved health outcomes, particularly functional outcomes, related to the treatment of both musculoskeletal and non-musculoskeletal infant conditions.

~~Initial Clinical Reviewers (ICRs) and Physician Clinical Reviewers (PCRs) must be able to apply criteria based on individual needs and based on an assessment of the local delivery system.~~

### Purpose

This policy will be used to support medically necessary, appropriate, and acceptable treatment of infants defined as ages birth to 24 months.

### Scope

Physical medicine participating network practitioners, including rendering chiropractors.

### Procedure

All of the following apply:

- ~~I.~~ A therapeutic trial of chiropractic care can be a reasonable approach to management of the infant patient in the absence of conclusive research evidence when clinical experience and patient/parent preferences are aligned. If the infant patient is not showing clinically significant improvement, as evidenced by progress toward measurable goals, after a two-week trial of chiropractic care, no additional chiropractic care is indicated and referral may be appropriate (Hawk, 2016).
- ~~II.~~ Manual-based therapy (spinal manipulation, extra-spinal manipulation, and mobilization), active care and passive therapies have not been shown to improve the health outcomes of spine or extremity-based musculoskeletal conditions in infant populations.
- ~~III.~~ The use of manual-based therapy (manipulation and mobilization), active care and passive therapies have not been shown to improve the health outcomes of non-musculoskeletal conditions in infant populations (Hawk, 2007).
- ~~IV.~~ The use of manual-based therapy, active care and passive therapies have not been proven to be a substitutive treatment for childhood immunizations or the treatment of infectious diseases in infant populations.
- ~~V.~~ The following are considered unsafe or unproven services:

- The use of spinal and extra-spinal manipulation for non-musculoskeletal conditions is unproven. There is no contemporary chiropractic consensus demonstrating a general agreement among a significant portion of the chiropractic community to support the treatment of non-musculoskeletal conditions, such as the treatment of the common cold, sinus congestion, allergies, sleep disturbances, difficulty nursing, infantile colic, ADHD, asthma, autism, cancer, cerebral palsy, constipation, nocturnal enuresis, and otitis media. The data regarding the use of manual therapy interventions for the treatment of non-musculoskeletal conditions is sparse, the level of evidence is generally low, and the data is generally inconsistent or conflicting. Wellness care, well-baby checks, and preventive care are not covered. Considerations are derived from peer reviewed scientific studies published in or accepted for publication by medical or chiropractic journals that meet nationally recognized requirements for scientific manuscripts and that submit most of their published articles for review by experts who are not part of the editorial staff.
- The use of maintenance or preventative (defined as prevention of any disease or condition, or the promotion and enhancement of health after maximum therapeutic benefit has occurred) spinal and extra-spinal manipulation.
- The use of 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

The following 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 – Extra-spinal chiropractic manipulative therapy
- CPT code 97124 – Massage therapy
- CPT code 97140 – Manual therapy
- All X-rays

This organization has the ultimate authority to determine if treatment is medically necessary and appropriate.

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## Background

### Literature Search

As of ~~February 15, 2018~~ June 19, 2019, there is no first level evidence available in the literature in relation to the effectiveness of manual therapy/manipulation for spinal disorders in the young population. No 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.

### POLICY HISTORY:

**Review Date:** June, 2019

### Review Summary:

- This guideline has been reviewed. No substantive clinical changes have been made.

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