



<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.

---

---

## 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.](#)

|

## REFERENCES

- Alcantara J, Alcantara JD, Alcantara J. A systematic review of the literature on the chiropractic care of patients with autism spectrum disorder. *Explore*. 2011a; 7:384-390.
- Alcantara J, Alcantara JD, Alcantara J. An integrative review of the literature on the chiropractic care of infants with constipation. *Complement Ther Clin Pract*. 2014; 20:32-36.
- Alcantara J, Alcantara JD, Alcantara J. The chiropractic care of infants with colic: a systematic review of the literature. *Explore*. 2011b; 7:168-174.
- Alcantara J, Alcantara JD, Alcantara J. The chiropractic care of patients with asthma: a systematic review of the literature to inform clinical practice. *Clin Chiropr*. 2012; 15:23-30.
- Alcantara, J, Ohm, J, Kunz, D. The safety and effectiveness of pediatric chiropractic: A survey of chiropractors and parents in a practice-based research network. *Explore (NY)*. September-October 2009; 5(5):290-295.
- Borusiak P, Biedermann H, Boberhoff S, et al. Lack of efficacy of manual therapy in children and adolescents with suspected cervicogenic headache: Result of a prospective, randomized, placebo-controlled, and blinded trial. *Headache*. 2010; 50:224-230.
- Bronfort G, Haas M, Evans R, et al. Effectiveness of manual therapies: the UK evidence report. *Chiropr Osteopat*. February 25, 2010; 18:3.
- Chase J, Shields N. A systematic review of the efficacy of nonpharmacological, non-surgical and non-behavioural treatments of functional chronic constipation in children. *Aust N Z Continence J*. 2011; 17:40-50.
- Clar C, Tsertsvadze A, Court R, et al. Clinical effectiveness of manual therapy for the management of musculoskeletal and non-musculoskeletal conditions: Systematic review and update of UK evidence report. *Chiropr Man Therap*. 2014; 22:12.
- Dobson D, Lucassen PL, Miller JJ, et al. Manipulative therapies for infantile colic. *Cochrane Database Syst Rev*. 2012; 12:CD004796. doi: 10.1002/14651858.CD004796.pub2.
- Ernst E. Chiropractic spinal manipulation for infant colic: A systematic review of randomised clinical trials. *Int J Clin Pract*. 2009; 63:1351-1353.
- George M, Topaz M. A Systematic review of complementary and alternative medicine for asthma self-management. *Nurs Clin North Am*. 2013; 48:53-149.
- Gleberzon BJ, Arts J, Mei A, et al. The use of spinal manipulative therapy for pediatric health conditions: a systematic review of the literature. *J Can Chiropr Assoc*. 2012; 56:128-141.

Gotlib A, Rupert R. Assessing the evidence for the use of chiropractic manipulation in paediatric health conditions: a systematic review. *Paediatr Child Health*. 2005; 10:157-161.

Hawk C, Khorsan R, Lisi A. Chiropractic care for nonmusculoskeletal conditions: a systematic review with implications for whole systems research. *J of Altern Comp Med*. 2007; 13:491-512.

Hawk C, Schneider M, Ferrance RJ, et al. Best practices recommendations for chiropractic care for infants, children, and adolescents: results of a consensus process. *J of Manip Physiol Ther*. 2009; 32:639-647.

Hawk C, Schneider MJ, Vallone S, et al. Best practices for chiropractic care of children: A consensus update. *J Manipulative Physiol Ther*. March 2016; 39(3):158-168.

Hestbaek L, Stochkendahl MJ. The evidence base for chiropractic treatment of musculoskeletal conditions in children and adolescents: The emperor's new suit? *Chiropr & Osteopat*. June 2, 2010; 18:15.

Huang T, Shu X, Huang YS, et al. Complementary and miscellaneous interventions for nocturnal enuresis in children. *Cochrane Database Syst Rev*. 2011; 12: CD005230. doi: 10.1002/14651858.CD005230.pub2.

Karpouzis F, Bonello R, Pollard H. Chiropractic care for paediatric and adolescent attention deficit/hyperactivity disorder: a systematic review. *Chiropr Osteopath*. 2010; 18:13. doi: 10.1186/1746-1340-18-13.

Marchand AM. A literature review of pediatric spinal manipulation and chiropractic manipulative therapy: Evaluation of consistent use of safety terminology. *J Manipulative Physiol Ther*. 2015a; 38(9):692-698.

Marchand AM. A proposed model with possible implications for safety and technique adaptations for chiropractic spinal manipulative therapy for infants and children. *J Manipulative Physiol Ther*. 2015b; 38(9):713-726.

Miller JE, Newell D, Bolton JE. Efficacy of chiropractic manual therapy on infant colic: a pragmatic single-blind, randomized controlled trial. *J Manipulative Physiol Ther*. 2012; 35:600-607.

Pepino VC, Ribeiro JD, de Oliveira Ribeiro MA, et al. Manual therapy for childhood respiratory disease: a systematic review. *J Manipulative Physiol Ther*. 2013; 36:57-65.

Plaszewski M, Bettany-Saltikov J. Non-surgical interventions for adolescents with idiopathic scoliosis: an overview of systematic reviews. *PLoS ONE*. 2014; 9(10):e110254. doi: 10.1371/journal.pone.0110254.

Poder TG, Lemieux R. How effective are spiritual care and body manipulation therapies in pediatric oncology? A systematic review of the literature. *Glob J Health Sci*. 2014; 6:112-127.

Pohlman KA, Holton-Brown MS. Otitis media and spinal manipulative therapy: A literature review. *J Chiropr Med*. 2012; 11:160-169.

Posadzki P, Ernst E. Is spinal manipulation effective for paediatric conditions? An overview of systematic reviews. *Focus Altern Complement Ther.* 2012; 17:22-26.

Schetzek S, Heinen F, Kruse S, et al. Headache in children: update on complementary treatments. *Neuropediatrics.* 2013; 44:25-33.

Todd AJ, Carroll MT, Robinson A, et al. Adverse events due to chiropractic and other manual therapies for infants and children: A review of the literature. *J Manipulative Physiol Ther.* 2015; 38:699-712.

Vaughn DW, Kenyon LK, Sobek CM, et al. Spinal manual therapy interventions for pediatric patients: a systematic review. *J Man Manip Ther.* 2012; 20:153-159.

Vohra S, Johnston BC, Cramer K, et al. Adverse events associated with pediatric spinal manipulation: A systematic review. *Pediatrics.* 2007; 119:e275-e283.

Wyatt K, Edwards V, Franck L, et al. Cranial osteopathy for children with cerebral palsy: a randomised controlled trial. *Arch Dis Child.* 2011; 96:505-512.

Reviewed / Approved by  Patrick Browning, VP, Medical Director

**Disclaimer:** Magellan Healthcare service authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. These policies are not meant to supplant your normal procedures, evaluation, diagnosis, treatment and/or care plans for your patients. Your professional judgement must be exercised and followed in all respects with regard to the treatment and care of your patients. These policies apply to all Magellan Healthcare subsidiaries including, but not limited to, National Imaging Associates (“Magellan”). The policies constitute only the reimbursement and coverage guidelines of Magellan. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies. Magellan reserves the right to review and update the guidelines at its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.