



National Imaging Associates, Inc.*	
Clinical guidelines CHIROPRACTIC INFANT CARE POLICY	Original Date: April 2016
Physical Medicine – Clinical Decision Making	Last Revised Date: August 2022
Guideline Number: NIA_CG_611	Implementation Date: July 2023

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.

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:

- 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.¹
- 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.
- 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.^{2,3}

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- 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.
- The following are considered unsafe or unproven services:
 - The use of spinal and extra-spinal manipulation for non-musculoskeletal conditions is unproven.³ 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 are 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 August 8, 2022, 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. In 2015, the American Academy of Family Physicians published guidelines on infantile colic, noting that “[p]hysical therapies for colic include chiropractic and osteopathic manipulation, massage, and acupuncture. A Cochrane review^[4] found insufficient evidence to support chiropractic or osteopathic manipulation, because many studies were small, nonblinded, and had a high likelihood of bias. Trials of acupuncture and infant massage have had conflicting results, and further studies are needed to determine their benefits and harms.”⁵ A single-blind, randomized controlled trial (RCT) comparing the effect of chiropractic care to treat colic reported no statistically significant difference between the control group of colicky infants and the experimental group receiving care,⁶ and a second RCT reports that “[m]usculoskeletal indicators were not shown to be predictive of an increased benefit for colicky infants from chiropractic treatment.”⁷

Additionally, the American Academy of Pediatrics, in the 2017 *Pediatric Integrative Medicine* guidelines state, “High-quality evidence supporting effectiveness of spinal manipulation for nonmusculoskeletal concerns is lacking, especially in infants and children, for whom the risks of adverse events may be the highest because of immature stability of the spine... Serious complications are possible with chiropractic treatment of children, but such adverse effects are rare and related to high-velocity, extension, and rotational spinal manipulation.”³ 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 (LLLT).

POLICY HISTORY

Date	Summary
August 2022	No content changes
December 2021	Added “General Information” statement. No substantive clinical changes have been made.
October 2020	No content changes
January 2020	No content changes following review of the evidence base. Minor copyediting changes.
June 2019	This guideline has been reviewed. No substantive clinical changes have been made.

REFERENCES

1. Hawk C, Schneider MJ, Vallone S, Hewitt EG. Best Practices for Chiropractic Care of Children: A Consensus Update. *J Manipulative Physiol Ther.* Mar-Apr 2016;39(3):158-68. doi:10.1016/j.jmpt.2016.02.015
2. Hawk C, Khorsan R, Lisi AJ, Ferrance RJ, Evans MW. Chiropractic care for nonmusculoskeletal conditions: a systematic review with implications for whole systems research. *J Altern Complement Med.* Jun 2007;13(5):491-512. doi:10.1089/acm.2007.7088
3. McClafferty H, Vohra S, Bailey M, et al. Pediatric Integrative Medicine. *Pediatrics.* 2017;140(3):e20171961. doi:10.1542/peds.2017-1961
4. Dobson D, Lucassen PL, Miller JJ, Vlieger AM, Prescott P, Lewith G. Manipulative therapies for infantile colic. *Cochrane Database Syst Rev.* Dec 12 2012;12:Cd004796. doi:10.1002/14651858.CD004796.pub2
5. Johnson JD, Cocker K, Chang E. Infantile Colic: Recognition and Treatment. *Am Fam Physician.* Oct 1 2015;92(7):577-82.
6. Holm LV, Jarbøl DE, Christensen HW, Søndergaard J, Hestbæk L. The effect of chiropractic care on infantile colic: results from a single-blind randomised controlled trial. *Chiropr Man Therap.* 2021;29(1):15-15. doi:10.1186/s12998-021-00371-8
7. Holm LV, Vach W, Jarbøl DE, Christensen HW, Søndergaard J, Hestbæk L. 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.* 2021;29(1):16-16. doi:10.1186/s12998-021-00373-6

ADDITIONAL RESOURCES

1. Alcantara J, Alcantara JD, Alcantara J. The chiropractic care of infants with colic: a systematic review of the literature. *Explore (NY).* May-Jun 2011;7(3):168-74. doi:10.1016/j.explore.2011.02.002
2. Alcantara J, Alcantara JD, Alcantara J. A systematic review of the literature on the chiropractic care of patients with autism spectrum disorder. *Explore (NY).* Nov-Dec 2011;7(6):384-90. doi:10.1016/j.explore.2011.08.001
3. Alcantara J, Alcantara JD, Alcantara J. An integrative review of the literature on the chiropractic care of infants with constipation. *Complement Ther Clin Pract.* Feb 2014;20(1):32-6. doi:10.1016/j.ctcp.2013.10.008
4. Alcantara J, Alcantara JD, Alcantara J. The chiropractic care of patients with asthma: a systematic review of the literature to inform clinical practice. *Clinical Chiropractic.* 2012/03/01/ 2012;15(1):23-30. doi.org/10.1016/j.clch.2012.01.003
5. 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).* Sep-Oct 2009;5(5):290-5. doi:10.1016/j.explore.2009.06.002
6. Alcantara J, Alcantara JD, Alcantara J. The Chiropractic Care of Infants with Breastfeeding Difficulties. *Explore (NY).* Nov-Dec 2015;11(6):468-74. doi:10.1016/j.explore.2015.08.005
7. Borusiak P, Biedermann H, Bosserhoff S, Opp J. Lack of efficacy of manual therapy in children and adolescents with suspected cervicogenic headache: results of a prospective, randomized, placebo-controlled, and blinded trial. *Headache.* Feb 2010;50(2):224-30. doi:10.1111/j.1526-4610.2009.01550.x
8. Bronfort G, Haas M, Evans R, Leininger B, Triano J. Effectiveness of manual therapies: the UK evidence report. *Chiropr Osteopat.* 2010;18:3-3. doi:10.1186/1746-1340-18-3

9. Chase J, Shields N. A systematic review of the efficacy of non-pharmacological, non-surgical and non-behavioural treatments of functional chronic constipation in children. *Australian and New Zealand Continence Journal, The*. 2011;17(2):40-50.
10. Clar C, Tsertsvadze A, Court R, Hundt GL, Clarke A, Sutcliffe P. 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(1):12-12. doi:10.1186/2045-709X-22-12
11. Ernst E. Chiropractic spinal manipulation for infant colic: a systematic review of randomised clinical trials. *Int J Clin Pract*. Sep 2009;63(9):1351-3. doi:10.1111/j.1742-1241.2009.02133.x
12. George M, Topaz M. A systematic review of complementary and alternative medicine for asthma self-management. *Nurs Clin North Am*. 2013;48(1):53-149. doi:10.1016/j.cnur.2012.11.002
13. Gleberzon BJ, Arts J, Mei A, McManus EL. The use of spinal manipulative therapy for paediatric health conditions: a systematic review of the literature. *J Can Chiropr Assoc*. 2012;56(2):128-141.
14. 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(3):157-161.
15. Hawk C, Schneider M, Ferrance RJ, Hewitt E, Van Loon M, Tanis L. Best practices recommendations for chiropractic care for infants, children, and adolescents: results of a consensus process. *J Manipulative Physiol Ther*. Oct 2009;32(8):639-47. doi:10.1016/j.jmpt.2009.08.018
16. Hestbaek L, Stochkendahl MJ. The evidence base for chiropractic treatment of musculoskeletal conditions in children and adolescents: The emperor's new suit? *Chiropr Osteopat*. 2010;18:15-15. doi:10.1186/1746-1340-18-15
17. Huang T, Shu X, Huang YS, Cheuk DK. Complementary and miscellaneous interventions for nocturnal enuresis in children. *Cochrane Database Syst Rev*. Dec 7 2011;(12):Cd005230. doi:10.1002/14651858.CD005230.pub2
18. Karpouzis F, Bonello R, Pollard H. Chiropractic care for paediatric and adolescent Attention-Deficit/Hyperactivity Disorder: A systematic review. *Chiropr Osteopat*. 2010;18:13-13. doi:10.1186/1746-1340-18-13
19. Marchand AM. A Literature Review of Pediatric Spinal Manipulation and Chiropractic Manipulative Therapy: Evaluation of Consistent Use of Safety Terminology. *J Manipulative Physiol Ther*. Nov-Dec 2015;38(9):692-698. doi:10.1016/j.jmpt.2012.07.009
20. 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*. Nov-Dec 2015;38(9):713-726. doi:10.1016/j.jmpt.2013.05.015
21. 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*. Oct 2012;35(8):600-7. doi:10.1016/j.jmpt.2012.09.010
22. Pepino VC, Ribeiro JD, Ribeiro MA, de Noronha M, Mezzacappa MA, Schivinski CI. Manual therapy for childhood respiratory disease: a systematic review. *J Manipulative Physiol Ther*. Jan 2013;36(1):57-65. doi:10.1016/j.jmpt.2012.12.004
23. Płaszewski M, Bettany-Saltikov J. Non-surgical interventions for adolescents with idiopathic scoliosis: an overview of systematic reviews. *PLoS One*. 2014;9(10):e110254-e110254. doi:10.1371/journal.pone.0110254
24. 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*. 2013;6(2):112-127. doi:10.5539/gjhs.v6n2p112
25. Pohlman KA, Holton-Brown MS. Otitis media and spinal manipulative therapy: a literature review. *J Chiropr Med*. 2012;11(3):160-169. doi:10.1016/j.jcm.2012.05.006

26. Posadzki P, Ernst E. Is spinal manipulation effective for paediatric conditions? An overview of systematic reviews. *Focus Altern Complement Ther.* 2012;17(1):22-26. doi:<https://doi.org/10.1111/j.2042-7166.2011.01136.x>
27. Schetzek S, Heinen F, Kruse S, et al. Headache in children: update on complementary treatments. *Neuropediatrics.* Feb 2013;44(1):25-33. doi:10.1055/s-0032-1333435
28. Todd AJ, Carroll MT, Robinson A, Mitchell EKL. Adverse Events Due to Chiropractic and Other Manual Therapies for Infants and Children: A Review of the Literature. *J Manipulative Physiol Ther.* Nov-Dec 2015;38(9):699-712. doi:10.1016/j.jmpt.2014.09.008
29. Vaughn DW, Kenyon LK, Sobek CM, Smith RE. Spinal manual therapy interventions for pediatric patients: a systematic review. *J Man Manip Ther.* 2012;20(3):153-159. doi:10.1179/2042618612Y.0000000007
30. Vohra S, Johnston BC, Cramer K, Humphreys K. Adverse events associated with pediatric spinal manipulation: a systematic review. *Pediatrics.* Jan 2007;119(1):e275-83. doi:10.1542/peds.2006-1392
31. Wyatt K, Edwards V, Franck L, et al. Cranial osteopathy for children with cerebral palsy: a randomised controlled trial. *Arch Dis Child.* Jun 2011;96(6):505-12. doi:10.1136/adc.2010.199877
32. Hoeve J. Clinical Evidence of Vestibular Dysregulation in Colicky Babies Before and After Chiropractic Treatment vs. Non-colicky Babies. *Front Pediatr.* 2021;9:668457-668457. doi:10.3389/fped.2021.668457
33. Keil B, Fludder C. Letter to the Editor: "The effect of chiropractic care on infantile colic: results from a single-blind randomised controlled trial" and "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.* 2021;29(1):30-30. doi:10.1186/s12998-021-00386-1
34. Hestbæk L, Holm LV, Jarbøl DE, Christensen HW, Søndergaard J. Response to Letter to the Editor: "The effect of chiropractic care on infantile colic: results from a single-blind randomised controlled trial" and "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.* 2021;29(1):29-29. doi:10.1186/s12998-021-00385-2
35. Corso M, Cancelliere C, Mior S, Taylor-Vaisey A, Côté P. The safety of spinal manipulative therapy in children under 10 years: a rapid review. *Chiropr Man Therap.* 2020;28(1):12-12. doi:10.1186/s12998-020-0299-y

Reviewed/Approved by NIA Clinical Guideline Committee

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.

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