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| *National Imaging Associates, Inc.*                    |   |
| Clinical guidelines<br>CHIROPRACTIC INFANT CARE POLICY | Original Date: April 2016                                       |
| Physical Medicine – Clinical Decision Making           | Last Revised Date: <del>December</del> August 2023 <del>2</del> |
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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.*

### ~~Policy~~ Statement

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

**NOTE:** ~~Clinical participating network~~ 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

~~This policy will be used to s~~Support medically necessary, appropriate, and acceptable chiropractic treatment of infants ~~(defined as age s~~ birth to 24 months).

### Scope

This guideline applies to all physical medicine participating network practitioners. ~~and, a qualified licensed health care providers, including rendering chiropractors).~~

## Procedure

ALL of the following apply:

- Therapeutic trial of chiropractic care ~~for can be a reasonable approach to management of~~ the infant patient; [2]
  - In the absence of conclusive ~~research~~ evidence, ~~(when~~ clinical experience and patient/parent preferences ~~must are align~~ed.
  - Infant patient ~~is not showing~~shows no clinically significant improvement, ~~as evidenced by~~ (progress toward measurable goals), after a two-week trial of chiropractic care, ~~then~~, no additional chiropractic care is indicated and referral may be appropriate.<sup>†</sup>

- Manual-based therapy (~~spinal manipulation, spinal/~~extrapinal~~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]-
- ~~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.<sup>2,3</sup>~~
- ~~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 u~~Unsafe and unproven services:
  - ~~— The use of spinal and extrapinal manipulation for non-musculoskeletal conditions is unproven [3].<sup>3</sup>~~
- **NOTE:** 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 [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

~~**NOTE:** 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 and conflicting.~~

  - Chiropractic infant care for 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 preventive<sup>‡</sup> ~~(defined as prevention of any disease or condition or the promotion and enhancement of health after maximum therapeutic benefit has occurred)~~ spinal ~~/and~~ extraspinal 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
- 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 ultimate~~ authority to determine if treatment is medically necessary and appropriate.

## BACKGROUND

<sup>‡</sup>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, ~~8,~~ 202~~32~~, there is no first-level evidence ~~available in the~~ based literature in relation to the effectiveness of manual therapy/manipulation for spinal disorders in the infant ~~(young)~~ population. [5, 7, 8]

## Infantile colic

~~In 2015, t~~The American Academy of Family Physicians (AAFP) ~~published guidelines report~~ on infantile colic, ~~noting that primary level of treatment is parental reassurance and support because colic is benign~~ [9]. ~~“[p]hysical~~Although the AAFP article addresses physical therapies for colic, ~~which included~~ chiropractic and osteopathic manipulation, massage, and acupuncture. ~~“A Cochrane review~~<sup>[4]</sup> ~~found it also addressed the~~ insufficient evidence to support ~~chiropractic or osteopathic manipulation, these therapies due to numerous studies with~~ because many studies were small ~~sample size, nonblinded trials~~nonblinded, and ~~had a high likelihood of performance~~ bias. [10]

~~Trials of acupuncture and infant massage have had conflicting results, and further studies are needed to determine their benefits and harms.”~~<sup>5</sup> ~~A single-blind, 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] ~~reported no statistically significant difference between the control group of colicky infants and the experimental group receiving care,~~<sup>6</sup>

The reliability of mand ~~a second RCT reports that “[m]usculoskeletal indicators were not in~~ crying infants ~~reliability is uncertain and further investigation is needed.~~ [15] ~~shown to be predictive of an increased benefit for colicky infants from chiropractic treatment.”~~<sup>7</sup>

## Non-musculoskeletal ~~Trials of acupuncture and infant massage have had conflicting results, and further studies are needed to determine their benefits and harms.”~~

~~Additionally, t~~The American Academy of Pediatrics, ~~in the 2017 Pediatric Integrative Medicine guidelines clinical report on Pediatric Integrative Medicine~~ state, “High corroborates there is a lack of quality evidence to support ~~ting the effectiveness of spinal manipulation for nonmusculoskeletal~~non-musculoskeletal conditions ~~concerns is lacking, especially in infants and children, for whom the~~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] ~~e... 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.”~~<sup>3</sup>

## Musculoskeletal

~~N~~~~There were n~~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   |
|-------------------------------|---|
| <a href="#">December</a> 2023 | <ul style="list-style-type: none"><li>Editorial changes - <a href="#">sections moved/updated for better reading flow</a></li><li>Updated references</li></ul> |
| August 2022                   | No content changes  |
| December 2021                 | Added “General Information” statement. No substantive clinical changes have been made.  |

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## **Reviewed/Approved by NIA Clinical Guideline Committee**

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