

Evolent Clinical Guideline 1501 for Chiropractic Infant Care Policy

Guideline Number: Evolent_CG_1501		
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Original Date: April 2016	Last Revised Date: November 2024	Implementation Date: July 2025

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STATEMENT

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.

Purpose

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

Special Note

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⁾

Scope

This guideline applies to all physical medicine participating network practitioners.

INDICATIONS

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
 - If the infant patient shows no clinically significant improvement (progress toward measurable goals) after a trial period 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⁾
- There is no contemporary chiropractic consensus demonstrating a general agreement to support the treatment of non-musculoskeletal conditions, ⁽⁴⁾ such as:
 - Treatment of the common cold
 - Sinus congestion

- Allergies
- Sleep disturbances
- Difficulty nursing
- Infantile colic
- ADHD
- Asthma
- Autism
- 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

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

CODING AND STANDARDS

Applicable Lines of Business

<input checked="" type="checkbox"/>	CHIP (Children's Health Insurance Program)
<input checked="" type="checkbox"/>	Commercial
<input checked="" type="checkbox"/>	Exchange/Marketplace
<input checked="" type="checkbox"/>	Medicaid
<input checked="" type="checkbox"/>	Medicare Advantage

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. ^(4,5)

Infantile Colic

In the American Academy of Family Physicians (AAFP) report on infantile colic, one of the primary levels of treatment is parental reassurance and support because colic is benign. ⁽⁶⁾ Although the AAFP article addresses physical therapies for colic, which included chiropractic and osteopathic manipulation, massage, and acupuncture, there is insufficient evidence to support these therapies. ⁽⁴⁾

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
November 2024	<ul style="list-style-type: none"> • This guideline replaces Evolent_CG_611 Chiropractic Infant Care Policy • CPT Codes removed from the Indications section. The CPT Codes section in Coding was also removed • Editorial changes to match the formatting and layout of the Evolent template • Edited the 'Infantile Colic' section of the Background to make it more concise • Updated references
December 2023	<ul style="list-style-type: none"> • Editorial changes - sections moved/updated for better reading flow • Updated references

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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