Pediatric feeding disorder (PFD) is defined as: “impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.”

In the United States, the ICD (International Classification of Diseases 10th Revision, Clinical Modification) diagnostic system is monitored and updated by the National Center for Health Statistics through the Centers for Disease Control and Prevention, with the World Health Organization (WHO) being the authoritative source for this guide. In 2019, pediatric feeding disorder was defined in a consensus paper published by the Journal of Pediatric Gastroenterology and Nutrition. In 2021, the United States ICD-10-CM Coordination and Maintenance Committee created an update to be effective October 1st, 2021 that included an ICD-10 code for pediatric feeding disorder.

Healthcare professionals are encouraged to utilize the diagnostic term, "pediatric feeding disorder" and related ICD-10 codes to promote the use of common, precise, terminology needed to advance clinical practice, research, and health-care policy for children with feeding difficulties.

**Diagnostic Criteria**

1. A disturbance in oral intake of nutrients, inappropriate for a child's chronological age (vs. developmental age), lasting at least 2 weeks and associated with 1 or more of the following:

   **Medical dysfunction**, as evidenced by any of the following:
   - Cardiorespiratory compromise during oral feeding
   - Aspiration or recurrent aspiration pneumonitis

   **Nutritional dysfunction**, as evidenced by any of the following:
   - Malnutrition
   - Specific nutrient deficiency or significantly restricted intake of one or more nutrients resulting from decreased dietary diversity
   - Reliance on enteral feeds or oral supplements to sustain nutrition and/or hydration
Prevalence figures reflect the burden of a particular health condition by describing, at a given time, the portion of the population that has the condition. Based on a recent national prevalence study, the prevalence of PFD is between 1:23 children and 1:37 children² under the age of 5 annually in the United States. This is higher than other more well-known childhood conditions such as autism (1:54) and cerebral palsy (1:323)³.

**PREVALENCE OF PFD**

Prevalence figures reflect the burden of a particular health condition by describing, at a given time, the portion of the population that has the condition. Based on a recent national prevalence study, the prevalence of PFD is between 1:23 children and 1:37 children² under the age of 5 annually in the United States. This is higher than other more well-known childhood conditions such as autism (1:54) and cerebral palsy (1:323)³.

**FINANCIAL BURDEN OF PFD**

According to a nationwide survey of insured families conducted by Feeding Matters, 76% of respondents reported that PFD results in at least a moderate financial burden for their family. 33% of respondents had to leave full-time employment, 23% turned down a job offer/raise in pay/more hours per week, and 47% reported depression⁴. Overall, the lifetime average income loss to a family is $125,645⁴.

2. The impaired oral intake occurs in the **absence of the cognitive processes consistent with eating disorders**, The pattern of oral intake is **not due to a lack of food or congruent with cultural norms**.
Pediatric Feeding Disorder US-ICD-10-CM Codes

The ICD is a system used by healthcare providers to classify and code diagnoses and treatments of a medical condition or related symptoms. It provides a common language for reporting health related information. Use of the most applicable ICD-10 code supports identification of the prevalence, burden and associated health outcomes of that disease or symptom.

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>ICD-10 NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>R63.30</td>
<td>Feeding difficulties, unspecified</td>
</tr>
<tr>
<td>R63.31</td>
<td>Pediatric feeding disorder, acute</td>
</tr>
<tr>
<td></td>
<td>Pediatric feeding dysfunction, acute</td>
</tr>
<tr>
<td>R63.32</td>
<td>Pediatric feeding disorder, chronic</td>
</tr>
<tr>
<td></td>
<td>Pediatric feeding dysfunction, chronic</td>
</tr>
<tr>
<td>R63.39</td>
<td>Other feeding difficulties</td>
</tr>
<tr>
<td></td>
<td>Feeding problem (elderly) (infant) NOS</td>
</tr>
<tr>
<td></td>
<td>Picky eater</td>
</tr>
</tbody>
</table>

In October 2021 an update to the US ICD-10-CM was published. The R63.3 code was expanded with the codes bolded in orange. Please refer to the National Center for Health Statistics [ICD-10-CM Browser Tool](#) for more information on individual codes and their application.

**Screening for PFD**

Learning to eat is a progressive developmental process. Children are intrinsically driven to engage in age-appropriate mealtimes when body systems are well-functioning. The child is at risk for developing pediatric feeding disorder when any system is not functioning optimally, especially if there is an underlying or pre-existing challenge in one of the four domains (medical, nutrition, feeding skill, psychosocial).

At this time, there is an available screening tool that can be used to start the assessment process. The Feeding Matters Infant and Child Feeding Questionnaire (ICFQ)© is an evidence-based age-specific questionnaire available for children from birth to 36 months which adjusts for prematurity. This tool may be used to promote...

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envisioning a world in which children with pediatric feeding disorder will thrive
early identification of PFD and provides a method for referral of at-risk infants and children to appropriate care.

### 6 QUESTION SUBSET

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your baby/child let you know when he is hungry?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think your baby/child eats enough?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many minutes does it usually take to feed your baby/child?</td>
<td>&lt;5</td>
<td>5–30</td>
</tr>
<tr>
<td>Do you have to do anything special to help your baby/child eat?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your baby/child let you know when he is full?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Based on the questions above, do you have concerns about your baby/child's feeding?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Red flag answers are in orange. If 2 or more of your answers are orange please contact your pediatrician.*

If the family responds with the answer highlighted in orange to any 2 or more questions, encourage them to take the full web-based version of the ICFQ and conduct an in-depth family interview. Investigate which signs and symptoms of PFD are present.
Signs and Symptoms of PFD by Domain

**MEDICAL**
- labored breathing with and without feeding
- color changes in lips or face when eating or drinking
- sweating when eating or drinking
- gurgle or squeaking sounds with and without feeding
- reoccurring upper respiratory infections
- crying, arching, coughing, grimacing when eating or drinking
- suspected food allergies
- multiple formula changes
- vomiting
- never seems hungry
- physical discomfort when eating or drinking

**NUTRITION**
- unable to eat or drink enough to grow or stay hydrated
- insufficient or too rapid of a change in weight or height
- lack of a certain nutrient, i.e., iron, calcium
- need for nutritional supplements
- reliance on a particular food for nutrition
- need for enteral feeds for nutrition-NG, GT, TPN
- constipation
- limited dietary diversity for age
  - too few fruits and/or vegetables
  - limited or no protein source
  - too few foods eaten on a regular basis
### Feeding Skill

**Feeding Skill specific to ANY age**

- labored, noisy breathing or gasping
- coughing, choking, gagging or retching
- gurgles or wet breaths
- loud and/or hard swallows or gulping
- unable to eat or drink enough for optimal growth
- excessively short mealtimes (< 5 minutes)
- excessively long mealtimes (> 30 minutes)
- need for thickened liquids
- need for special food or modified food texture
- need for special strategies, positioning or equipment

<table>
<thead>
<tr>
<th>Feeding Skill specific to an INFANT (12 months of age or younger)</th>
<th>Feeding Skill specific to a CHILD (12 months of age or older)</th>
</tr>
</thead>
<tbody>
<tr>
<td>unable to latch to breast or bottle without help</td>
<td>grazing between scheduled mealtimes</td>
</tr>
<tr>
<td>weak suck</td>
<td>refusal to eat, drink or swallow certain food textures</td>
</tr>
<tr>
<td>need for pacing, flow management or rest breaks</td>
<td>needs distraction to eat such as screen time</td>
</tr>
<tr>
<td>need for special equipment to breast or bottle feed</td>
<td>needs excessive praise/threats/bribes to eat</td>
</tr>
<tr>
<td>often too tired to eat or quickly falls asleep when eating</td>
<td>difficulty chewing age-appropriate foods</td>
</tr>
<tr>
<td>breast or bottle feeds best when asleep, i.e., dream feeds</td>
<td>unable to eat in new or unfamiliar situations</td>
</tr>
<tr>
<td>unable to transition to solids</td>
<td></td>
</tr>
<tr>
<td>unable to wean from breast or bottle</td>
<td></td>
</tr>
</tbody>
</table>
envisioning a world in which children with pediatric feeding disorder will thrive

Early detection and treatment of pediatric feeding disorder across all four domains is critical to the long-term health and well-being of affected children. Early referral to the appropriate healthcare professionals in each domain associated with signs or symptoms of PFD is strongly encouraged.

PFD PROFESSIONALS BY DOMAIN

PFD is complex and typically requires several subspecialists working together. Refer early and refer often across the four domains of PFD.

Medical
Primary Care Physician, Developmental Pediatrician, Pediatric Surgeon, Allergist/Immunologist, Cardiologist, Dentist, Endocrinologist, Gastroenterologist, Geneticist, Neurologist, Nurse Practitioner, Otolaryngologist (ENT), Pulmonologist, Radiologist

Nutrition
Registered Dietitian Nutritionist (RDN)

Feeding Skill
Occupational Therapist, Speech Language Pathologist

Psychosocial
Psychologist, Behavior Analyst, Counselor, Social Worker
References


3. National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention


Resources

- PFD ICD-10 Toolkit
- When to Refer Infographic
- ICFQ 6 Question Screener