

PEDIATRIC FEEDING DISORDER FACT SHEET

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.

PEDIATRIC FEEDING DISORDER DEFINITION

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”*¹.

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

Feeding skill dysfunction, as evidenced by any of the following:

- Need for texture modification of liquid or food
- Use of modified feeding position or equipment
- Use of modified feeding strategies

Psychosocial dysfunction, as evidenced by any of the following:

- Active or passive avoidance behaviors by child when feeding or being fed
- Inappropriate caregiver management of child's feeding and/or nutrition needs
- Disruption of social functioning within a feeding context
- Disruption of caregiver-child relationship associated with feeding

Symptoms can be further classified into **acute PFD** (<3 months' duration) and **chronic PFD** (≥3 months' duration).

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**.

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.

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.

ICD-10 CODE	ICD-10 NAME
R63.30	Feeding difficulties, unspecified
R63.31	Pediatric feeding disorder, acute Pediatric feeding dysfunction, acute
R63.32	Pediatric feeding disorder, chronic Pediatric feeding dysfunction, chronic
R63.39	Other feeding difficulties Feeding problem (elderly) (infant) NOS Picky eater

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

early identification of PFD and provides a method for referral of at-risk infants and children to appropriate care.

6 QUESTION SUBSET	
Does your baby/child let you know when he is hungry?	Yes No
Do you think your baby/child eats enough?	Yes No
How many minutes does it usually take to feed your baby/child?	<5 5-30 >30
Do you have to do anything special to help your baby/child eat?	Yes No
Does your baby/child let you know when he is full?	Yes No
Based on the questions above, do you have concerns about your baby/child's feeding?	Yes No
<p><i>Red flag answers are in orange. If 2 or more of your answers are orange please contact your pediatrician.</i></p>	



[ICFQ 6 Question Screener](#)

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.



[ICFQ](#)

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

Feeding Skill specific to an INFANT (12 months of age or younger)

- unable to latch to breast or bottle without help
- weak suck
- need for pacing, flow management or rest breaks
- need for special equipment to breast or bottle feed
- often too tired to eat or quickly falls asleep when eating
- breast or bottle feeds best when asleep, i.e., dream feeds
- unable to transition to solids
- unable to wean from breast or bottle

Feeding Skill specific to a CHILD (12 months of age or older)

- grazing between scheduled mealtimes
- refusal to eat, drink or swallow certain food textures
- needs distraction to eat such as screen time
- needs excessive praise/threats/bribes to eat
- difficulty chewing age-appropriate foods
- unable to eat in new or unfamiliar situations

PSYCHOSOCIAL

- unable to come to or stay with the family at meals
- refusal to eat what is offered or to eat at all
- disruptive mealtime behaviors
- unable to eat with others present at mealtimes
- child exhibits stress, worry or fear during meals
- caregiver stress, worry or fear when feeding child
- presence of bribes, threats, yelling at mealtimes
- need for distraction and/or rewards for eating
- unpleasant mealtime interactions between caregiver and child

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

1. Goday PS, Huh SY, Silverman A, et al. Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework. *J Pediatr Gastroenterol Nutr.* 2019;68(1):124-129. doi:10.1097/MPG.0000000000002188.
2. Kovacic K, Rein, ScM LE, Bhagavatula P, Kommareddy S, Szabo A, Goday PS, Pediatric Feeding Disorder: A Nationwide Prevalence Study, *The Journal of Pediatrics* (2020), doi: <https://doi.org/10.1016/j.jpeds.2020.07.047>.
3. National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention
4. Feeding Matters. (2019). Economic Impact Report: Financial Burdens of Pediatric Feeding Disorder on Insured Families [PDF File]. Phoenix, Arizona. Retrieved from <https://www.feedingmatters.org/wp-content/uploads/2020/08/Economic-Impact-White-Paper.pdf>.
5. ICD-10-CM Official Guidelines for Coding and Reporting FY 2020 [PDF File]. Retrieved from https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf

Resources



[PFD ICD-10 Toolkit](#)



[When to Refer Infographic](#)



[ICFQ 6 Question Screener](#)