feeding matters

THE HISTORY OF PEDIATRIC FEEDING DISORDER

Defining PFD

Pediatric feeding disorders lacked a universally accepted definition. A unifying diagnostic term, "pediatric feeding disorder" encompassing medical, nutrition, feeding skill, and psychosocial domains was proposed in "Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework".

Consensus Paper

In 2014, Feeding Matters' Founder and Emeritus board member, Shannon Goldwater, envisioned pediatric feeding disorder as a stand-alone diagnosis, recognizing that the absence of a universally accepted term was the root cause of the system issues that failed her children and many more. Because these children were seen as having symptoms instead of a disorder, there was no comprehensive system in place that included collaborative care, qualified providers, proper insurance coverage, or an educational path to become a qualified feeding therapist.

In 2015, Feeding Matters' Council approved the initiative to create a definition and identity for pediatric feeding disorders. They began the work to convene a consensus meeting on the disorder, publish a consensus paper, advocate for a diagnostic code within the ICD, and disseminate the information to the healthcare community.

FROM OUR FOUNDER

"Nineteen years ago, my triplets were born 14 weeks prematurely. Feeding them was terrifying and a constant challenge. They would cough, choke, gag, and vomit at every meal, and they eventually required feeding tubes to survive.

My family's experiences inspired me to envision a world where all children would be evaluated early and appropriately diagnosed with pediatric feeding disorder ("PFD") -- rather than be dismissed or treated as a symptom of a different problem."

Shannon Goldwater
Feeding Matters Founder and Emeritus Board Member

In March 2016, Feeding Matters gathered in Arizona with over 17 experts from around the world to determine a name, definition, and diagnostic criteria for pediatric feeding disorders. This pivotal meeting led to two years of collaborative work to write and publish the paper, “Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework" in the January 2019 Journal of Pediatric Gastroenterology and Nutrition.

The Call for a Code

Once the consensus paper was published, Feeding Matters initiated an advocacy campaign for PFD to become a stand-alone diagnosis in the United States ICD manual. In the United States, the Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS) monitor, update, and provide the guidelines for coding and reporting using the International Classification of Diseases, 10th Revision, or ICD-10[5]. The American Academy of Pediatrics partnered with Feeding Matters’ lead authors and Feeding Matters' past Medical Director, Dr. Phalen to present a proposal for pediatric feeding disorder to receive its own diagnostic ICD code at the U.S. Centers for Disease Control and Prevention (CDC) hearings in September 2019 and March 2020. By being present at both meetings, Feeding Matters ensured the patient voice was represented. Feeding Matters worked closely with professional associations and a coalition to publicly support the proposal in letters of support during the public commentary period for the ICD updates.

On August 20th, 2020, Dr. Phalen contacted Feeding Matters to share that the pediatric feeding disorder ICD code was approved and was to be included in the United States-ICD-10 in October 2021. In just 5 short years, Feeding Matters successfully served as the catalyst to the publication of the stand-alone definition and diagnosis of PFD – a condition so many before us have merely dismissed as a symptom of a different problem.

FROM DR. PHALEN

The current prevalence of PFD in children under the age of five reinforces the critical need for effective public health strategies that promote earlier identification and referral to appropriate specialists for treatment," said James A. "Jaime" Phalen, MD, FAAP, former Medical Director of Feeding Matters and lead author of Request for ICD-10-CM Code, which he presented to the CDC.

"The establishment of these diagnostic codes is a critical next step in supporting pediatricians, caregivers, families and a child's entire interprofessional network as they determine best options while managing the evolving financial complexities of the PFD journey," Dr. Phalen concluded. His article "New ICD-10-CM Code for Pediatric Feeding Disorder" will appear this fall simultaneously in the AAP Coding Newsletter and the AAP News.

Resources

PFD ICD-10 Toolkit

When to Refer Infographic

ICFQ 6 Question Screener

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CHANGING THE SYSTEM OF CARE

In the United States, the ICD (International Classification of Diseases) 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.

Consensus Paper

SYSTEM CHALLENGE	IDENTITY IMPACT
• There is no universally accepted term or diagnostic criteria for pediatric feeding disorders • The International Classification of Diseases (ICD) code for feeding difficulties (R63.3 in the ICD 10) is non-specific and poorly defined • Feeding disorders are often treated as a symptom rather than a stand-alone condition • PFD requires comprehensive assessment and treatment, but the lack of a universally accepted definition has hindered collaborative care • Previous diagnostic paradigms define PFD through the lens of a single discipline, which fails to characterize associated functional limitations	• Feeding Matters facilitated the consensus project and gathered over 17 world thought leaders from various disciplines in the field of pediatric feeding disorders to determine a name, definition, and diagnostic criteria for pediatric feeding disorder • During the consensus conference, the group elected to use the framework of the World Health Organization (WHO) International Classification of Functioning, Disability, and Health (ICF) • This conceptual framework goes beyond disease-oriented or unilateral diagnostic paradigms • Adoption of PFD from all disciplines will establish a common definition and terminology to impact clinical practice, education, research, and advocacy

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.

Recent Advances

PFD Defined

In 2015, Feeding Matters began work to identify and define a universally accepted name and stand-alone diagnosis for pediatric feeding disorder. In March 2016, 17 various disciplines and some of the world's most renowned thought leaders in pediatric feeding struggles gathered to determine a name, definition, and diagnostic criteria. The result of this pivotal meeting was two years of collaborations and diligent work to write "Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework." Published by the Journal of Pediatric Gastroenterology and Nutrition in January 2019, the paper declares pediatric feeding disorder the unifying name and stand-alone diagnosis for the field.

ICD Code for PFD Diagnosis

The American Academy of Pediatrics partnered with Feeding Matters' lead authors and Feeding Matters past Medical Director, Dr. Phalen to present a proposal for pediatric feeding disorder to receive its own diagnostic ICD code in September 2019 and March 2020. By being present at both meetings, Feeding Matters ensured the patient voice was represented. Feeding Matters also worked closely with professional associations and a coalition to publicly support the proposal in letters of support during the public commentary period for the ICD updates.

SUPPORTING ORGANIZATIONS

- American Academy of Pediatrics
- American Speech-Language-Hearing Association
- The American Occupational Therapy Association, Inc.
- The National Coalition for Infant Health

On August 20th, 2020, Dr. Phalen contacted Feeding Matters to share that the pediatric feeding disorder ICD code was approved and was to be included in the United States-ICD-10 in October 2021. In just 5 short years, Feeding Matters successfully served as the catalyst to the publication of the stand-alone definition and diagnosis of PFD – a condition so many before us have merely dismissed as a symptom of a different problem.

Impact of an ICD Code

- Improved accuracy and consistency of coding for PFD
  - Better epidemiological tracking
  - Improved analysis of disease patterns and treatment outcomes
- Avenue to advance quality measurement efforts
  - Inclusion of necessary healthcare professionals in care provision
- Advancements in research
  - Prevalence and incidence measures
  - Identification, tracking, and characterization of the disorder
  - Development of new assessment and management/treatment approaches
- Improved reimbursement accuracy
  - Reduces fraud, waste, and abuse
- Advancement in early identification of pediatric feeding disorder and overall health outcomes

Future Initiatives

Now that PFD has been defined and an ICD code for pediatric feeding disorder has been approved, Feeding Matters will leverage the advocacy agenda to promote accurate and efficacious use of the PFD code. By working closely with healthcare professionals and insurance companies, strategies will be developed to promote appropriate use of diagnostic and treatment codes and prevent over-utilization and over-spending. The recognition of PFD and related judicial reimbursement practices are instrumental for improving health outcomes in children with PFD.

WHAT'S NEXT

Next steps in the Feeding Matters Advocacy Agenda

PFD Awareness
inclusive insurance coverage
best practices for care

Efforts will focus on:

- Adoption of the PFD framework and terminology by healthcare professionals from all disciplines
- Facilitation of interdisciplinary collaboration
- Promotion of educational curricula to train healthcare professionals
- Promotion of research investigating best practices
- Establishing partnerships with policymakers
- Advocating for PFD qualifying diagnosis for early intervention services under part C of the Individuals with Disabilities Education Act
- Stimulating changes to the ICD codes
- Stimulating changes to insurance coverage policies for improved reimbursement and coverage to promote cost-saving strategies of early intervention services

Feeding Matters Advocacy Agenda

References

1. *Goday PS, Huh SY, Silverman A, Lukens CT, Dodrill P, Cohen SS, Delaney AL, Feuling MB, Noel RJ, Gisel E, Kenzer A, Kessler DB, de Camargo OK, Browne J, Phalen JA. Pediatric feeding disorder: consensus definition and conceptual framework. JPGN 2019;68(1):124-129.

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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 children[2] 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 depression[4]. Overall, the lifetime average income loss to a family is $125,645[4].

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

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

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

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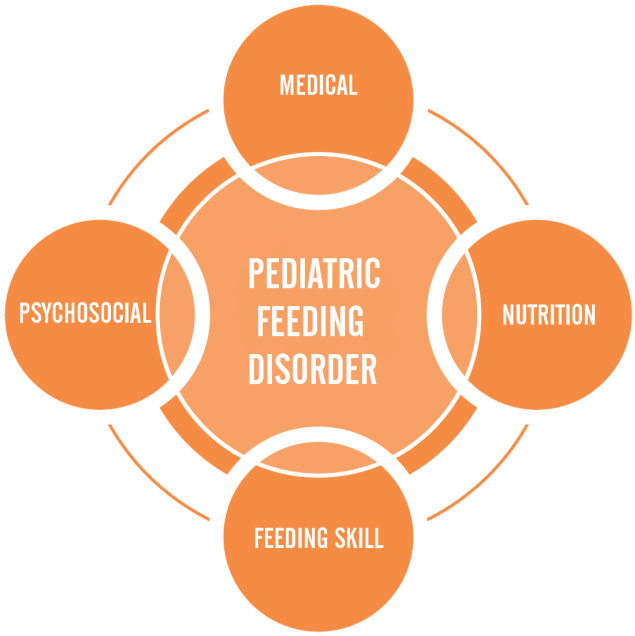
FEEDING SKILL DOMAIN FACT SHEET

Feeding Skill Assessment

Pediatric Feeding Disorder (PFD) is a multifaceted, multi-domain disorder requiring assessment and management of four closely related, complementary domains (medical, nutrition, feeding skill and psychosocial)[1]. Previous diagnostic paradigms defined feeding related disorders and documented through the lens of a single professional discipline and failed to characterize associated functional limitations that are critical to plan appropriate interventions and improve quality of life within the family unit.



Due to the heterogeneous nature of PFD, there is no single comprehensive assessment measure that covers all 4 domains. Therefore, assessment should be tailored to the specific needs of the child and family while following the standards of practice for the feeding specialist's specific discipline. A multi-disciplinary assessment with representation from all four domains is recommended.

The feeding skill domain is assessed and managed by licensed clinicians specialized in feeding, also known as feeding specialists (typically a Speech-Language Pathologist (SLP) or Occupational Therapist (OT)). Clinicians are encouraged to refer to their organization's practice guidelines and definitions for guidance regarding scope of practice and recommended practice patterns for assessment and management of feeding, eating, and swallowing disorders.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION (AOTA)

Occupational Therapy and Feeding Disorders[2]
AOTA (2007) http://ajot.aota.org
Feeding, eating, and swallowing problems [significant enough to warrant intervention by an Occupational Therapist] can be wide ranging and may include issues with:

- a physical difficulty (e.g., bringing food to the mouth),
- processing food in the mouth (e.g., motor or sensory deficits),
- dysphagia,
- dysfunction related to cognitive impairments (e.g., understanding nutrition or food preparation), surgical intervention, and/or neurological impairments
- positioning problems that affect feeding, eating, and swallowing

Any or all of these issues may negatively impact a child's ability to participate in feeding and eating activities that the child values and finds meaningful (i.e., learning to eat independently, joining friends for lunch, or feeding a child).

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA)

Speech Language Pathology and Feeding Disorders[3]
https://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Dysphagia/
Feeding disorders are defined by problems with a range of eating activities that may or may not include difficulty swallowing. Feeding disorders can be characterized by one or more of the following behaviors:

- Failing or struggling to master self-feeding skills expected for developmental age levels
- Failing or struggling to use developmentally appropriate feeding devices and utensils
- Displaying disruptive or inappropriate mealtime behaviors for developmental age level
- Experiencing slowed or inadequate growth

Screening Tool

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 that includes automatic adjustments for prematurity calculated from the child's birth date and gestation age. This tool may be used to promote early identification of PFD for referral of at-risk infants and children to appropriate care.[4] The ICFQ[5] was researched and 6 questions showed a high sensitivity and specificity for distinguishing between infants and children with PFD and those considered typically developing . The ICFQ© 6-question screener was based on the outcomes of this research. Families and professionals can use the ICFQ 6-question screening tool below to identify children at risk for a PFD to determine if a referral to a feeding specialists for assessment is needed.

ICFQ

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 refer to the appropriate healthcare professionals.

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

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

ICD-10-CM Codes Related to Feeding Difficulties

Confusion among clinicians regarding use of ICD codes is common. Feeding skill domain practitioners may assume they are solely medical diagnostic codes to be assigned by a clinician within the medical domain. However, ICD-10 codes also serve as treating diagnosis codes and may be used by licensed clinicians, such as OTs and SLPs. Clinicians are encouraged to familiarize themselves with coding guidelines specific to their discipline.

Visit the following websites for resources on the use of ICD-10 Codes:
AOTA
https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/ICD-10-Diagnosis-Coding.aspx
ASHA
https://www.asha.org/practice/reimbursement/coding/new-and-revised-icd-10-cm-codes-for-slp/ for resources on the use of ICD-10 Codes.

ICD-10 CODE	ICD-10 NAME
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
R13.13	Dysphagia, pharyngeal phase
R13.14	Dysphagia, pharyngoesophageal phase
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
R62.59	Other lack of expected normal physiological development in childhood
R63.0	Anorexia
R63.1	Polydipsia
R63.2	Polyphagia

ICD-10 CODE	ICD-10 NAME
R63.3	**Feeding difficulties** (revised category) *Excludes: eating disorders Excludes2: eating disorders* (F50-), *feeding problems of the newborn* (P92-), *infant feeding disorder of nonorganic origin* (F98.2-)
R63.30	**Feeding difficulties, unspecified**
R63.31	**Pediatric feeding disorder, acute** Pediatric feeding dysfunction, acute Code also, if applicable, associated conditions such as: aspiration pneumonia (J69.0); dysphagia (R13.1-); gastro-esophageal reflux disease (K21.-),;malnutrition (E40-E46)
R63.32	**Pediatric feeding disorder, chronic** Pediatric feeding dysfunction, chronic Code also, if applicable, associated conditions such as: aspiration pneumonia (J69.0); dysphagia (R13.1-); gastro-esophageal reflux disease (K21.-); malnutrition (E40-E46)
R63.39	**Other feeding difficulties** **Feeding problem (elderly)(infant) NOS** **Picky eater**
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R63.6	Underweight
R63.8	Other symptoms and signs concerning food and fluid intake
R64	Cachexia

In October 2021 an update to the US ICD-10-CM was published. The R63.3 code was expanded to include more detailed 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. The ICD-10-CM code changes do not affect existing procedure codes.

Defensible Assessment Documentation

Defensible assessment documentation includes the following components ***specific to the feeding skill domain***. Defensible assessment documentation includes: 1) health condition, disease or disorder name, 2) acuity, 3) etiology, causative agent, disease type or injury, 4) underlying and associated conditions, 5) related dysfunction, complications or adverse events and impact on function and participation.

1. Health condition, disease or disorder name

Pediatric feeding disorder-feeding skill delay or dysfunction

2. Acuity

Acute-impacting functional performance for 3 months or less

Chronic-impacting functional performance for more than 3 months

3. Description of etiology in the following areas

- Implications of the health condition
- Body function and structures
  - sensory, motor, and cognitive components specific to feeding activities
  - phase specifics-pre-oral phase (self-feeding), oral phase, pharyngeal phase, esophageal phase
- Environmental factors
- Personal factors

4. Underlying and associated conditions

- Medical domain: diagnoses or impairment impacting function, safety and capacity to feed, eat and swallow
- Nutrition domain: presence or risk of malnutrition, nutritional deficiency, poor hydration, or excessive or limited caloric consumption
- Psychosocial domain: presence or risk of avoidance behaviors, inappropriate caregiver management, disruption of social functioning, and/or disruption of the child-caregiver relationship

5. Description of dysfunction, complications or adverse events in the following areas

- Poor bolus extraction, management, transit, or clearance
- Reduced oropharyngeal strength, coordination, range of motion, or endurance
- Disturbed perception and/or atypical sensory responses related to mealtimes
- Ineffective swallowing and/or airway protection
- Impaired self-feeding and/or mealtime management skills

6. Description of impact on function and participation in the following areas

- **Safety**
  - Significant penetration or aspiration risk
  - Adverse cardio-respiratory events
    - apnea, bradycardia, increased work of breathing
  - Adverse mealtime events
    - coughing, choking, gagging, vomiting, discomfort, stress, fatigue, refusal
  - Adverse impact on caregiver-child relationship
    - stress, distrust, avoidance, neglect, risk of physical or psychological harm

- **Proficiency**
  - Delayed/ disordered feeding, eating and swallowing skills:
    - inadequate consumption of age-appropriate liquid and food textures
    - unable or difficulty using age-appropriate feeding utensils and devices
    - unable or difficulty self-feeding at age-appropriate level
    - unable or difficulty using age-appropriate mealtime seating
- **Efficiency**
  - Inefficient or insufficient oral intake:
    - prolonged mealtime duration
    - unable to consume calories necessary for optimal growth
    - unable to maintain hydration
  - Age-appropriate participation
    - requires more feeding assistance than age related peers
    - requires special feeding strategies to participate in mealtimes

Medical Necessity

Medical necessity and determination of medical necessity is a key component to accessing healthcare services and to receiving reimbursement for services rendered. In the United States, for example, federal law requires each state to provide medically necessary services defined as "necessary health care, diagnostic services, treatment, and other measures…to correct or ameliorate defects along with physical and mental illnesses and other conditions discovered by the screening services, whether or not such services are covered under the State plan." (https://www.nashp.org/medical-necessity/). While definitions of medical necessity vary state-by-state, all states require assessment documentation that clearly depicts the presence of medical necessity according to their specific definition. Other countries have their own definitions of medical necessity and it is recommended that each clinician familiarize themselves with the definitions within their country's healthcare system.

Clinical documentation must clearly define an individual's deficits and the level of support needed to establish functional performance of an activity during the assessment to establish medical necessity. Each provider is responsible for accurate documentation of services delivered, accurate coding of services rendered, and accurately outlining the child's ongoing needs (CPT in the United States) to ensure reimbursement and the client's ongoing access to service.

LEARN MORE

For information on US state specific definitions of medical necessity, visit:
https://www.nashp.org/medical-necessity/

Disability Risk: Applying the ICF to Documentation

Within the International Classification of Functioning, Disability and Health (ICF), a disability is an umbrella term covering impairment, activity limitation, and participation restriction. Assessment and accurate documentation of PFD impairment, functional limitations in feeding, eating and swallowing activities and consequential participation restrictions are critical to planning appropriate interventions to improve quality life. Clinical documentation should clearly articulate the rationale for providing service and the relationship of that service to functional outcomes measured by a change in the child's or family's abilities or participation capacity.

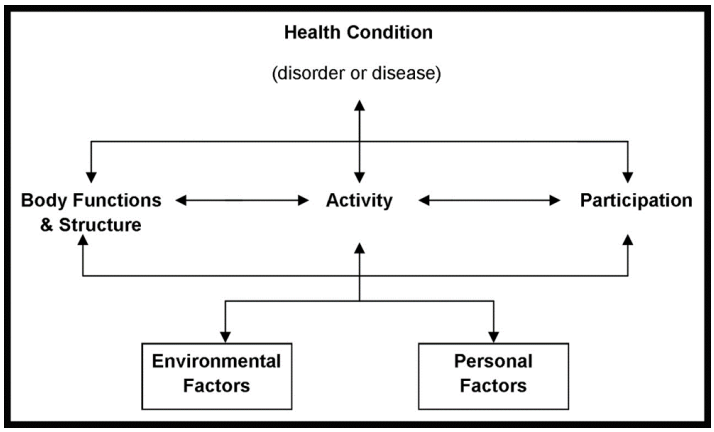


image taken from https://icfeducation.org/what-is-icf

Examples of participation improvement may include: ability to attend child care or school with age-related peers, participation or inclusion in food related social events, engagement in typical social relationships, employment opportunities, and participation in food related hobbies.

LEARN MORE

For more information on how to use the ICF, visit:
drafticfpracticalmanual.pdf (who.int)

feeding matters

CLINICAL SCENARIO

A 7-month-old infant is referred by her pediatrician. Her family became concerned over the past two months. Their child is not interested in solid foods and she turns her head when they try to feed her with a spoon. She drinks from her bottle well when semi asleep and the house is quiet. She eats every 2 hours from 10pm to 5am and may drink 3 to 5 ounces at each feed. She is in the 35th percentile for weight and 50th percentile for height on the CDC growth chart. Developmentally, she sits with assistance, drops objects after a few seconds of play, and smiles but does not yet babble. Her family is concerned she may stop growing.

Is this child at risk for PFD?

Yes, based on the results of the ICFQ 6 Question Screener (4 indicators), she is at risk for PFD and warrants further assessment from all four domains.

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

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

CLINICAL SCENARIO, CONTINUED

Is it PFD based on the diagnostic criteria?
Yes, this child is showing signs and symptoms of PFD in both the FEEDING SKILL and PSYCHOSOCIAL domains.

✓ Feeding skill
- Need for texture modification of liquid or food
- Use of modified feeding position or equipment
- **Use of modified feeding strategies**

The child's need to feed when semi asleep is concerning. This modified feeding strategy, often referred to as, "dream feeding", may emerge when feeding or eating results in negative physiological responses such as gastric pain or pharyngeal discomfort. The child's feeding skills should be assessed to determine if a skill delay or deficit is contributing to her need to dream feed.

✓ Psychosocial
- **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

When feeding or eating is difficult, the child or the caregiver may avoid engaging in mealtimes. Such avoidance may result in inappropriate management of a child's nutritional needs as the caregiver struggles to provide nourishment for their child. When psychosocial factors are present the child-caregiver relationship is at risk and further assessment is warranted.

Is the child at risk for dysfunction in any other domains if left untreated?
Yes, this child is showing risk of developing PFD dysfunction in the MEDICAL and NUTRITION domains.

CLINICAL SCENARIO, CONTINUED

- ✓ Nutrition: Unfortunately, the child is only able to eat when in a near-sleep state. As the feeding cycles shorten and family routines impede night feedings, the child is at risk of suboptimal caloric intake. She also may not progress to complementary foods thus reducing the nutritional diversity of her diet.

- ✓ Medical: Sound physiological well-being is directly influenced by the ability to obtain optimal nutrition and engage in pleasurable mealtimes. Poor feeding skills and psychosocial barriers to safe and nutritious eating may increase risk of disease or illness, slow growth, and impact overall medical well-being. A child's health may be at risk when their feeding skills are not developing and psychosocial barriers are present.

Which ICD-10 codes are applicable to this clinical scenario?
The feeding skill domain clinician (OT or SLP) is responsible for comprehensively assessing feeding skills and identifying performance deficits impacting function. Information collected during assessment indicates deficits in maintenance of the oral seal, suck strength, suck-swallow-breathe coordination, and suspected oropharyngeal coordination. The ICD-10 treating diagnosis is pediatric feeding disorder, acute R63.31. The practitioner also may code, if applicable, dysphagia, oral phase R13.11 and/or dysphagia, oropharyngeal phase R13.12. The order in which the codes are reported is at the discretion of the clinician. The clinician is encouraged to consider the primary focus of treatment when determining code order.

References

1. Goday PS, Huh SY, Silverman A, Lukens CT, Dodrill P, Cohen SS, Delaney AL, Feuling MB, Noel RJ, Gisel E, Kenzer A, Kessler DB, de Camargo OK, Browne J, Phalen JA. Pediatric feeding disorder: consensus definition and conceptual framework. JPGN 2019;68(1):124-129.

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5. Silverman AH, Kristoffer BS, Linn C, et al. Psychometric Properties of the Infant and Child Feeding Questionnaire. Journal of Pediatrics. 2020 August;223:81-86.e2. DOI: 10.1016/j.jpeds.2020.04.040

Resources

PFD ICD-10 Toolkit

When to Refer Infographic

ICFQ 6 Question Screener

PSYCHOMETRIC PROPERTIES OF THE INFANT AND CHILD FEEDING QUESTIONNAIRE

Alan H. Silverman PhD[1] Kristoffer S. Berlin PhD[2] Chris Linn BS[3] Jaclyn Pederson MS[3] Benjamin Schiedermayer MS[4] Julie Barkmeier-Kraemer PhD[4]

INTRODUCTION

- A child with a pediatric feeding disorder is characterized as not feeding in an expected manner and may have nutritional, medical, and/or psychosocial etiologies and/or sequelae.[1]
- Current estimates of pediatric feeding disorder prevalence range from 2% to 29% of children[2,3] (i.e., 478 000-8.7 million in the US).[4]
- Unidentified and untreated symptoms of pediatric feeding disorder worsen over time, leading to significant health and behavioral complications.[5]
- The aim of the present study was to complete psychometric comparison of responses to the ICFQ from caregivers of children with and without pediatric feeding disorder younger than 4 years of age.

METHODS

Participants

- Caregivers of children with and without pediatric feeding disorder (age: birth to 4-years) were recruited equally from university hospital–based outpatient clinics at the 2 participating institutions.
- Diagnosis of pediatric feeding disorder required that the child be evaluated and diagnosed with pediatric feeding disorder by an interdisciplinary team or physician with special training in feeding and nutrition.
- The no feeding problems group had no feeding difficulties and were recruited from community well-child clinics visits.

Instruments

- Demographic Questionnaire
- Infant Child Feeding Questionnaire (ICFQ)

Procedures

- Participants from both groups completed the ICFQ.
- ICFQ summaries were printed and provided to the participants with a copy maintained by each site to confirm and validate data entries.

Statistical Analyses

- Probit regression was used to identify items from the ICFQ which differentiated group membership.
- Confirmatory factor analysis of the remaining items was conducted to ensure adequate psychometrics (unidimensionality, model fit, etc).
- To create a screening measure from these items, predictor items from the confirmatory factor analysis were summed and the area under the curve, sensitivity, and specificity statistics were calculated.
- To determine a clinical cutoff score the total number of independent screener items that were endorsed by respondents were considered to maximize sensitivity and specificity.

RESULTS

Identifying Screener Questions

- Responses of 989 caregivers (pediatric feeding disorders n = 331; no feeding problems n = 650) were obtained.
- The 11 items of the ICFQ and age were shown to explain 64% of variance for group membership.
- A subset of 6 items, along with child age, significantly distinguished group membership.
- Does your baby/child let you know when he/she is hungry?
- Do you think your baby/child eats enough?
- How long does it usually take to feed your baby/child? (Meal duration less than 5 minutes or greater than 30 minutes indicated problem)
- Do you often have to do anything special to help your baby/child eat?
- Does your child let you know when he/she is full?
- Based on the questions you have answered, do you have concerns about feeding your baby?
- Confirmatory factor analysis of these 6 suggested a good fit to a unidimensional (one factor) model: $\chi^2/df = 32.74/9$, $P < .01$; root mean square error of approximation (90% CI) = 0.048 (0.031-0.067), comparative fit index (CFI) = 0.99; standardized root mean square residual = 0.045.

PSYCHOMETRIC PROPERTIES OF THE INFANT AND CHILD FEEDING QUESTIONNAIRE

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RESULTS CONT'D

Finalizing Screener Questions

- To determine whether the sum of the 6 questions identified from the core questions could be used as a screening questionnaire, a second probit regression analysis was conducted using only the 6 core question items identified in the earlier step.
- The total score of these items predicted group membership explaining 60% of variance (SE = 0.25, P < .001).

Determination of Screener Clinical Score

- Sensitivity of the 6 screening items was maximized when any 1 of the 6 question items was endorsed. However, the specificity was reduced, increasing the odds of false-positive screenings.
- When endorsement of 2 items was defined as a clinical threshold, the sensitivity was acceptable, and specificity increased.
- Clinical thresholds defined by 3 or more question items reduced the sensitivity to an unacceptable level.

Sensitivity and specificity: Coordinates of the curve

Numbers of items endorsed	Sensitivity	Specificity
0	1.000	0
1	.910	0.738
2	.729	0.932
3	.539	0.974
4	.283	0.992
5	.100	0.995
6	.019	0.998
7	.000	1

DISCUSSION

- Although Primary Care Providers (PCPs) are best positioned to identify children with pediatric feeding disorder, they lack tools to reliably distinguish these from transient, minor feeding concerns.

DISCUSSION CONT'D

- Our results demonstrate that the questionnaire items of the ICFQ are psychometrically sound distinguishing children with pediatric feeding disorders from those without pediatric feeding disorder.
- This study demonstrated that 6 items of the original ICFQ may be used to develop a screening tool that shows similar discriminatory properties to the full ICFQ. When any 2 or more of the 6 screening questions are endorsed, the sensitivity (likelihood of detecting the greatest number of children with pediatric feeding disorder) in relation to the specificity (likelihood of detecting a true positive screening) are maximized.
- This may be a useful tool for healthcare providers who currently lack such clinical tools and may expedite the identification of individuals who have pediatric feeding disorder.
- Additional psychometric testing is needed to finalize the validity, reliability, and psychometric characteristics of the current screening tool items among clinical populations.

APPENDIX: DRAFT-SCREENING TOOL

INFANT & CHILD FEEDING AND SWALLOWING DISORDER SCREENING TOOL

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 often have to do anything special to help your baby (child) eat?	Yes	No
Does your child let you know when he is full?	Yes	No
Based on the questions you have answered, do you have concerns about feeding your baby?	Yes	No
Total Score		

Scores ≥ 2 are clinically significant

Fit Statistics: *X2/df = 32.74/ 9, p < 0.01; Root Mean Square Error of Approximation (90% C.I.) = 0.048 (0.031 to 0.067), CFI = 0.99; Standardized Root Mean Square Residual = 0.045xt*

REFERENCES

1. P.S. Goday, S.Y. Huh, A. Silverman, C.T. Lukens, P. Dodrill, S.S. Cohen, *et al.* **Pediatric feeding disorder: consensus definition and conceptual framework** J Pediatr Gastroenterol Nutr, 68 (2019), pp. 124-129
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THE INFANT AND CHILD FEEDING QUESTIONNAIRE SCREENING TOOL

Feeding Matters' innovative Infant and Child Feeding Questionnaire® (ICFQ©) was authored in partnership with internationally renowned thought leaders representing multiple disciplines related to feeding. The ICFQ© is an age specific tool designed to identify potential feeding concerns and facilitate discussion with all members of the child's healthcare team.

According to a seminal study published in the 2020 Journal of Pediatrics*, the ICFQ© has been shown to accurately identify and differentiate pediatric feeding disorder (PFD) from typical feeding development in children 0-4 years of age based on caregiver responses to 6 specific questions. This 6-question quick screener continues to undergo research as Feeding Matters strives to promote the early identification of PFD.

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	

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

Concerned? Take the full questionnaire:
feedingmatters.org/questionnaire

WHO IS FEEDING MATTERS

Feeding Matters, a 501c3 nonprofit, is the first organization in the world uniting families, healthcare professionals, and the broader community to improve the system of care for children with PFD through advocacy, education, support, and research. Use of this screener tool brings us one step closer to a world where children with PFD will thrive.

EARLY IDENTIFICATION

Expediting the identification of PFD may prevent the development of conditions that negatively impact a child's cognitive, physical, emotional and social development. Feeding is an intricate and complex skill that develops within a feeding relationship. Earlier detection and treatment of PFD also may reduce adverse effects on caregiver– child relationships. By completing the ICFQ© screening, children can be directed to appropriate specialists for more formal assessments and management. The first step in reducing the risk of increased symptom severity is identification.

CONTRIBUTING AUTHORS

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*Silverman AH, Kristoffer BS, Linn C, et al. Psychometric Properties of the Infant and Child Feeding Questionnaire. Journal of Pediatrics. 2020 August;223:81-86.e2. DOI: 10.1016/j.jpeds.2020.04.040.

feeding matters

WHEN TO REFER

INFANT SIGNS & SYMPTOMS OF PFD

Pediatric Feeding Disorder (PFD) is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

1Goday 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.

Infant and Child Feeding Questionnaire© (ICFQ) Screening Tool

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

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

Silverman AH, Kristoffer BS, Linn C, et al. Psychometric Properties of the Infant and Child Feeding Questionnaire. Journal of Pediatrics. 2020 August;223:81-86.e2. DOI: 10.1016/j.jpeds.2020.04.040

PFD ICD CODES

Published in 2022 ICD-10-CM

R63.31 Pediatric feeding disorder, acute
R63.32 Pediatric feeding disorder, chronic

INFANT SIGNS & SYMPTOMS OF PFD

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 (12 months or less of 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
- 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

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 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

Are signs of PFD present?
If yes, refer early and often for early identification of PFD.
Recommended Referrals:
❑ Medical ❑ Nutrition ❑ Feeding skill ❑ Psychosocial

feeding matters

WHEN TO REFER

CHILD SIGNS & SYMPTOMS OF PFD

Pediatric Feeding Disorder (PFD) is impaired oral intake that is not age-appropriate and is associated with medical, nutritional, feeding skill, and/or psychosocial dysfunction.

1Goday 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.

Infant and Child Feeding Questionnaire© (ICFQ) Screening Tool

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

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

Silverman AH, Kristoffer BS, Linn C, et al. Psychometric Properties of the Infant and Child Feeding Questionnaire. Journal of Pediatrics. 2020 August;223:81-86.e2. DOI: 10.1016/j.jpeds.2020.04.040

PFD ICD CODES

Published in 2022 ICD-10-CM

R63.31 Pediatric feeding disorder, acute
R63.32 Pediatric feeding disorder, chronic

CHILD SIGNS & SYMPTOMS OF PFD

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 (over 12 months of 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
- 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 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

Are signs of PFD present?
If yes, refer early and often for early identification of PFD.
Recommended Referrals:
❑ Medical ❑ Nutrition ❑ Feeding skill ❑ Psychosocial

feeding matters

4 WAYS to advance care for children with pediatric feeding disorder.

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

1. USE THE ICD-10 CODES

R63.31 PFD acute < 3 months
R63.32 PFD chronic ≥ than 3 months

2. CHANGE YOUR LANGUAGE

Diagnose, document, and define PFD. Simply put, call it PFD.

3. REFER TO THE FOUR DOMAINS

Medical, nutrition, feeding skill, and psychosocial domains

4. GET INVOLVED

Join the PFD Alliance at feedingmatters.org. Follow us @feedingmatters. Share the Toolkit by scanning the QR code to the right.

feedingmatters.org

feeding matters

FROM CONCERN TO CARE

CONCERN: You are concerned your child is not eating or drinking as they should. Mealtimes are a struggle for you and/or your child.

WHAT'S NEXT?

STEP ONE: *Take the Infant and Child Feeding Questionnaire© Screener to see if help may be needed.*

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

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

STEP TWO: *Schedule an appointment...and share the results of the ICFQ Screener. Ask, is it PFD? Talk with your doctor and share the ICD-10 codes for PFD.*

- *R63.31 Pediatric feeding disorder, acute*
- *R63.32 Pediatric feeding disorder, chronic*

STEP THREE: *Find treatment. Visit Feeding Matters' Provider Directory at feedingmatters.org/provider-directory to find qualified providers in your area. Ask for a referral to your state's Early Intervention Program if your child is less than 3 years of age.*

STEP FOUR: *Find support with Feeding Matters' Power of Two program at feedingmatters.org/family-support and connect with other families who understand PFD.*

feedingmatters.org