**For Immediate Release**

**Feeding Matters Announces Establishment of Diagnostic Codes for Pediatric Feeding Disorder   
by the U.S. Centers for Disease Control and Prevention***More than a symptom, pediatric feeding disorder now recognized as its own diagnosis*

**PHOENIX, Ariz. (October 6, 2021)** – [Feeding Matters](http://www.feedingmatters.org/), the first organization in the world dedicated to advancing the system of care for children with **Pediatric Feeding Disorder (**PFD), is pleased to announce that the U.S. Centers for Disease Control and Prevention (CDC) has established two stand-alone diagnosis codes for PFD in the [International Classification of Diseases (ICD)](https://www.cdc.gov/nchs/icd/icd10cm.htm) 2022 ICD-10-CM manual, released this month.

### The New ICD-10 Codes

These new codes were created by the National Center for Health Statistics (NCHS). This means that healthcare professionals can utilize the diagnostic term "pediatric feeding disorder" and the related [ICD-10 codes](https://www.aota.org/Advocacy-Policy/Federal-Reg-Affairs/ICD-10-Diagnosis-Coding.aspx) (R63.31- Pediatric feeding disorder, acute and R63.32- Pediatric feeding disorder, chronic).

ICD-10 codes are used by providers to explain diagnoses (and the care provided) to insurance companies. They promote common, precise terminology to advance clinical practice, research and healthcare policy, and these new diagnostic codes stand to improve communication and care for families, clinicians and caregivers navigating the world of PFD.

“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 — rather than be dismissed or treated as a symptom of a different problem,” said Shannon Goldwater, Feeding Matters Founder and Emeritus Board Member. “Over the past 15 years, Feeding Matters has galvanized thousands of families, caregivers, clinicians and supporters from within many fields of healthcare to formally define, largely transform and positively impact the field. Establishing stand-alone diagnostic codes for PFD in the World Health Organization’s US-ICD-CM manual is a critical systematic change. It allows physicians to diagnose the condition and track outcomes, which will provide a better understanding of this complex condition and its prevalence. Simply put, this means a brighter future, better care, better reimbursement, and better outcomes for the families of infants and children with PFD,” concluded Goldwater.

### Benefits to Children and their Families

PFD afflicts more than 1 in 37 children under the age of 5 in the U.S. each year. It affects neurotypical children and those with developmental disabilities, irrespective of gender, race, or socio-economic status. Medically speaking, PFD is defined as impaired oral intake that is not age-appropriate, and is associated with medical, nutritional, feeding skill and/or psychosocial dysfunction.

[For many children with PFD](https://www.feedingmatters.org/power-of-a-diagnosis-PFD-stories/), eating is an agonizing physical and emotional experience, which can eventually lead to a refusal to eat and subsequently, malnutrition. A child with PFD may need a specific medically prescribed formula for survival. Without a recognized diagnosis, families often struggle to get insurance companies to help cover associated costs. Recognition of pediatric feeding disorder and judicial reimbursement practices are instrumental in improving health outcomes.

In short, these new ICD-10 codes provide a way for medical providers and insurance companies to communicate about this diagnosis, translating into better, more affordable care for anyone navigating PFD.

The economic burden of PFD on families is immense. [Feeding Matters’ 2019 Economic Impact Study](https://www.feedingmatters.org/wp-content/uploads/2020/08/Economic-Impact-White-Paper.pdf) captured the broad costs (e.g., medicines, supplies, expert childcare, specialized education, travel to appointments, lost time and wages) that insured families incur when caring for a child with PFD, and found the average lifetime total lost income is $125,645. But this figure tells only part of the story. What it cannot measure are the emotions tied to this economic burden.

Despite its impact, PFD remains a largely unknown, misunderstood and invisible disorder.

“The CDC officially approving Pediatric Feeding Disorder (PFD) as a stand-alone diagnostic code (R code) in the 2022 edition of the International Classification of Disease (ICD) has global relevance to anyone who has, knows, cares for or has proximity to a child,” said Jaclyn Pederson,chief executive officer of Feeding Matters. “Given that PFD has been shown to be more prevalent than many well-known childhood conditions such as cerebral palsy and autism, impacted families are extremely common. Thankfully, the system will no longer have to take a wait-and-see approach while many infants and children suffer in pain and their parents struggle under the extreme financial burden of inconsistent insurance contributions.”

For families desperate to feed their child(ren), these codes will provide a more defined avenue toward getting the care they need across various specialties with more accurate and predictable insurance coverage. Perhaps even more importantly to struggling families, this means validation. Their child’s struggle now has a name recognized by the medical community. In the past, the child’s behaviors may have been attributed to parenting style or environmental factors. A medical diagnosis validates PFD as a true medical condition, opening the lines of communication between the family, their provider(s), and the community-at-large.

### Impact on Providers

For healthcare professionals in feeding, this means credibility. PFD has finally become a recognized condition rather than a symptom that is seen as transient. The ICD-10 code will allow physicians to diagnose the condition, clinicians the ability to use the diagnosis to justify feeding therapy, and enable families to utilize services associated with the diagnosis.

**“**The current prevalence of PFD in children under the age of 5 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.”

With the new diagnostic codes in place, providers and patients alike will need continued support. [Feeding Matters](http://www.feedingmatters.org/) will be focusing on encouraging PFD screening and diagnosis standards, working with partners to educate providers about the new code, expanding access to feeding treatments in development, and collaborating with stakeholders to develop improved epidemiological tracking and analysis of disease patterns and treatment outcomes. For resources on using the new ICD-10 code, visit [feedingmatters.org/toolkit](http://feedingmatters.org/toolkit). Concerned parties are also invited to take the free online [Infant Child Feeding Questionnaire©](http://questionnaire.feedingmatters.org/questionnaire) and to talk to their pediatrician about their concerns. Families can also visit [Feeding Matters](http://www.feedingmatters.org/) for support on their journey.

The complete article, “[**Pediatric Feeding Disorder: A Nationwide Prevalence Study,**](https://www.jpeds.com/article/S0022-3476(20)30904-5/fulltext)” is available online at [www.jpeds.com](http://www.jpeds.com). See the paper for a full list of authors and disclosures. **Doi: 10.1016/j.jpeds.2020.07.047**

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***Citation and References***

*1 Bass, N.H., & Morrell, R. M. (1992). The neurology of swallowing. Dysphagia: Diagnosis and Management, 3, 7-35.*

*2 Manikam R, & Perman J.A. (2000). Pediatric feeding disorders. Journal of Clinical Gastroenterology, 30(1), 34–46.*

*3 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. (2019) Pediatric feeding disorder: consensus definition and conceptual framework. Journal*

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**About Feeding Matters**

For kids with pediatric feeding disorder (PFD), every bite of food can be painful, scary, or simply impossible to swallow, potentially impeding nutrition, development, growth, and overall well-being. Yet, there is no functional system of care for PFD locally, nationally, or internationally. That’s why Feeding Matters is dedicated to creating a world where children with pediatric feeding disorder thrive. Established in 2006, Feeding Matters is the first organization in the world uniting the concerns of families with the field’s leading advocates, experts, and allied healthcare professionals to ignite unprecedented change to the system of care through advocacy, education, support, and research – including a stand-alone diagnosis, the International Pediatric Feeding Disorder Conference, and the Infant and Child Feeding Questionnaire. In 2019, Feeding Matters reached more than 140,000 individuals in 50 states and 143 countries through their programs and website. To learn more about pediatric feeding disorder, visit [feedingmatters.org](http://www.feedingmatters.org) or follow us on Facebook, Instagram and YouTube at [@FeedingMatters](http://www.twitter.com/feedingmatters).

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