



November 6, 2019

ICD-10-CM Coordination and Maintenance Committee  
Attention: Cheryl Bullock, RHIA  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, MD 20782

RE: Pediatric Feeding Disorder (PFD)

Dear Committee Members:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the request for a new code to describe *pediatric feeding disorder* (PFD), which was presented at the September 11, 2019, meeting of the ICD-10-CM Coordination and Maintenance Committee.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

This letter includes ASHA's comments in support of new diagnosis coding for PFD, as well as recommendations regarding placement of PFD in the ICD-10-CM code set and revisions to the proposed code to improve specificity.

**ASHA supports the request from the American Academy of Pediatrics (AAP) to add the diagnosis of PFD to the ICD-10-CM code set.** Inclusion of PFD will allow health care providers to integrate medical, nutritional, feeding skill, and/or psychosocial dysfunctions into a single, unified diagnosis. As noted by the AAP in its request, the unified diagnosis of PFD will "...enable practitioners and researchers to better characterize the needs of heterogeneous patient populations, facilitate inclusion of all relevant disciplines in treatment planning, and allow the health care team to use the common, precise terminology necessary to advance clinical practice and research."

**However, ASHA strongly disagrees with the proposed placement of PFD within the F98 series of codes**, which describe behavioral and emotional disorders occurring in childhood and adolescence. Although a behavioral/emotional/psychosocial disorder may contribute to a diagnosis of PFD, placement in the F98 series ignores the other three domains that can also underlie PFD—medical, nutritional, and feeding skill—and will prevent interdisciplinary reporting of the code. **Instead, ASHA recommends placement of PFD in Chapter 18 Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R00-R99).** Chapter 18 is not limited to any single body system and is a more appropriate fit for the diagnosis of PFD, which often involves dysfunctions across multiple domains. Additionally, a feeding problem is often the presenting *symptom* that initiates interdisciplinary evaluation of one or more of the four underlying domains that may lead to identification of additional problems requiring intervention.

**ASHA also disagrees with a singular code for PFD and recommends separating PFD into two ICD-10-CM codes to describe *acute PFD (less than 3 months' duration) and chronic PFD (3 months' duration or more)*.** It is important to distinguish between acute and chronic PFD because they are distinct conditions that often differ in their underlying etiology and treatment outcomes. This recommendation aligns with AAP's description of PFD and will allow clinicians to report PFD to the highest degree of specificity—a foundational principle of ICD-10-CM coding.

Based on the considerations outlined above, ASHA recommends the following changes to the R63 category, in the order in which they occur in the proposed tabular modification.

- Remove *malnutrition (E40-E46)* from the Excludes1 note for R63 because malnutrition may co-occur with PFD.
- Create a new subcategory of R63.3 and delete the Excludes1 note because P92.1 and F98.2- may underlie PFD.
- Add a new code for *unspecified feeding difficulties*.
- Add two new codes for *acute PFD* and *chronic PFD*. Add inclusion term *pediatric feeding dysfunction* to each code to provide other terminology familiar to clinicians.
- Include *code also* notes with each code to direct clinicians to include additional diagnoses that may co-occur with or underlie PFD, when applicable. We have listed a few examples, but this list should be considered illustrative, as there are too many conditions to include all relevant diagnoses.
- Add a new code for *other feeding difficulties* to capture the current inclusion terms for R63.3.

### Proposed Tabular Modification

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#### R63 Symptoms and signs concerning food and fluid intake

	Excludes1: bulimia NOS (F50.2)
	eating disorders of nonorganic origin (F50.-)
Delete	malnutrition (E40-E46)
New subcategory	<b>R63.3 Feeding difficulties</b>
	Feeding problem (elderly) (infant) NOS
	Picky eater
Delete	Excludes1: feeding problems of newborn (P92.-)
Delete	infant feeding disorder of nonorganic origin (F98.2-)
New code	<b>R63.30 Feeding difficulties, unspecified</b>
New code	<b>R63.31 Pediatric feeding disorder, acute (less than 3 months' duration)</b>
Add	Pediatric feeding dysfunction, acute
Add	<b>Code also</b> , if applicable, the associated medical, physical, nutritional, and/or psychosocial condition(s) that contribute(s) to the pediatric feeding disorder, such as

aspiration pneumonia, dysphagia, malnutrition, acquired brain injury, or cardiorespiratory compromise.

New code                      **R63.32 Pediatric feeding disorder, chronic (3 months' duration or more)**

Add                              Pediatric feeding dysfunction, chronic

Add                              **Code also**, if applicable, the associated medical, physical, nutritional, and/or psychosocial condition(s) that contribute(s) to the pediatric feeding dysfunction, such as recurrent aspiration pneumonia, dysphagia, malnutrition, oral motor delay, food aversion, or gastro-esophageal reflux disease.

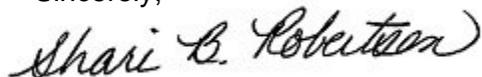
New code                      **R63.39 Other feeding difficulties**

Add                              Feeding problem (elderly) (infant) NOS

Add                              Picky eater

Thank you for the opportunity to provide comments on the recommendation to add *pediatric feeding disorder* to the ICD-10-CM code set. If you or your staff have any questions, please contact Neela Swanson, ASHA's director of health care policy for coding and reimbursement, at [nswanson@asha.org](mailto:nswanson@asha.org).

Sincerely,



Shari B. Robertson, PhD, CCC-SLP  
2019 ASHA President