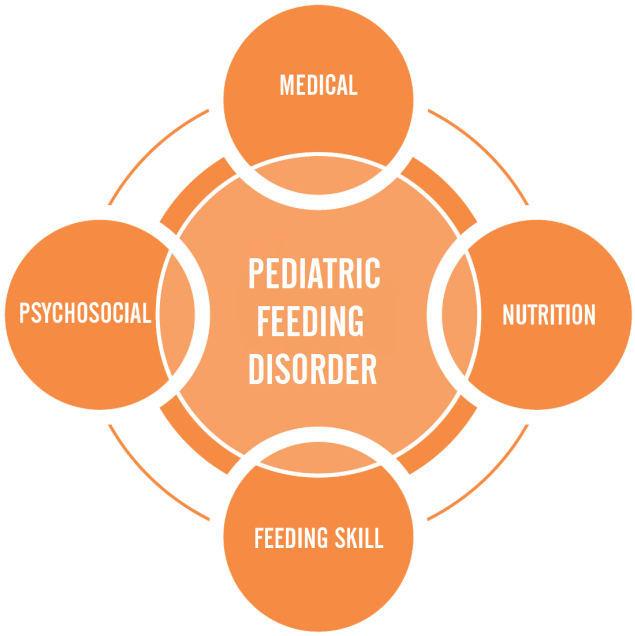
feeding matters

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.

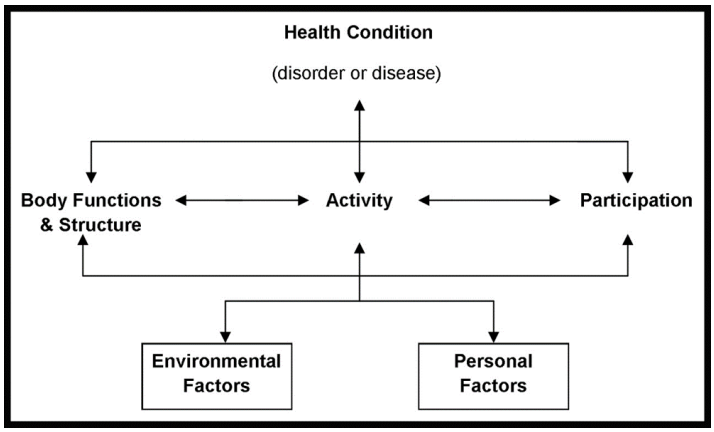


image taken from https://icfeducation.org/what-is-icf

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.

2. AOTA (2007) http://ajot.aota.org/
3. https://www.asha.org/Practice-Portal/Clinical-Topics/Pediatric-Dysphagia/
4. Barkmeier-Kraemer JM, Linn C, Thompson HL, et al. Preliminary Study of a Caregiver-based Infant and Child Feeding and Swallowing Screening Tool. J Pediatr Gastroenterol Nutr. 2017;64(6):979-983. doi:10.1097/MPG.0000000000001442
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