



May 18, 2020

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

RE: Abnormal Neonatal Screening and Pediatric Feeding Disorder (PFD)

Dear Committee Members:

On behalf of the American Speech-Language-Hearing Association, I write to offer comments on the revised proposals related to *abnormal neonatal screening* and *pediatric feeding disorder* (PFD), which were presented at the March 18, 2020, 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 211,000 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 abnormal findings on neonatal screening for hearing loss and for PFD. We also include recommendations regarding exclusionary notes for PFD to improve consistency within the R63 category for symptoms and signs concerning food and fluid intake.

Abnormal Neonatal Screening

ASHA supports the request from the American Academy of Pediatrics (AAP) to add the diagnosis of *abnormal findings on neonatal screening for neonatal hearing loss (P09.6)* to the ICD-10-CM code set. All 50 states and the District of Columbia have Early Hearing Detection and Intervention (EHDI) laws or voluntary compliance programs for newborn hearing screening prior to hospital discharge.¹ Adding P09.6 will offer greater specificity than currently available for reporting abnormal hearing screenings in the neonatal population; thus, allowing more granular tracking of referred newborn hearing screenings and supporting justification for additional hearing testing.

Pediatric Feeding Disorder (PFD)

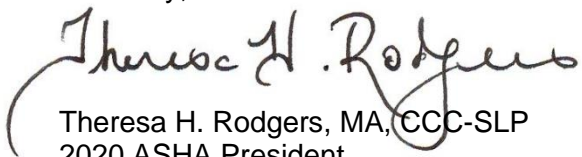
ASHA supports the revised request from the AAP to add new codes for the diagnosis of acute and chronic PFD in the ICD-10-CM code set. Including PFD will allow health care providers to integrate medical, nutritional, feeding skill, and/or psychosocial dysfunctions into a unified diagnosis. Further delineation of the diagnosis into acute and chronic PFD is also critical because they are distinct conditions that can differ in underlying etiology and treatment outcomes. This will allow clinicians to report PFD to the highest degree of specificity—a foundational principle of ICD-10-CM coding.

ASHA also strongly agrees with placement of PFD in R63 Symptoms and signs concerning fluid and food intake within 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 an appropriate fit for the diagnosis of PFD, which often involves dysfunctions across multiple domains. In addition, 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.

However, ASHA notes inconsistencies among the exclusionary and Code also text in the proposed tabular modification. Specifically, the *Excludes1* note at the R63 level lists *eating disorders of nonorganic origin (F50.-)* and *malnutrition (E40-E46)*. This is inconsistent with the current ICD-10-CM and contradicts the proposed *Excludes2* note for R63.3, as well as the proposed *Code also* notes for R63.31 and R63.32. However, the proposed notes are appropriate, as they describe conditions that can co-occur with or contribute to PFD. **As such, ASHA recommends the deletion of the Excludes1 note at the R63 level.** If this is not feasible, we request that the ICD-10-CM Committee work with the AAP, ASHA, and other stakeholders to find an alternative solution to the current inconsistencies that will allow clinicians to report associated conditions in conjunction with PFD. The ability to accurately report associated conditions is critical for providing a complete picture of the patient and ensuring they receive medically necessary interdisciplinary interventions.

Thank you for the opportunity to provide comments in support of the recommendations to add *abnormal neonatal screening for hearing loss* and *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.

Sincerely,



Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

¹ American Speech-Language-Hearing Association. (n.d.). *Early Hearing Detection and Intervention (EHDI)*. Retrieved from <https://www.asha.org/Advocacy/federal/Early-Hearing-Detection-and-Intervention/>.