

# Hearing Screening

## CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

### C&TC Requirements

#### General

Hearing risk assessment is required at all C&TC visits up to three years of age or until pure tone audiometry can be performed. A review of newborn hearing screen results is required at the initial newborn C&TC visit.

Standardized pure tone audiometry is recommended at three years and required starting at four and at ages indicated on the [C&TC Schedule of Age-Related Screening Standards \(dhs.state.mn.us\)](https://dhs.state.mn.us).

#### Personnel

Trained clinic personnel may perform hearing screening. A licensed health care provider must interpret risk assessment and screening results and ensure appropriate follow-up: physician, nurse practitioner, physician assistant, or registered or public health nurse (RN, PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

#### Documentation

Document normal and abnormal findings, risk factors, and results. Document the reason if pure tone audiometry is not performed at ages four years and older.

For documentation examples, refer to the [C&TC Provider Documentation Forms \(mn.gov/dhs\)](https://mn.gov/dhs).

### Procedure

Refer to the [Hearing Screening Training Manual \(health.state.mn.us\)](https://health.state.mn.us) for detailed hearing screening procedures, including PASS, Rescreen, and REFER criteria.

#### Newborn Hearing Screening Review and Risk Assessment

Review results of the newborn hearing screen and report follow-up results to the MDH Early Hearing Detection and Intervention Program using the [Newborn Hearing Screening Outpatient Follow-Up Report Form \(health.state.mn.us\)](https://health.state.mn.us).

Perform a risk assessment to identify a child's risk for hearing loss using the [Child and Family Hearing History and JCIH Risk Assessment \(health.state.mn.us\)](https://health.state.mn.us).

#### Pure Tone Audiometry Procedure

Screen at 500 Hz at 25 dB and 1000, 2000, 4000 Hz at 20 dB for ages three through 10, add 6000 Hz at 20 dB for ages 11 and older.

Use otoacoustic emissions (OAE) screening for children under three and as an alternative for children three to five who cannot perform pure tone audiometry. Perform an [Environmental Noise Level Check \(health.state.mn.us\)](https://health.state.mn.us) before screening a room that has not been checked recently. Annual calibration of audiometers is key for accurate and reliable results.

## Importance of Hearing Screening

Nationally, 1.8 in 1000 infants screened in 2017 were diagnosed with hearing loss. In school-age children, the prevalence increased to 3.65 in 1000 (Joint Committee on Infant Hearing, 2019). By late adolescence, 3-5% of youth have hearing loss > 25dB (Barret, 2017).

## Professional Recommendations

### American Academy of Pediatrics

Pure tone audiometry screening is recommended beginning at four years (American Academy of Pediatrics, 2022).

## Minnesota Mandates

Newborn Hearing Screening is mandated by [Minnesota Statute § 144.966 \(revisor.mn.gov\)](#) and [\(Minnesota Statute §144.125-128 \(revisor.mn.gov\)\)](#).

[Minnesota Statute §121A.17 \(revisor.mn.gov\)](#) requires hearing screening once between ages three and five, prior to public school kindergarten.

## Resources

### Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards \(dhs.state.mn.us\)](#)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section \(dhs.state.mn.us\)](#)

### Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\) \(www.health.state.mn.us\)](#)
- [Minnesota Early Hearing Detection and Intervention \(health.state.mn.us\)](#)

## Other Resources

- [Early Childhood Hearing Screening \(infanthearing.org\)](#)
- [Joint Committee on Infant Hearing \(jcih.org\)](#)
- [Teens on Noise-Induced Hearing Loss \(cdc.gov\)](#)

## References

- American Academy of Pediatrics. (2022). *Recommendations for Preventive Pediatric Health Care*. Retrieved from [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)
- Barret, T. W. (2017). Trends in Hearing Loss Among Adolescents. *Pediatrics*, 140(6), 1-7. doi:10.1542/peds.2017-0619
- Joint Committee on Infant Hearing. (2019). Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Journal of Early Hearing Detection and Intervention*, 4(2), 1-44. doi:10.15142/fptk-b748

## For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 or email [health.childteencheckups@state.mn.us](mailto:health.childteencheckups@state.mn.us).

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