Division of Newborn Screening and Genetics (DNSG)
Instructions for Audiologists on Diagnostic Evaluations

Introduction
Since 2009, the Infant Hearing Education, Assessment, Reporting and Referral (IHEARR) Act requires all newborns to be screened for hearing loss, unless the parent refuses. The DNSG seeks to assure that all newborns are screened for hearing loss within one month of age, are diagnosed within three months of age, and receive prescribed treatment or intervention services within six months of age, as recommended by the Joint Committee on Infant Hearing. If a newborn’s hearing loss is not found and treated, the child may:

- Be slow in learning to speak or use sign language;
- Have problems learning at school; and
- Suffer from social and emotional problems.

Timing of diagnostic evaluation

- A baby who has been referred following an in-patient or out-patient hearing screening should be scheduled for a diagnostic evaluation as soon as possible but no later than 3 months of age.

Audiologist Role

- Complete a comprehensive case history which should include information regarding overall health and development, parental/caregiver concerns, family history of congenital hearing loss, and risk indicators for hearing loss.
- Complete a comprehensive audiologic evaluation.
- Report test results (including unsuccessful testing and no-shows) to the child’s primary care physician (PCP) and to the DNSG. Reporting guidance can be found later in this document.
- Make a referral to Early Intervention (EI) for children with permanent hearing loss and report date of referral to the DNSG.
- Provide parents with information about hearing loss, communication options, and education options.

For babies diagnosed with hearing loss:

- Provide family support and help coordinate care after diagnosis.
- Provide family with education and information both verbally and in writing. The following topics and should be included:
  - Communication methods
  - Education
  - Hearing technology
• Initiate a referral to EI while the family is still present unless the family refuses, even if exact configuration or degree of loss is still unknown. An EI referral can be made through the CONNECT helpline at 1-800-692-7288 or by completing the EI Referral Fax Form. For more information, visit http://www.paearlyhearing.org/early-intervention.

• Refer the family to Hands & Voices Guide By Your Side for family support services at 1-800-360-7282, ext. 3908.

• Refer baby to appropriate specialist if recommended.

• Provide diagnostic evaluation results and recommendations to the PCP.
  o Recommend the PCP’s medical evaluation includes:
    ▪ Family and medical history
    ▪ Medical clearance for aids
    ▪ Monitoring of middle ear status
    ▪ Surveillance of developmental milestones
    ▪ Referral for audiologic monitoring for progressive hearing loss
  o Recommend the PCP makes referrals as necessary:
    ▪ Otolaryngologist – comprehensive evaluation and medical clearance for hearing technology
    ▪ Medical geneticist – family history and testing to assist with determining etiology of hearing loss. Possible counseling of parents and other family members if hearing loss has genetic cause
    ▪ Pediatric ophthalmologist – examination to ensure visual acuity necessary for lip reading skills and visual forms of communication
    ▪ Cardiologist – examination in cases of severe-to-profound bilateral sensorineural hearing loss to rule out underlying long QT syndrome or known syndromes that include hearing loss and cardiac defects

• Complete a hearing technology evaluation

Reporting Requirements

• All diagnostic evaluation results, including information on no shows and unsuccessful testing, for children from birth to age five, must be reported to the DNSG.
• All results must be submitted within ten days of the evaluation.
• Audiologists should report the diagnostic evaluation results and EI referral information to the DNSG using Pennsylvania’s Internet Case Management System (iCMS). Please contact the DNSG at 717-783-8143 for more information on iCMS access.
• The child’s PCP should be notified of the diagnostic evaluation results, including information when a child was a no show or was not successfully tested.

Helpful Resources:
• PA Early Hearing Detection and Intervention Program:  
  http://www.paearlyhearing.org/

• PA Department of Health Newborn Hearing Screening and Intervention Program:  
  https://www.health.pa.gov/topics/programs/Newborn-Screening/Pages/Hearing.aspx

• Early Hearing Detection & Intervention - Pediatric Audiology Links to Services (EHDI-PALS):  
  http://ehdipals.org

• PA Early Intervention Resources for Professionals:  
  https://www.education.pa.gov/Early%20Learning/Early%20Intervention/Pages/Resources-for-Professionals.aspx

• PA Guide by Your Side Informational Brochure and Referral:  
  https://www.pattan.net/getmedia/c414f5fa-4caf-4a43-82ea-2487622c50d0/GuidebySideRack0917