

**3.42            STANDARDS FOR INFANT HEARING SCREENING SERVICES****3.42.2        OUTPATIENT INFANT HEARING SCREENING PROVIDER****A.        Definition**

An Outpatient Infant Hearing Screening Provider shall be capable of providing the initial and follow-up hearing screening included as part of the California Newborn Hearing Screening Program (NHSP) for infants up to one year of age. These services shall be provided to:

1.        Infants who require a hearing screen after having referred on the inpatient hospital screening; or
2.        Infants who were discharged before receiving a newborn hearing screening.

**B.        General Requirements and Procedures for Approval**

1.        The Outpatient Infant Hearing Screening Provider shall be:
  - a.        A CCS-approved and NHSP certified general acute care hospital (on an outpatient basis) in which the services are under the supervision of a CCS-approved (“paneled”) audiologist, a CCS-approved pediatrician, a CCS-approved otolaryngologist, or a CCS-approved family practice physician; or
  - b.        An NHSP certified general acute care hospital (on an outpatient basis) in which the services are under the supervision of a CCS-approved or board certified neonatologist, pediatrician, or otolaryngologist with admitting privileges to the hospital, or a CCS-approved audiologist or an audiologist with training and experience equivalent to that required for CCS approval\*; or
  - c.        A CCS-approved Type A, B or C Communication Disorder Center (as per Chapter 3.40); or
  - d.        A CCS-approved audiologist, a CCS-approved pediatrician, a CCS-approved otolaryngologist, or a CCS-approved family practice physician providing services in his or her own office.
  - e.        If the provider is also an NHSP certified Inpatient Infant Hearing Screening Provider, the outpatient screening program may be under the supervision of the designated director of the inpatient hearing screening program.
2.        The Outpatient Infant Hearing Screening Provider shall be enrolled in the Medi-Cal program.

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3. A provider wishing to participate in the NHSP shall submit an application to:  
  
California Department of Health Care Services  
Children's Medical Services Branch  
Hearing & Audiology Services Unit  
MS 8102  
P.O. Box 997413  
Sacramento, CA 95899-7413
4. A separate application shall be submitted for each physical location at which services will be provided.
5. A provider that meets the requirements identified in these standards, by a review of the application, a site visit, or both, shall be certified as an Outpatient Infant Hearing Screening Provider.
6. Change in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to Children's Medical Services (CMS) Branch, or its designee, within one week of the change in a format to be specified by the California Department of Health Care Services (DHCS). Updates of all other professional and screening staff shall be submitted to CMS, or its designee, on an annual basis.
7. Providers shall be subject to re-evaluation at no less than two-year intervals, or more often, if indicated.

C. Requirements of Participation

1. Staff

- a. Infant hearing screening services shall be performed by an audiologist, physician, registered nurse or by an appropriately trained individual working under the supervision of one of these health care professionals.
- b. Infant hearing screening services shall be performed by individuals meeting competency criteria established by the NHSP (Attachment A). Documentation of each individual's completed competency certification shall be maintained by the provider.

2. Facility and Equipment

- a. Infant hearing screening services for infants who refer in the well baby nursery shall be performed using automated FDA-approved otoacoustic emissions and/or auditory brainstem response screening equipment that detects a mild (30-40 dB) hearing loss in infants and newborns.

- b. **Facilities must ensure that infants who refer from automated auditory brainstem response are not rescreened with otoacoustic emissions.**
  - c. Infant hearing screening services for infants who refer in the Intensive Care Newborn Nursery (ICNN) shall be performed using automated FDA-approved auditory brainstem response screening equipment that detects a mild (30-40 dB) hearing loss in infants and newborns.
  - d. Use of screening equipment shall be in accordance with the manufacturer's protocols and stated norms.
  - e. The choice of equipment shall be reviewed by a CCS-approved audiologist or by an audiologist with equivalent training and experience\*, and reflect knowledge of professional peer-reviewed literature and current audiological practice. The provider shall submit, with the application, written confirmation from the manufacturer that the equipment meets the criteria in a. and c. above.
  - f. Equipment and all related components shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement of parts.
  - g. Disposable components of the equipment shall not be reused.
  - h. Services shall be performed in an environment which is quiet enough to allow measurement of valid responses from an infant being screened.
  - i. Facilities shall be in compliance with accessibility standards in the Americans with Disabilities Act.
  - j. Facilities shall be responsible for having translation services available for non-English speaking families.
3. Services
- a. The provider shall determine an infant's risk factors for congenital or acquired hearing loss.
  - b. The provider shall perform hearing screening in *both* ears using the appropriate equipment referenced in C.2.a. and c. above. Only auditory brainstem response screening shall be performed for all infants from the ICNN requiring initial or repeat screening.

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- c. If the infant is receiving an initial outpatient screening the provider shall re-screen the infant immediately following a refer result in one or both ears.
  - d. The provider shall inform families and provide written material regarding the results of the hearing screen, and discuss the need for subsequent evaluation and follow-up, if indicated. The provider shall use brochures developed by DHCS, or equivalent materials that have been approved by DHCS or its designee.
  - e. The provider shall include the results of the hearing screening in the infant's medical record.
  - f. Any infant with unilateral or bilateral atresia of the external auditory canal shall be referred to the CCS program for authorization of diagnostic services if the infant was not previously referred to CCS. These infants shall also be referred to the Early Start Program (1-866-505-9388).
4. Care Coordination/Referral
- a. The provider shall notify, in writing, the infant's primary care provider of the results of the hearing screening and the need for diagnostic evaluation, if indicated.
  - b. All patients who refer on an initial outpatient hearing screen or an outpatient rescreen shall be referred to the appropriate county CCS program for authorization of a diagnostic evaluation. The provider shall fax a completed CCS program application, completed CCS Request for Service form, and the hearing screening results to the appropriate county program. Simultaneously, the infant shall also be referred to a CCS-approved Type C Communication Disorder Center (or an equivalent facility approved by the infant's health plan or insurance). The referral shall be documented in the infant's medical record.
  - c. If a family does not present for a scheduled appointment, the provider shall make at least three documented attempts to contact the family. If the family cannot be reached or does not present for two appointments, the provider shall notify the Hearing Coordination Center in its geographic area.
5. Reporting Requirements
- Each provider shall submit to DHCS, or its designee, reports of the results of hearing screens performed on all infants as part of the NHSP, in a format specified by DHCS. This data shall be reported at least weekly.

6. Billing

- a. The Outpatient Infant Hearing Screening Provider shall submit claims for reimbursement to DHCS or its fiscal intermediary, using only the infant hearing screening codes identified in the NHSP Provider Manual, for services provided to Medi-Cal or CCS-eligible beneficiaries in a format specified by DHCS.
  
- b. All billing for infant hearing screening services shall conform to the requirements specified in the NHSP Provider Manual and in the Medi-Cal Provider Manual.

\*CCS Approval (“Paneling”) Requirements: Physicians must be licensed as a physician and surgeon by the Medical Board of California and certified by a member board of the American Board of Medical Specialties. Audiologists must be licensed by the California Speech/Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB) and have two years of professional clinical experience providing audiology services, one of which must have been with infants, children, and adolescents. The experience may include the supervised Required Professional Experience (RPE) required for licensure by the SLPAHADB as specific in Business and Professions Code, Section 2532.2(d).

**3.42.2 OUTPATIENT INFANT HEARING SCREENING PROVIDER Attachment A****COMPETENCY CRITERIA FOR ALL PERSONNEL PERFORMING  
NEWBORN HEARING SCREENING**

Outpatient Infant Hearing Screening Providers shall incorporate the following competency criteria into their evaluation and monitoring of individuals performing newborn hearing screening.

Individual skills shall include the ability to:

1. Prepare the environment to perform the hearing screening:
  - a. ensures appropriate test situation with regard to ambient noise.
2. Perform the hearing screening:
  - a. assesses infant for quiet state.
  - b. positions infant correctly.
  - c. appropriately places test equipment, such as probes, electrodes, and/or ear couplers on the infant.
  - d. operates hearing screening equipment accurately.
  - e. completes hearing screening with a valid test result.
  - f. removes and disposes of test items appropriately.
3. Perform infection control and risk management:
  - a. practices standard precautions.
  - b. washes hands before and after handling each infant.
  - c. cleans equipment and disposes of supplies per office policy and protocol after each use.
4. Collect and record test data following hearing screening:
  - a. enters/records infant information accurately.
  - b. collects and reports screening results according to office protocol.
5. Communicate knowledge of the Newborn Hearing Screening Program (NHSP) and hearing screening results.
  - a. explains importance of newborn hearing screening.
  - b. explains hearing screening procedure.
  - c. explains the meaning of pass or refer result of a hearing screening.
  - d. explains the referral process, if indicated.