

Hearing Screening

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

Review newborn hearing screen results at the initial visit. Hearing risk assessment is required at every visit up to 3 years of age. Hearing screening using pure tone audiometry is recommended at 3 years and required at 4 to 10-year visits and once at 11-14-, 15-17-, and 18-20-year visits.

C&TC standards

General

Hearing risk assessment is required at all C&TC visits up to 3 years of age or until pure tone audiometry can be performed. Providers must review newborn hearing screen results at the initial newborn C&TC visit.

Hearing screening using pure tone audiometry is recommended at 3 years and required starting at age 4 and at ages indicated on the [C&TC Schedule of Age-Related Screening Standards](#).

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 pass and refer/did not pass findings and risk factors. Document the reason if pure tone audiometry is not performed at ages 4 years and older.

Refer to the [C&TC Provider Documentation Forms](#) for documentation examples or to use as a template with your electronic medical record.

Procedure

Review of newborn hearing screening

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](#). Refer to [Medical Home – Primary Care Providers](#).

Risk assessment

Perform a risk assessment to identify a child's risk for hearing loss using the [Child and Family Hearing History and JCIH Risk Assessment](#).

Pure tone audiometry screening

Screen 500 Hz at 25 dB and 1000, 2000, and 4000 Hz at 20 dB for ages 3 through 10; add 6000 Hz at 20 dB for ages 11 and older.

Use otoacoustic emissions screening for children under 3 and as an alternative for children 3 to 5 who cannot perform pure tone audiometry.

If a room has not been checked recently, perform an [Environmental Noise Level Check](#) before screening. Annual calibration of audiometers is important for accurate and reliable results.

Refer to the [Hearing Screening Training Manual](#) for detailed hearing screening procedures, including PASS, Rescreen, and REFER criteria.

Referral and follow-up

The pure tone screening algorithm for clinics (page 28 of the [Hearing Screening Training Manual](#)) outlines recommended rescreening and referral guidelines. Prompt action and support yield optimal outcomes; the health care provider should actively facilitate follow-up testing and appropriate referrals (Bower, Reilly, Richerson, & Hect, 2023). Indicate a referral with the appropriate HIPAA-compliant referral code on the claim.

Importance of hearing screening

Nationally, 1.8 in 1,000 infants screened in 2020 were diagnosed with hearing loss (Centers for Disease Control and Prevention, 2024). This prevalence rises to 6 per 1,000 children with hearing loss by ages 3-17 years (Centers for Disease Control and Prevention, 2024).

Early identification, prompt referral and follow-up, and timely care and services can lead to better health and educational outcomes for children.

Professional recommendations

American Academy of Pediatrics

Pure tone audiometry screening is recommended beginning at 4 years (American Academy of Pediatrics, 2025).

Minnesota Mandates

Newborn hearing screening is mandated by [Minnesota Statute § 144.966](#) and [Minnesota Statute §144.125-128](#).

Resources

Minnesota Department of Human Services

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

Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\)](#)
- [Minnesota Early Hearing Detection and Intervention](#)

Other resources

- [Early Childhood Hearing Screening](#)
- [Joint Committee on Infant Hearing](#)

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.

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Resource links

- [C&TC Schedule of Age-Related Screening Standards](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)
(<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG>)
- [C&TC Provider Documentation Forms](https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources)
(<https://mn.gov/dhs/partners-and-providers/policies-procedures/minnesota-health-care-programs/provider/types/ctc-resources>)
- [Outpatient Screening: Before One Month](https://www.health.state.mn.us/people/childrenyouth/improveehdi/outpatient.html)
(<https://www.health.state.mn.us/people/childrenyouth/improveehdi/outpatient.html>)
- [Child and Family Hearing History and JCIH Risk Assessment](https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/hrhist/jcihraproc.pdf)
(<https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/hrhist/jcihraproc.pdf>)
- [Environmental Noise Level Check](https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/enviroannoiselvlchk.pdf)
(<https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/enviroannoiselvlchk.pdf>)
- [Hearing Screening Training Manual](https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/hrscreenmanual.pdf)
(<https://www.health.state.mn.us/docs/people/childrenyouth/ctc/hearingscreen/hrscreenmanual.pdf>)
- [Minnesota Statute § 144.966](https://www.revisor.mn.gov/statutes/?id=144.966)
(<https://www.revisor.mn.gov/statutes/?id=144.966>)
- [Minnesota Statute §144.125-128](https://www.revisor.mn.gov/statutes/?id=144.125)
(<https://www.revisor.mn.gov/statutes/?id=144.125>)

- [C&TC Schedule of Age-Related Screening Standards](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG)
(<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3379-ENG>)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_150092)
(www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_150092)
- [Child and Teen Checkups \(C&TC\)](http://www.health.state.mn.us/divs/cfh/program/ctc/index.cfm)
(www.health.state.mn.us/divs/cfh/program/ctc/index.cfm)
- [Minnesota Early Hearing Detection and Intervention](https://www.health.mn.gov/improveEhdi)
(<https://www.health.mn.gov/improveEhdi>)
- [Early Childhood Hearing Screening](http://www.infanthearing.org/earlychildhood/index.html)
(<http://www.infanthearing.org/earlychildhood/index.html>)
- [Joint Committee on Infant Hearing](http://www.jcih.org/)
(<http://www.jcih.org/>)

References

- American Academy of Pediatrics. (2025, February). *Recommendations for Preventive Pediatric Health Care*. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- Bower, C., Reilly, B. K., Richerson, J., & Hect, J. (2023). Hearing Assessment in Infants, Children, and Adolescents: Recommendations Beyond Neonatal Screening. *American Academy of Pediatrics*.
- Centers for Disease Control and Prevention. (2024, May 15). *Data and Statistics About Hearing Loss in Children*. Retrieved from Centers for Disease Control and Prevention: <https://www.cdc.gov/hearing-loss-children/data/>