

# Early Hearing Detection and Intervention (EHDI) Frequently Asked Question (FAQ) Guide for Pediatricians

The EHDI FAQ Guide, developed by the American Academy of Pediatrics (AAP) EHDI program, is an introductory resource for pediatricians serving families with children who are deaf or hard of hearing (D/HH). This resource provides important resources about the EHDI program in states, discusses how best to partner with families, and offers tips for billing and coding.



## How Can I Find Resources in My State?

### EHDI PROGRAM

Every state and territory in the United States has an EHDI program, collectively known as the “EHDI System”. You can learn more about the EHDI System at the [National Technical Resource Center website](#). EHDI program staff are responsible for creating, operating, and continuously improving a system of services that assures that:

- Every infant born receives a hearing screening by 1 month of age, receives a diagnostic evaluation before 3 months of age if the hearing screening showed differences in hearing thresholds, and those identified as D/HH are provided with timely and appropriate intervention services before 6 months of age (Joint Commission on Infant Hearing 1-3-6 guidelines).
- Every family of a D/HH infant receives culturally competent family support as desired.
- All newborns identified with hearing loss have a medical home.
- Effective newborn hearing screening tracking and data management systems are linked with other relevant public health information systems.
- Children who are D/HH receive early identification and appropriate early intervention services to achieve optimal linguistic, cognitive, and socioemotional outcomes.

### EHDI COORDINATOR

Every state and territory has at least one EHDI Coordinator. The EHDI Coordinator is the point of contact for the EHDI system in each state. The EHDI Coordinator is knowledgeable about each of the components of EHDI and how they work in your state including:

- Resources for newborn and early childhood hearing screening and diagnosis.
  - Where hearing screening is available in each community.
  - How to access local hearing screening resources.
  - How to identify local audiologists specializing in pediatric diagnosis, amplification, or cochlear implants.
- Early intervention services including language based services available in your state or territory and how to access those services or make referrals.
- Family to family support organizations such as: [American Society for Deaf Children](#), [Hands & Voices](#), [Parent to Parent USA](#), and [Family Voices](#).
- Advocacy organizations such as the [National Association of the Deaf](#)
- Follow-up to ensure that families move from hearing screening to diagnosis and early intervention.

## EHDI COORDINATOR *cont.*

Your EHDI state coordinator will also be your point of contact for [data](#) and best practices around hearing screening, diagnosis, and early intervention. Data on each stage of hearing screening, diagnosis and intervention are collected both at the state and national level through the Centers for Disease Control and Prevention (CDC). The EHDI Coordinator may also have data from community or hearing screening programs. EHDI outreach, education and advocacy should be aligned with a state-wide plan through the EHDI Coordinator. Coordination will ensure that a common message is reinforced as well as available resources are leveraged for maximum effectiveness. For more information on how to contact your EHDI state coordinator, please visit [NCHAM: State Contacts for Early Hearing Detection & Intervention \(infanthearing.org\)](#).

- The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) provide funding for the EHDI program. EHDI coordinators typically serve as program leads. Copies of most state grants can also be found at [NCHAM: State Grants \(infanthearing.org\)](#).
- **State Commissions for D/HH**  
While activities to support D/HH populations vary from state to state, many states have an agency such as a commission or state office for the D/HH, which oftentimes focus on advocacy efforts, information gathering and dissemination, referral services, state-wide planning, interpreting services, job placement and development. There are approximately 38 state agencies for the D/HH. Please visit [The National Association of State Agencies of the Deaf and Hard of Hearing](#) website to download the [roster of all USA state agencies](#).

## What is My Role in the Medical Home of Children Who Are D/HH?

All children identified as D/HH should have a medical home. The medical home coordinates and monitors assessment and support services aimed at supporting not only the child being D/HH, but also their overall development. As part of the medical home, pediatricians are an integral part of care coordination for families with children who are D/HH. Pediatricians are encouraged to connect with the AAP EHDI program for technical assistance on providing care for families with children who are D/HH.

- **EHDI CHAPTER CHAMPION PROGRAM**

The AAP EHDI program provides technical assistance, training, and education to support medical home implementation for families with children who are D/HH. The Chapter Champion program, an important component of the AAP EHDI program, partners closely with the AAP state chapters and the state EHDI program, to enhance pediatricians' knowledge of the EHDI 1-3-6 guidelines.

- Get connected with other Chapter Champions by contacting the AAP EHDI program at [aapehdi@aap.org](mailto:aapehdi@aap.org).

## Role in the Whole Development of the D/HH Child

Families often look to their pediatricians for advice in ensuring as healthy as possible outcomes for their child(ren). AAP encourages pediatricians to encourage families to follow the process in EHDI, and if the child is older than 3 years old, refer to audiologists with knowledge in working with D/HH children and local school districts. Pediatricians may also want to consider referring families to a state school for the deaf, if the state has one. Early language access is optimal to promote overall optimal development. Information shared with families should be accurate, comprehensive, up-to-date, and evidence-based to allow families to make important decisions for their children in a timely manner, including decisions with respect to the full range of assistive hearing technologies and communication modalities.

## Using Family-Centered Partnership with Families of Children Who are D/HH

Family-centered partnership is when the pediatrician provides care through a trusting, collaborative, working partnership with families, respecting their diversity, and recognizing they are the constant in a child's life. This page features "just in time" resources to support you in partnering with families who have children who are D/HH.

- [\*The Hands & Voices Family Leadership in Language & Learning Cooperative\*](#)
- [\*American Society for Deaf Children\*](#)
- [\*Bright Futures Promoting EHDI Implementation Tip Sheet\*](#)

This tip sheet will provide checklists and screening algorithms for the birth to 6-month period including the Bright Futures Newborn Hearing Screening Recommendations

## How Can I Properly Code Hearing-Related Services?

While coding for hearing screening is relatively straightforward, ensuring that appropriate payment is received for such services is a more complicated process. The AAP is committed to supporting members, providers, and coders with resources and tools designed to pay providers for services delivered, ultimately improving the quality of care for children.

### RESOURCES

- [\*AAP Hearing Screening Coding Fact Sheet\*](#)  
This Fact Sheet will provide you with a guide to coding for pediatric hearing screening.
- [\*Coding at the AAP\*](#)

### The AAP EHDI Program has 3 goals:

1. Every child receives appropriate and timely hearing screening, and when indicated, diagnostic evaluation following the EHDI guidelines.
2. Every child who is found to be D/HH receives comprehensive and coordinated care within the medical home model that maximizes development, language, and medical outcomes.
3. Pediatricians and health care teams caring for D/HH children within the medical home have access to up-to-date resources, guidelines, and strategies beginning from hearing screening and continuing through identification and intervention.



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