



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
LABORATORY SERVICES
630 HART LANE
NASHVILLE, TN 37243

To: All Providers of Newborn Screening Specimens

From: David L. Smalley, M.S.S, Ph.D., B.C.L.D. *DLS*
Director, Laboratory Services

Date: February 25, 2009

Subject: **Charge for Repeat/Unsatisfactory Specimens**

The Tennessee Newborn Screening Program began in 1968 with testing for Phenylketonuria (PKU). New tests have been added as treatment methods advanced and new test methods improved or developed. Currently, the program screens for over 50 disorders (see attachment) that can affect a newborn. The entire cost of the screening test and follow-up is funded by the \$75.00 fee collected. This program covers all newborns born in Tennessee and is administered through Department of Health (DOH) rules Chapter 1200-15-1 (attached).

Historically, the Newborn Screening Program has charged only for the first specimen submitted on an individual patient, regardless of subsequent repeat samples submitted on the same patient for retest. All unsatisfactory specimens are tested, even though the integrity of the specimen is in question. If a positive, or suspected positive, is found on an unsatisfactory specimen, results are communicated to the provider, so that treatment can be initiated. However, all unsatisfactory specimens are reported as unsatisfactory and must be repeated.

The Laboratory expends significant funds testing all specimens received. Due to the high number of unsatisfactory samples and specimens submitted for retest, we must begin charging for repeat sample testing. It is hoped that this will decrease our unsatisfactory specimen submissions. As prescribed in the DOH rules, the birth facility is responsible for submitting a satisfactory specimen on all newborns born in their facility.

Effective May 1, 2009, the birth facility will be charged a fee of \$75.00 for every newborn specimen submitted to the Laboratory for testing including specimens submitted for retest. This includes the following:

1. Specimens resubmitted for testing because the initial specimen or subsequent specimens are deemed unsatisfactory,

2. Specimens collected at a different site than the birth facility on an infant born at that birth facility because the first specimen was deemed unsatisfactory.
3. Specimens resubmitted for testing due to the initial collection at <24 hours,
4. Specimens resubmitted for testing on infants due to TPN/Lipid therapy,
5. Specimens resubmitted for testing due to the infant being transfused,

We will charge the submitting facility \$75.00 per specimen submitted for Galactose challenges or PKU monitoring.

We will not charge this fee if the any of the following applies:

1. Forms are submitted without blood to document the refusal of the parent for testing based on religious beliefs or in the death of a newborn prior to collection of a sample.
2. The Laboratory requests another specimen be resubmitted due to a prior abnormal result.
3. The Laboratory requests that another specimen be resubmitted due to a Laboratory accident.

Information on the proper collection of newborn screening specimens can be found at Laboratory Services' webpage, <http://health.state.tn.us/lab/directory.htm> and at the Department's Newborn Screening webpage, <http://health.state.tn.us/NBS/index.htm> .The Department has also developed a self-instructed practitioners cd-rom, "Let's Do it Right the First Time." This course for practitioners presents information about the disorders, techniques needed to collect blood specimens that are acceptable for the laboratory screening process, hearing screening information and the newborn screening follow up program's duties. There is no charge to Tennessee practitioners for the cd-rom course. For ordering information, contact the National Laboratory Training Network by email, anakay.yaghoubian@aphl.org , or call 240-485-2708 (9:00-5:00 Eastern).

As a reminder, authorized healthcare providers may use the Newborn Screening Voice Response System to access newborn screening results that have been reported. This allows pediatricians and other healthcare providers the ability to access the results of specimens taken in the birth hospital. It helps reduce the need to collect repeat newborn screening samples. The system provides newborn screening results 24 hours a day, 7 days a week. If you have not registered for this system, please contact Women's Health and Genetics at (615) 262-6304 for access information. You MUST have a valid Tennessee Physician License Number in order to gain access to the system.

If you have any questions, you may contact:

Newborn Screening Laboratory

Christine McKeever, 615-262-6352, Chris.McKeever@state.tn.us
Thomas Childs, 615-262-6446, Thomas.Childs@state.tn.us

Newborn Screening Follow-up Program

Mitzi Lamberth, 615-262-6304, Mitzi.Lamberth@state.tn.us.

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Analyte/Metabolite	Normal Values	Disorder(s) Related
Biotinidase	>11 ERU	Biotinidase
17-Hydroxyprogesterone	<1250 gmwt<135 ng/ml >1251 <1750 gmwt <90 ngml >1751 <2249 gmwt <65ng/ml >= 2250 gmwt <50 ng/ml	Congenital Adrenal Hyperplasia
Immunoreactive Trypsinogen	<100 ng/ml of blood < 8 days of age <70 ng/ml of blood > 7days of age	Cystic Fibrosis
Total Galactose GALT enzyme	< 15 mg/dL Normal Enzyme	Galactosemia
Thyroid Stimulating Hormone	<33uU/ml < 8 days of age <13uU/ml >7 days of age	Primary Congenital Hypothyroidism
Hemoglobin	FA, AF for an older baby	Sickle Cell Anemia and other Hemoglobinopathies
Amino Acid Disorders		
Arginine	Arg < 101 μmol/L	Argininemia (Arginase Deficiency)
Citrulline	Cit < 51 μmol/L	Citrullinemia Type I (Arginosuccinate Synthetase Deficiency) Citrullinemia Type II (Citrin Deficiency) Argininosuccinate Lyase Deficiency (Arginosuccinic Aciduria)
Cit/Arg Ratio	Cit/Arg < 5.00	Citrullinemia Type I (Arginosuccinate Synthetase Deficiency) Citrullinemia Type II (Citrin Deficiency) Argininosuccinate Lyase Deficiency (Arginosuccinic Aciduria)
Glycine	Gly < 1200 μmol/L	Nonketotic Hyperglycinemia
Methionine (non-derivitized)	Met < 96 μmol/L	Homocystinuria or variant forms of Hypermethioninemia
Ornithine	Orn < 345 μmol/L	Hyperornithinemia-Hyperammonemia-Homocitrullinuria (HHH) Hyperornithinemia with Gyral Atrophy
Orn/Cit Ratio	Orn/Cit < 26.8	Hyperornithinemia-Hyperammonemia-Homocitrullinuria (HHH) Hyperornithinemia with Gyral Atrophy
Phenylalanine	Phe < 132 μmol/L	Phenylketonuria Hyperphenylalaninemia due to: Phenylalanine Hydroxylase Deficiency GTP Cyclohydrolase I Deficiency Pterin-4-Alpha Carbinolamine Dehydratase Deficiency 6-Pyruboyltetrahydropterin Synthase Deficiency Defects of biopterin co factor biosynthesis Defects of biopterin co factor regeneration
Phe/Tyr Ratio	Phe/Tyr < 1.73	Phenylketonuria Hyperphenylalaninemia due to: Phenylalanine Hydroxylase Deficiency GTP Cyclohydrolase I Deficiency Pterin-4-Alpha Carbinolamine Dehydratase Deficiency 6-Pyruboyltetrahydropterin Synthase Deficiency Defects of biopterin co factor biosynthesis Defects of biopterin co factor regeneration
Tyrosine	Tyr < 359 μmol/L	Transient Tyrosinemia Tyrosinemia Types II and III
Valine	Val < 273 μmol/L	Maple Syrup Urine Disease Types IA, IB, II
Leucine	Leu < 320 μmol/L	Maple Syrup Urine Disease Types IA, IB, II
Organic Acid Disorders		
C3	C3 < 7.54 μmol/L	Propionic Acidemia Methylmalonic Acidemia due to: Methylmalonyl-CoA Mutase Deficiency Deficient Synthesis of 5-Prime Deoxyadenosylcobalamin Defects in the MMAA gene Methylmalonic Acidemia with B12 defect and Homocystinuria Multiple CoA Carboxylase Deficiency
C3-DC	C3-DC < 0.19 μmol/L	Malonic Aciduria (MA)
C4	C4 < 1.24 μmol/L	Isobutyryl CoA Dehydrogenase Deficiency (IBCD)

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C4-DC	C4-DC <1.84 $\mu\text{mol/L}$	Methylmalonic Acidemia due to: Methylmalonyl-CoA Mutase Deficiency Deficient Synthesis of 5-Prime Deoxyadenosylcobalamin Defects in the MMAA gene Methylmalonic Acidemia with B12 defect and Homocystinuria
C5	C5 < 0.81 $\mu\text{mol/L}$	Isovaleric Acidemia (IVA) 2 Methylbutyryl CoA Dehydrogenase Deficiency (2MBCD) 2 Methyl 3 Hydroxybutyric Aciduria (2M3HBA)
C5:1	C5:1 <0.07 $\mu\text{mol/L}$	2 Methyl 3 Hydroxybutyric Aciduria (2M3HBA)
C5-OH	C5-OH <0.86 $\mu\text{mol/L}$	Multiple CoA Carboxylase Deficiency 2 Methyl 3 Hydroxybutyric Aciduria (2M3HBA) 3 Hydroxy 3 Methylglutaryl CoA Lyase Deficiency (HMG) 3 Methyl Crotonyl CoA Carboxylase Deficiency (3 MCC) 3 Methylglutaconyl CoA Hydratase Deficiency (3MGA)
C5-DC	C5-DC <0.29 $\mu\text{mol/L}$	Glutaric Acidemia Type I (GAI)
C6-DC	C6-DC < 0.20 $\mu\text{mol/L}$	3 Hydroxy 3 Methylglutaryl CoA Lyase Deficiency (HMG)
Fatty Acid Disorders		
C0	C0 < 6.0 $\mu\text{mol/L}$	Carnitine Uptake Deficiency (CUD)
C0	C0 > 100 $\mu\text{mol/L}$	Carnitine Palmitoyl Transferase Deficiency Type I (CPT I)
C4	C4 < 1.24 $\mu\text{mol/L}$	Short Chain AcylCoA Dehydrogenase Deficiency (SCAD) Multiple AcylCoA Dehydrogenase Deficiency (MADD or GAI)
C5	C5<0.81 $\mu\text{mol/L}$	Multiple AcylCoA Dehydrogenase Deficiency (MADD or GAI)
C5:1	C5:1 <0.07 $\mu\text{mol/L}$	Mitochondrial Acetoacetyl CoA Thiolase (Beta Ketothiolase/SKAT) Deficiency
C5-OH	C5-OH <0.86 $\mu\text{mol/L}$	Mitochondrial Acetoacetyl CoA Thiolase (Beta Ketothiolase/SKAT) Deficiency
C5-DC	C5-DC <0.29 $\mu\text{mol/L}$	Multiple AcylCoA Dehydrogenase Deficiency (MADD or GAI)
C6	C6< 0.26 $\mu\text{mol/L}$	Medium Chain AcylCoA Dehydrogenase Deficiency (MCAD)
C8	C8< 0.46 $\mu\text{mol/L}$	Medium Chain AcylCoA Dehydrogenase Deficiency (MCAD)
C8/C10 Ratio	C8/C10 < 2.0	Medium Chain AcylCoA Dehydrogenase Deficiency (MCAD)
C10	C10 <0.41 $\mu\text{mol/L}$	Multiple AcylCoA Dehydrogenase Deficiency (MADD or GAI)
C10:1	C10:1 <0.35 $\mu\text{mol/L}$	Medium Chain AcylCoA Dehydrogenase Deficiency (MCAD)
C10:2	C10:2 < 0.10 $\mu\text{mol/L}$	2,4 Dienyl CoA Reductase Deficiency
C14	C14< 0.62 $\mu\text{mol/L}$	Very Long Chain AcylCoA Dehydrogenase Deficiency (VLCAD)
C14:1	C14:1 < 0.54 $\mu\text{mol/L}$	Very Long Chain AcylCoA Dehydrogenase Deficiency (VLCAD) Multiple AcylCoA Dehydrogenase Deficiency (MADD or GAI)
C14-OH	C14-OH < 0.11 $\mu\text{mol/L}$	Long Chain Hydroxyl AcylCoA Dehydrogenase Deficiency (LCHAD)
C16	C16 > 0.40	Carnitine Palmitoyl Transferase Deficiency Type I (CPT I)
C16	C16 < 8.35 $\mu\text{mol/L}$	Multiple AcylCoA Dehydrogenase Deficiency (MADD or GAI) Very Long Chain AcylCoA Dehydrogenase Deficiency (VLCAD) Long Chain Hydroxyl AcylCoA Dehydrogenase Deficiency (LCHAD) Trifunctional Protein Deficiency Carnitine/Acylcarnitine Translocase Deficiency (CACTD) Carnitine Palmitoyl Transferase Deficiency Type II
C16:1	C16:1 <0.68 $\mu\text{mol/L}$	Carnitine /Acylcarnitine Translocase Deficiency(CACTD) Carnitine Palmitoyl Transferase Deficiency Type II
C16-OH	C16-OH < 0.13 $\mu\text{mol/L}$	Long Chain Hydroxyl AcylCoA Dehydrogenase Deficiency (LCHAD) Trifunctional Protein Deficiency
C18	C18 < 2.0 $\mu\text{mol/L}$	Carnitine /Acylcarnitine Translocase Deficiency(CACTD) Carnitine Palmitoyl Transferase Deficiency Type II Long Chain Hydroxyl AcylCoA Dehydrogenase Deficiency (LCHAD) Trifunctional Protein Deficiency Very Long Chain AcylCoA Dehydrogenase Deficiency (VLCAD)
C18:1	C18:1 < 3.60 $\mu\text{mol/L}$	Carnitine /Acylcarnitine Translocase Deficiency(CACTD) Carnitine Palmitoyl Transferase Deficiency Type II
C18:2	C18:2 <2.10 $\mu\text{mol/L}$	Carnitine /Acylcarnitine Translocase Deficiency(CACTD) Carnitine Palmitoyl Transferase Deficiency Type II
C18:1-OH	C18:1-OH <0.08 $\mu\text{mol/L}$	Long Chain Hydroxyl AcylCoA Dehydrogenase Deficiency (LCHAD) Trifunctional Protein Deficiency

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
HEALTH SERVICES ADMINISTRATION
MATERNAL & CHILD HEALTH/NEWBORN SCREENING**

**CHAPTER 1200-15-1
PHENYLKETONURIA, HYPOTHYROIDISM AND OTHER
METABOLIC/GENETIC DEFECTS**

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1200-15-1-.01 TESTS. The Department of Health will designate the prescribed effective screening tests and examinations which will be performed on the blood samples submitted in accordance with 1200-15-1-.02 for the detection of metabolic/genetic disorders in newborns. Tests are to be conducted for Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium-Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health. Results of the Newborn Hearing Screening, if conducted, are to be submitted in conjunction with the blood sample procedure for the detection of disorders in accordance with 1200-15-1-.02.

- (1) Exemptions for religious beliefs. Nothing in this part shall be construed to require the testing of or medical treatment for the minor child of any person who shall file with the Department of Health a signed, written statement that such tests or medical treatment conflict with such person's religious tenets and practices, affirmed under penalties of perjury pursuant to T.C.A. 68-5-403. The newborn screening refusal form provided by the State should be completed and retained in the medical record for the period of time defined by the hospital or provider policy.
- (2) Failure to have a child tested for the genetic/metabolic disorders is a Class C misdemeanor. Reporting of hearing screening is not to be construed as mandatory testing, therefore, failure to have a child tested for hearing loss will not be considered a misdemeanor pursuant to T.C.A.68-5-404.

Authority: T.C.A. §§4-5-202, 68-5-401 et seq., and 68-5-501 et seq. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Amendment filed September 16, 1996; effective January 28, 1997. Repeal and new rule filed December 30, 1999; effective March 14, 2000. Repeal and new rule filed September 26, 2003; effective January 28, 2004.

1200-15-1-.02 INSTITUTIONS RESPONSIBLE FOR TESTS FOR NEWBORN INFANTS. The following persons or institutions shall be responsible for having tests made on newborn infants:

- (1) Every chief administrative officer of a hospital and the attending physician in each instance shall be responsible for submitting a specimen of blood to the State of Tennessee Laboratory, State Department of Health, in a manner as directed by the Department. This sample shall be collected before newborn infants are discharged from the nursery, regardless of age.
- (2) Every chief administrative officer of a hospital and the attending physician shall direct every parent, guardian, or custodian to bring the infant, if the infant was initially screened before twenty-four (24) hours of age, back to the hospital or to a physician or the nearest local health department to be re-

(Rule 1200-15-1-.02, continued)

screened for Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium-Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health, within twenty-four to forty-eight (24-48) hours after birth. In the case of a premature infant, an infant on parenteral feeding or any newborn treated for an illness, who is not discharged from the nursery in a timely manner, the sample should be collected not later than the infant's seventh (7th) day of age.

- (3) Any health care provider(s) of delivery services in a non-hospital setting shall be responsible for submitting a specimen of blood to the State of Tennessee Laboratory, or directing every parent, guardian, or custodian to bring the infant, between twenty-four to forty-eight (24-48) hours of age, to a hospital, physician or local health department to be screened for Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium-Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health.
- (4) Any parent, guardian, or custodian residing in Tennessee, of an infant born in Tennessee, outside a Tennessee health care facility and without the assistance of a health care provider, shall between twenty-four to forty-eight (24-48) hours of the birth of said infant present said infant to a physician or local health department for testing for the purpose of detecting Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium-Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health.
- (5) The original blood specimen shall be collected between twenty-four and forty-eight (24-48) hours of age. Repeat blood specimens shall be collected before two (2) weeks of age.
- (6) Every chief administrative officer of a hospital that performs physiologic newborn hearing screening shall be responsible for reporting the results of the newborn hearing screening test performed prior to discharge from the health care facility. Results of the hearing screening are to be reported to the Department of Health on the form designated for newborn screening blood spot collection or a similar form designated by the Department.

Authority: T.C.A. §§4-5-202, 68-5-401 et seq., and 68-5-501 et seq. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Amendment filed September 16, 1996; effective January 28, 1997. Repeal and new rule filed December 30, 1999; effective March 14, 2000. Repeal and new rule filed September 26, 2003; effective January 28, 2004.

1200-15-1-.03 METABOLIC/GENETIC NEWBORN SCREENING, PAMPHLET PROVIDED TO PARENTS.

The chief administrative officer of each hospital shall order the distribution of a pamphlet on Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium-Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health, to every parent, guardian or custodian of an infant screened for these conditions. The pamphlet, distributed by the Department of Health, educates and prepares the family for newborn testing on their infant. If an infant's screen was collected earlier than twenty-four (24) hours after birth and the patient is discharged home, the health care facility must review the information on the back of the pamphlet with the family, which requires them to present the infant to the hospital, physician or health department within 24-48 hours for a repeat screen. The pamphlet will have a perforated page that may be signed by the parent and placed in the medical record as documentation that the pamphlet was provided.

(Rule 1200-15-1-.03, continued)

Authority: T.C.A. §§4-5-202, 68-5-401 et. seq., and 68-5-501 et. seq. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Amendment filed September 16, 1996; effective January 28, 1997. Repeal and new rule filed December 30, 1999; effective March 14, 2000. Repeal and new rule filed September 26, 2003; effective January 28, 2004.

1200-15-1-.04 LOCAL HEALTH DEPARTMENTS MUST ASSIST THE DEPARTMENT OF HEALTH.

Each local health department shall assist the Department of Health in contacting all cases suspected of having Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium-Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health to confirm or disprove the presumptive screening results based on the prescribed effective tests and examinations designed to detect genetic disorders as determined by the Department of Health.

Authority: T.C.A. §§4-5-202, 68-5-401 et seq., and 68-5-501 et seq. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Amendment filed September 16, 1996; effective January 28, 1997. Repeal and new rule filed December 30, 1999; effective March 14, 2000. Repeal and new rule filed September 26, 2003; effective January 28, 2004.

1200-15-1-.05 FEE FOR TESTING.

- (1) Fee. A fee of seventy-five dollars and zero cents (\$75.00) shall be due and payable to the Department of Health for conducting any one or all of the following tests on a patient blood sample submitted to the Department for such testing: Biotinidase Deficiency, Congenital Adrenal Hyperplasia (CAH), Congenital Hypothyroidism, Galactosemia, Hemoglobinopathies, Homocystinuria, Maple Syrup Urine Disease (MSUD), Medium Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, Phenylketonuria (PKU), and other metabolic/genetic tests as designated by the Department of Health.
- (2) Procedure. The health care facility collecting the blood sample for the purpose of receiving any or all of the tests set forth in paragraph (1) shall be billed by the Department of Health State Laboratory.
- (3) Waiver. The fee shall be waived for patients who are unable to pay, based on information obtained at the time of admission to the health care facility, as determined by the health care provider.

Authority: T.C.A. §§4-5-202, 68-5-401 et. seq., and 68-5-501 et. seq. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Repeal and new rule filed December 30, 1999; effective March 14, 2000. Repeal and new rule filed September 26, 2003; effective January 28, 2004. Amendment filed August 9, 2007; effective December 28, 2007.

1200-15-1-.06 DEPARTMENT OF EDUCATION AND DEPARTMENT OF HEALTH RESPONSIBILITIES.

- (1) In compliance with the Individuals with Disabilities Education Act (IDEA) Child Find, the Tennessee Department of Health Newborn Hearing Screening program shall notify the Department of Education, IDEA Part C, Tennessee Early Intervention System (TEIS) of all newborns identified by hearing screening to be in need of further hearing testing.
- (2) The Department of Education, IDEA Part C, Tennessee Early Intervention System (TEIS), shall contact the health care provider and/or family of the newborn to determine if further hearing testing has been completed or if the family is in need of assistance to obtain further testing to determine if there is a hearing loss.

(Rule 1200-15-1-.06, continued)

- (3) The Department of Education, IDEA Part C, Tennessee Early Intervention System (TEIS) program shall report the results of follow-up to the Department of Health Newborn Hearing Screening program.
- (4) Reporting shall be coordinated with the Tennessee Early Intervention System (TEIS), Newborn Hearing Screening, and Children's Information Tennessee data systems. Tennessee Early Intervention System (TEIS) will submit follow-up data as outlined in policy developed in cooperation between the programs.

Authority: T.C.A. §§4-5-202, 68-5-401 et. seq., and 68-5-501 et. seq.. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Repeal filed December 30, 1999; effective March 14, 2000. New rule filed September 26, 2003; effective January 28, 2004.

1200-15-1-.07 REPEALED.

Authority: T.C.A. §§4-5-202, 53-626, 68-5-401 et. seq., and 68-5-501 et. seq.. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed September 1, 1982; effective October 1, 1982. Repeal filed December 30, 1999; effective March 14, 2000.