UTAH DEPARTMENT OF HEALTH
Early Hearing Detection and Intervention

Cytomegalovirus & Auditory Brainstem Response Testing Orders

****NOTE: NO ACTION REQUIRED BY PROVIDER, order has been placed****

Parent: Your baby did not pass their newborn hearing screening (NBHS) and Utah law requires lab testing be completed for a common virus, **Cytomegalovirus (CMV)**, which can be associated with hearing loss. CMV testing is painless requiring a urine sample (preferred) or a saliva sample. **A saliva sample should be obtained at least 2 hours after breastfeeding*. * It is vital that this CMV lab test is done **before your baby is 21 days of age**. **Your baby also requires a more detailed hearing test known as ABR (Auditory Brainstem Response), which should be scheduled as soon as possible**. Results of both the CMV and ABR tests will be reported to your primary care provider (PCP) and the State Early Hearing Detection and Intervention **(EHDI)** Program which is responsible for the newborn hearing screening and CMV test mandates.

Infant's Full Name: _____ Birthdate: _____
Mother's Full Name: _____ Phone #(s): _____
Primary Care Provider (PCP): _____ Location: _____
PCP Phone #: _____ PCP Fax #: _____
NBHS Facility: _____ Phone #: _____

****For patient-specific questions, contact NBHS facility****

1. *Diagnostic ABR Testing*

CPT code 92585 **Diagnosis Code H91.90 (neonatal hearing loss)**

ABR testing should include at least click and frequency-specific stimuli, bilaterally.

*ABR test date: _____ Location: _____

2. *CMV Qualitative PCR Lab Testing Order*

CPT code 87496* **Diagnosis Code H91.90 (neonatal hearing loss)**

***If unavailable, 87497 would be acceptable.**

****Urine is preferred method; if unable to obtain then attempt Saliva**** ***(blood NOT acceptable)***

Urine (bagged specimen)

Test name: **Cytomegalovirus by Qualitative PCR (CMVPCR)**
Specimen Collection: collect and submit 1 ml
Urine in sterile container, no preservative.
Stability of specimen: Ambient: 24 hrs; Refrigerated: 24 hrs; Frozen: 3 months
Reported: 1-3 days

Saliva (cheek swab with ORACollect OC-100 kits) **Should be obtained **2 hours** after breastfeeding**

Test name: **Cytomegalovirus by Qualitative PCR, Saliva (CMVPCR SAL)**
ARUP Test Code: **2008555** Intermountain Test Code: **CMVSLV**
Specimen Collection: Collect and submit saliva in ORACollect OC-100 kit
To obtain ORACollect OC-100 kits: **ARUP Client Services: 801-583-2787** **Intermountain Client Services: 801-507-2110**
Stability of specimen: Ambient: 7 days; Refrigerated: 7 days; Frozen: 3 months
Reported: 1-3 days

RESULTS MUST BE FAXED TO: PRIMARY CARE PROVIDER listed above & EHDI PROGRAM listed below.

FAX# 801-584-8492

ORDERING PHYSICIAN: John C. Nelson, MD, EHDI Medical Director _____

NPI #1073776787 LIC# 151881-1205

****QUESTIONS?? Please call 801-584-8215****

Revised: 9/5/2019