

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

Diagnosis Code H91.90 (neonatal hearing loss)

CPT code 92652; OAEs CPT code 92587; Tympanometry CPT code 92567

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**

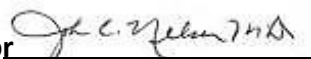
Stability of specimen: Ambient: 7 days; Refrigerated: 7 days; Frozen: 3 months

Reported: 1-3 days

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

FAX# 801-536-0492

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


NPI #1073776787 LIC# 151881-1205

****QUESTIONS?? Please call 801-273-6600****