Out-of-Hospital Births:

Referral and Testing For CONGENITAL Cytomegalovirus (CMV)



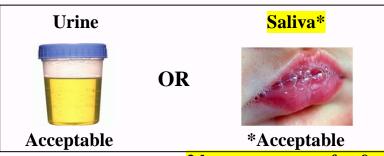
(801) 584-8215

1. Fax a CMV Testing Referral Form to the Primary Care Provider reporting an infant in your care needs CMV testing because they either failed two hearing screenings (both the initial and the re-screen) OR failed their first hearing screening at age 14 days or older

Fax Referrals for CMV testing look like this:



2. A sample will need to be collected **BEFORE** the infant is **21 days** old:



N V

NOT



Blood

2 hours or more after feeding

*Must use ORAcollect-100 kit available from ARUP supply #49295

3. The sample will need to be sent to the lab for <u>CMV PCR testing</u> with "CC: Utah Dept. of Health/CMV"

CPT code 87496 (Viracor-IBT is 87497) with ICD-9 code 389.8 (neonatal hearing loss)

4. When lab results are received, complete section 3 of Hearing Screening Form and fax results to UDOH CMV at (801) 584-8492.

| | | Date Faxed: (PHYSICIAN enter lab results below and fax to (801) 584-8492 | | | | | |
|---------------|--------|--|----------------------------|--|--------------------------|--|--|
| | | | | to Utah Department of 10 DAYS OF RECEIPT. | Health Early | | |
| | | | | | | | |
| Infant's Name | D.O.B. | Date of CMV Test | Urine (U) or Saliva (S) | RESULT: Detected (+) or Not Detected (-) | N/A: Family DECLINED* | | |

5. Give the parent a "Congenital CMV and Hearing Loss" brochure and a copy of this form to facilitate lab testing

