Utah Department of
Health & Human Services
Family Health

# Cytomegalovirus & Auditory Brainstem Response Testing Orders

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

Parent: Your baby failed 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 92652 Diagnosis Code H91.90 (neonatal hearing loss)
Diagnostic ABR testing should include BOTH 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 the preferred method; if unable to obtain then use Saliva** (Blood is 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 or 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.

ORDERING PHYSICIAN SBank
Stacey Bank (Jan 16, 2025 22:00 MST)
FAX# 801-536-0492

Stacey Bank, MD, Utah Department of Health and Human Services Executive Medical Director
NPI#1790797959 LIC# 5391997-1205

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

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