

MLS Laboratory Update:

OCTOBER 22, 2024

Purpose of this Message:

To inform MLS Laboratories that there will be changes to the newborn screening report to accommodate the addition of Duchenne muscular dystrophy (DMD) and guanidinoacetate methyltransferase (GAMT) deficiency in early 2025.

Action Item:

Read the notification and share with other laboratorians and clinical partners at your site.

Laboratory Specific Information:

- Changes will be made to the newborn screening report, Duchenne muscular dystrophy will be added as a new disorder/profile. GAMT will be added under the Amino Acid Profile.

Background:

The Minnesota Newborn Screening Program is on track to begin screening for Duchenne muscular dystrophy (DMD) and guanidinoacetate methyltransferase (GAMT) deficiency in early 2025. The addition of DMD and GAMT deficiency will not add to the cost of newborn screening specimen cards at this time. Early identification and treatment will have significant benefits for children with these serious conditions.

With this new addition, there will be changes to our newborn screening reports. Enclosed is a sample of what the new report will look like, including changes to the footnotes. Below are potential result outcomes that may be included on your patients' reports:

Disorder/Profile	Value	Result	Expected Range
Duchenne Muscular Dystrophy	Borderline	Borderline	Within Normal Limits
	Positive	Positive	Within Normal Limits
		Within Normal Limits	Within Normal Limits

	Unsatisfactory	Unsatisfactory	Within Normal Limits
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GAMT will be added to the Amino Acid Profile on the newborn screening report and will not be its own line in the grid. The only change is that asterisks will be added to “Acylcarnitine Profile” and “Amino Acid Profile” so it will look like “Acylcarnitine Profile**” and “Amino Acid Profile**” on every report.

Additional Information:

As a reminder, S3620 is a valid healthcare common procedure coding system (HCPCS) code for newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion in this panel. For repeat screens, report S3620 with the appropriate modifier for repeat services (-76, -77). This HCPCS code is provided as a resource to healthcare professionals. The final billing-related decisions must be made by the healthcare provider.

Please share this letter and its enclosure with the appropriate personnel within your hospital system. We hope you find this information helpful in your preparation, and we thank you for your continued support of newborn screening.

Questions: Please contact: Holly Winslow by email at holly.winslow@state.mn.us or phone at (651) 201-5464.

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****PLEASE FORWARD THIS TO ALL APPROPRIATE PERSONNEL WITHIN YOUR INSTITUTION AND HEALTH SYSTEM****

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Minnesota Laboratory System
 Minnesota Department of Health, Public Health Laboratory
 601 Robert St. N, St. Paul, MN 55164-0899
 651-201-5200
health.mnlabsystem@state.mn.us
www.health.state.mn.us/diseases/idlab/mls/index.html

To obtain this information in a different format, call: 651-201-5200.