Blue Cross Blue Shield of Oklahoma

DIAGNOSTIC LABORATORY OF OKLAHOMA

Folate testing

Policy number: CPCPLAB048 Version 1.0 | Plan Effective Date: November 7, 2025

CPT® Codes: 82746, 82747, 0399U

Condition or Test	May Be Reimbursable in the Following Situations	Frequency of Testing
Serum Folate Testing	Measurement of serum folate concentration may be reimbursable in any of the situations listed in the next 2 rows	For all indications not described in the 2 rows below
Megaloblastic or Macrocytic Anemia	For individuals with megaloblastic or macrocytic anemia	—
Bariatric Procedures	For individuals who have undergone, or for those who have been scheduled for, bariatric procedures, such as: 1. Roux-en Y gastric bypass, 2. sleeve gastrectomy or 3. biliopancreatic diversion/duodenal switch	
RBC Folate Testing	—	For all indications, measurement of red blood cell (RBC) folate is not reimbursable
Folate Receptor Autoantibody Testing	—	For all situations, folate receptor autoantibody testing is not reimbursable

To view the complete policy, please refer to the Blue Cross Blue Shield of Oklahoma policy document referenced below:
https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/cpcplab048-11-7-2025.pdf

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. DLO does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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