Folate Testing

Medical Mutual of Ohio

Policy Number AHS-G2154
Revision Date: 6/4/2025 | Effective Date:10/15/2025

CPT® / HCPCS Codes

82746 (Folic acid; serum) • 82747 (Folic acid; RBC) • 0399U (Neurology [cerebral folate deficiency], serum – detection of anti-human folate receptor IgG and blocking autoantibodies [FRAT®])

Indications and/or Limitations of Coverage

Testing	Description	Coverage Criteria
Serum Folate Testing	a) For individuals with megaloblastic or macrocytic anemia. b) For individuals who have undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion/duodenal switch.	☑ Meets coverage criteria[1]
All Other Indications (not described above)	Measurement of serum folate concentration for indications not described above.	☒ Does not meet coverage criteria
Red Blood Cell (RBC) Folate Testing	Measurement of RBC folate concentration.	☒ Does not meet coverage criteria
Folate Receptor Autoantibody Testing (FRAT®)	Testing for folate receptor autoantibodies (Folate Receptor Alpha).	☒ Does not meet coverage criteria (lack of published clinical utility)

Applicable State and Federal Regulations

[1]In case of conflict between this policy and a CMS or state Medicaid determination, the applicable government policy controls.
•For up-to-date Medicare information, refer to: https://www.cms.gov/medicare-coverage-database/search.aspx

To view the complete policy, please refer to the Medical Mutual website referenced below:
https://www.medmutual.com/-/media/MedMutual/Files/Providers/Laboratory-Management-Program-Policies-V2/Folate-Testing---G2154.pdf

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