Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Laboratory: Folate Testing

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Folate, or vitamin B9, is a generic term for a water-soluble vitamin obtained from the diet that is involved in the transfer of methyl groups (i.e., single carbon-containing groups) in multiple biochemical metabolic pathways, including nucleic acid biosynthesis and methionine/homocysteine metabolism. Folate metabolism is closely linked to vitamin B12, cobalamin. Folate deficiency can be implicated in many disease states and processes; however, it is usually easily remedied with either a change in diet or a dietary supplement of the synthetic form, folic acid.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

1. Measurement of serum folate concentration **MEETS COVERAGE CRITERIA** in any of the following situations:
   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.
2. For all indications not described above, measurement of serum folate concentration **DOES NOT MEET COVERAGE CRITERIA**.
3. For all indications, measurement of red blood cell (RBC) folate **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

4. For all situations, folate receptor autoantibody testing **DOES NOT MEET COVERAGE CRITERIA**.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
82746	Folic acid; serum
82747	Folic acid; RBC
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor IgG-binding antibody and blocking autoantibodies by enzyme-linked immunoassay (ELISA), qualitative, and blocking autoantibodies, using a

Code	Description
	functional blocking assay for IgG or IgM, quantitative, reported as positive or not detected Proprietary test: FRAT® (Folate Receptor Antibody Test) Lab/Manufacturer: Religen Inc.

Evidence-based Scientific References

1. NIH. Folate Dietary Supplement Fact Sheet. National Institutes of Health. Updated November 30, 2022. https://ods.od.nih.gov/factsheets/Folate-HealthProfessional/
2. Means Jr RT, Fairfield KM. Causes and pathophysiology of vitamin B12 and folate deficiencies. Updated october 2, 2025. https://www.uptodate.com/contents/causes-and-pathophysiology-of-vitamin-b12-and-folate-deficiencies
3. IOM. The National Academies Collection: Reports funded by National Institutes of Health. Dietary Reference Intakes for Thiamin, Riboflavin, Niacin, Vitamin B6, Folate, Vitamin B12, Pantothenic Acid, Biotin, and Choline. National Academies Press (US) National Academy of Sciences.; 1998.
4. Finer S, Saravanan P, Hitman G, Yajnik C. The role of the one-carbon cycle in the developmental origins of Type 2 diabetes and obesity. Diabetic Medicine. March 01, 2014 2013;31(3):263-272. doi:10.1111/dme.12390
5. Means Jr RT, Fairfield KM. Clinical manifestations and diagnosis of vitamin B12 and folate deficiency. Updated December 16, 2025. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-vitamin-b12-and-folate-deficiency
6. Imbard A, Benoist J-F, Blom HJ. Neural Tube Defects, Folic Acid and Methylation. International Journal of Environmental Research and Public Health. 2013;10(9):4352-4389. doi:10.3390/ijerph10094352
7. Rothenberg SP, da Costa MP, Sequeira JM, et al. Autoantibodies against Folate Receptors in Women with a Pregnancy Complicated by a Neural-Tube Defect. New England Journal of Medicine. January 08, 2004 2004;350(2):134-142. doi:10.1056/NEJMoa031145
8. Bibbins-Domingo K, Grossman DC, Curry SJ, et al. Folic Acid Supplementation for the Prevention of Neural Tube Defects: US Preventive Services Task Force Recommendation Statement. Jama. 2017;317(2):183-189. doi:10.1001/jama.2016.19438
9. Food Fortification Initiative. Global Progress. https://ffinetwork.org/global-progress/
10. CDC. Folic Acid: Facts for Clinicians. Updated May 20, 2025. https://www.cdc.gov/folic-acid/hcp/clinical-overview/index.html
11. Crider KS, Bailey LB, Berry RJ. Folic acid food fortification-its history, effect, concerns, and future directions. Nutrients. 2011;3(3):370-84. doi:10.3390/nu3030370
12. Sequeira JR, Vincent Quadros, Edward. The diagnostic utility of folate receptor autoantibodies in blood 2012;doi:10.1515/cclm-2012-0577
13. Fratnow. What is FRAT? https://www.fratnow.com/
14. Wu A, Chanarin I, Slavin G, Levi AJ. Folate Deficiency in the Alcoholic—its Relationship to Clinical and Haematological Abnormalities, Liver Disease and Folate Stores. British Journal of Haematology. March 01, 1975 1975;29(3):469-478. doi:10.1111/j.1365-2141.1975.tb01844.x
15. Galloway M, Rushworth L. Red cell or serum folate? Results from the National Pathology Alliance benchmarking review. Journal of clinical pathology. 2003;56(12):924-6. doi:10.1136/jcp.56.12.924
16. Shojania AM, von Kuster K. Ordering folate assays is no longer justified for investigation of anemias, in folic acid fortified countries. BMC Research Notes. 2010;3:22-22. doi:10.1186/1756-0500-3-22
17. Joelson DW, Fiebig EW, Wu AH. Diminished need for folate measurements among indigent populations in the post folic acid supplementation era. Archives of pathology & laboratory medicine. Mar 2007;131(3):477-80. doi:10.5858/2007-131-477-DNFFMA
18. Gregory IIIJF, Swendseid ME, Jacob RA. Urinary Excretion of Folate Catabolites Responds to Changes in Folate Intake More Slowly than Plasma Folate and Homocysteine Concentrations and Lymphocyte DNA Methylation in Postmenopausal Women. The Journal of Nutrition. 2000;130(12):2949-2952. doi:10.1093/jn/130.12.2949
19. Epstein-Peterson ZD, Li DG, Lavery JA, Barrow B, Chokshi I, Korenstein D. Inpatient folate testing at an academic cancer center: single-year experience. Support Care Cancer. January 03, 2020 2020;doi:10.1007/s00520-019-05267-1
20. Tran K, Mierzwinski-Urban M, Mahood Q. Folate Testing in People With Suspected Folate Deficiency. Canadian Journal of Health Technologies. 2022;2(3)doi:10.51731/cjht.2022.295
21. CDC. Folic Acid. Updated May 20, 2025 https://www.cdc.gov/folic-acid/about/
22. ASCP. ASCP News. Critical Values. 2017;11(1):34-39. doi:10.1093/crival/vax040
23. Gonzalez-Campoy JM, St Jeor ST, Castorino K, et al. Clinical practice guidelines for healthy eating for the prevention and treatment of metabolic and endocrine diseases in adults: cosponsored by the American Association of Clinical Endocrinologists/the American College of Endocrinology and the Obesity Society. Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. 2013;19 Suppl 3:1-82. doi:10.4158/ep13155.gl
24. Handelsman Y, Bloomgarden ZT, Grunberger G, et al. American association of clinical endocrinologists and american college of endocrinology - clinical practice guidelines for developing a diabetes mellitus comprehensive care plan - 2015.

Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. 2015;21 Suppl 1:1-87. doi:10.4158/ep15672.GI
25. Blonde L, Umpierrez GE, Reddy SS, et al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan-2022 Update. Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. 2022;28(10):923-1049. doi:10.1016/j.eprac.2022.08.002
26. Jellinger PS, Handelsman Y, Rosenblit PD, et al. American Association of Clinical Endocrinologists and American College of Endocrinology Guidelines for Management of Dyslipidemia and Prevention of Cardiovascular Disease. Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. Apr 2017;23(Suppl 2):1-87. doi:10.4158/ep171764.appgl
27. Mechanick JI, Apovian C, Brethauer S, et al. Clinical Practice Guidelines For The Perioperative Nutrition, Metabolic, And Nonsurgical Support Of Patients Undergoing Bariatric Procedures - 2019 Update: Cosponsored By American Association Of Clinical Endocrinologists/American College Of Endocrinology, The Obesity Society, American Society For Metabolic & Bariatric Surgery, Obesity Medicine Association, And American Society Of Anesthesiologists - Executive Summary. Endocrine practice : official journal of the American College of Endocrinology and the American Association of Clinical Endocrinologists. 2019;25(12):1346-1359. doi:10.4158/gl-2019-0406
28. Bladder cancer: diagnosis and management (National Institute for Health and Care Excellence) (2015).
29. NICE. Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years. Updated January 15, 2025. https://www.nice.org.uk/guidance/ng247/chapter/Recommendations
30. Kaferle J, Strzoda CE. Evaluation of macrocytosis. American family physician. 2009;79(3):203-8.
31. AAFP. Choosing Wisely Recommendations. American Academy of Family Physicians. https://www.aafp.org/pubs/afp/collections/choosing-wisely/350.html
32. Knopman DS, DeKosky ST, Cummings JL, et al. Practice parameter: diagnosis of dementia (an evidence-based review). Report of the Quality Standards Subcommittee of the American Academy of Neurology. Neurology. 2001;56(9):1143-53. doi:10.1212/WNL.56.9.1143
33. KDIGO. KDIGO 2026 Clinical Practice Guideline for the Management of Anemia in Chronic Kidney Disease (CKD). Kidney International. 2026;109(1):S1-S99. doi:10.1016/j.kint.2025.06.006
34. Choban P, Dickerson R, Malone A, Worthington P, Compher C. A.S.P.E.N. Clinical Guidelines: nutrition support of hospitalized adult patients with obesity. Journal of Parenteral and Enteral Nutrition. Novemeber 01, 2013 2013;37(6):714-744. doi:10.1177/0148607113499374
35. McClave SA, Taylor BE, Martindale RG, et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Adult Critically Ill Patient: Society of Critical Care Medicine (SCCM) and American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). JPEN J Parenter Enteral Nutr. 2016;40(2):159-211. doi:10.1177/0148607115621863
36. Compher C, Bingham AL, McCall M, et al. Guidelines for the provision of nutrition support therapy in the adult critically ill patient: The American Society for Parenteral and Enteral Nutrition. JPEN J Parenter Enteral Nutr. 2022;46(1):12-41. doi:10.1002/jpen.2267
37. Mehta NM, Skillman HE, Irving SY, et al. Guidelines for the Provision and Assessment of Nutrition Support Therapy in the Pediatric Critically Ill Patient: Society of Critical Care Medicine and American Society for Parenteral and Enteral Nutrition. Pediatr Crit Care Med. 2017;18(7):675-715. doi:10.1097/pcc.0000000000001134
38. Thompson KL, Elliott L, Fuchs-Tarlovsky V, Levin RM, Voss AC, Piemonte T. Oncology Evidence-Based Nutrition Practice Guideline for Adults. Journal of the Academy of Nutrition and Dietetics. 2017;117(2):297-310.e47. doi:10.1016/j.jand.2016.05.010
39. Dignass AU, Gasche C, Bettenworth D, et al. European consensus on the diagnosis and management of iron deficiency and anaemia in inflammatory bowel diseases. Journal of Crohn's & colitis. 2015;9(3):211-22. doi:10.1093/ecco-jcc/jju009
40. Rubio-Tapia A, Hill ID, Kelly CP, Calderwood AH, Murray JA. ACG clinical guidelines: diagnosis and management of celiac disease. The American journal of gastroenterology. 2013;108(5):656-76; quiz 677. doi:10.1038/ajg.2013.79
41. Rubio-Tapia A, Hill ID, Semrad C, et al. American College of Gastroenterology Guidelines Update: Diagnosis and Management of Celiac Disease. Official journal of the American College of Gastroenterology | ACG. 2023;118(1):59-76. doi:10.14309/ajg.0000000000002075
42. Devalia V, Hamilton MS, Molloy AM. Guidelines for the diagnosis and treatment of cobalamin and folate disorders. Br J Haematol. 2014;166(4):496-513. doi:10.1111/bjh.12959
43. Killick SB, Bown N, Cavenagh J, et al. Guidelines for the diagnosis and management of adult aplastic anaemia. Br J Haematol. 2016;172(2):187-207. doi:10.1111/bjh.13853
44. BCSH. Guidelines for the Investigation and Management of Vitamin B12 and Folate Deficiency. Updated April, 2018. https://www.hey.nhs.uk/wp/wp-content/uploads/2016/03/vitaminB12FolateDeficiency.pdf
45. Mikhail A, Brown C, Williams JA, et al. Renal association clinical practice guideline on Anaemia of Chronic Kidney Disease. BMC nephrology. 2017;18(1):345. doi:10.1186/s12882-017-0688-1
46. NCCN. NCCN Guidelines Myelodysplastic Syndromes. Updated January 12, 2026. https://www.nccn.org/professionals/physician_gls/pdf/mds.pdf

Publication History

08/01/2026: Annual policy review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.