BlueCross BlueShield of New Mexico

Reimbursement Policy

Policy Number: RPLAB048	**Policy Title:** Folate Testing
Approval Date: May 15, 2026	**Effective Date:** Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. Measurement of serum folate concentration **may be reimbursable** in **any** of the following situations:
    a. For individuals with megaloblastic anemia 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 **is not reimbursable.**

3. For all indications, measurement of red blood cell (RBC) folate **is not reimbursable.**

4. For all situations, folate receptor autoantibody testing **is not reimbursable.**

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
82746	ASSAY OF FOLIC ACID SERUM
82747	ASSAY OF FOLIC ACID RBC
0399U	NEURO CERE FOLATE DEFNCY SRM

References

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. No changes. References revised.
07/25/2025	11/07/2025; Document updated with literature review. The following changes were made to Reimbursement Information: #1 updated to allow serum folic acid testing for all types of anemia and for those who will or who have already undergone bariatric procedures. Now reads: Measurement of serum folate concentration may be reimbursable 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. Former #2 deleted due to this change. References revised.
10/30/2024	01/15/2025; Document updated with literature review. Reimbursement Information unchanged. References revised.
11/01/2023	Document updated with literature review. The following changes were made to Reimbursement Information: added #4: For all situations, folate receptor autoantibody testing is not reimbursable. Other revisions made for clarity. References revised.
11/1/2022	New policy