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