MetroPlus Health

Policy and Procedure

Title: Folic Acid Testing	**Division:** Medical Management Department: Utilization Management
Approval Date: 6/8/2020	**LOB:** Medicaid, HIV SNP, HARP, Medicare, CHP, Essential 3 & 4
Effective Date: 6/8/2020	**Policy Number:** UM-MP251
Review Date: 2/23/2024	**Cross Reference Number:**
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1. POLICY DESCRIPTION:

Folate is a water-soluble B vitamin essential for the synthesis of DNA and for converting homocysteine to methionine. Folate deficiency is causally linked with both neural tube defects and megaloblastic anemia. Low levels of folate are associated with cardiovascular disease, colon cancer, neuropathy, depression, hypercoagulability, and cognitive decline, though there is a paucity of evidence showing causation or risk reduction with folate supplementation. In patients with inadequate folate intake, the earliest sign is a decline in serum folate levels, followed by a fall in RBC folate levels. Only weeks later do macrocytosis, megaloblastic bone marrow, and finally anemia occur. Given that humans are unable to synthesize folate and are therefore dependent on dietary sources, those with inadequate intake or absorption are at risk of folate deficiency.

In hospitalized patients, the most common indication for folate testing is anemia, either with or without macrocytosis. Given that at least 10% to 15% of hospitalized patients are anemic, it is unsurprising that folate testing is frequently performed. Despite the link between folate deficiency and megaloblastic anemia, >85% of patients evaluated for folate deficiency have normocytic or microcytic anemia. In addition, a study found that 30% of all folate testing was performed not as part of an anemia workup but in the evaluation of other comorbidities (eg, dementia and altered mental status) that are not causally linked to folate deficiency.

2. RESPONSIBLE PARTIES:

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. DEFINITIONS:

Folate, or vitamin B9 - 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 is naturally found in foods as folate. Folic acid is the manmade version sold as supplements and added to fortified foods. Folate and folic acid have the same effects

Folate deficiency - nutritional deficits can occur due to diet,
alcoholism, depression, and even overcooked foods. Many malabsorptive disorders, such as celiac disease and ulcerative colitis, can also result in a decrease in folate uptake.

4. POLICY:

Under this policy, the use of reb blood cell folate test to measure folate levels is not medically necessary for any indications. A folic acid test measures the amount of folic acid in the blood. Folic acid is vitamin B-9, which is essential for the production of healthy red blood cells. These cells deliver oxygen to the entire body, so they're vital for maintaining overall health. Folic acid is also important for the normal development of a fetus. It helps with cell and tissue growth as well as the creation of DNA, which carries genetic information. This is why folic acid is particularly critical for women who are pregnant or who are planning to become pregnant. According to the Centers for Disease Control and Prevention (CDC), women should take 400 micrograms of folic acid every day, starting at least one month before getting pregnant. Taking extra folic acid during pregnancy can help prevent brain and spinal cord birth defects, such as spina bifida and a cleft lip or cleft palate.

Since 1998, when the U.S. and Canada mandated that foods with processed grains be fortified with folic acid, there has been a significant decline in the incidence of folate deficiency. For the rare patient suspected of having a folate deficiency, simply treating with folic acid, vitamin B9, is a more cost-effective approach than blood testing. While red blood cell folate levels have been used in the past as a surrogate for tissue folate levels or a marker for folate status over the lifetime of red blood cells, the result of this testing does not, in general, add to the clinical diagnosis or therapeutic plan.

Documentation Requirements:
This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

5. LIMITATIONS/ EXCLUSIONS:

In adults, consider folate supplementation instead of serum folate testing in patients with macrocytic anemia. With the mandatory fortification of foods (with processed grains), folic acid incidence of folate deficiency has decline dramatically. In rare cases of folate deficiency, simply treating with folic acid is a more cost-effective approach than blood testing.

The use of reb blood cell folate test to measure folate levels is not medically necessary for any indications. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

CPT code 82747 is non covered for any diagnosis.

6. APPLICABLE PROCEDURE CODES:

CPT code 82747 is non covered for any diagnosis.

CPT	Description
82747	Folic acid; RBC

Folic acid; serum (82746) is covered for up to 3-times per calendar year.
CPT code 82746 covered only with the applicable diagnosis codes in Section 7 and the following place of service (POS): 11, 12, 20, 22, 81.

CPT	Description
82746	Folic acid; serum

7. APPLICABLE DIAGNOSIS CODES:

ICD-10 Code	Description
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.2	Transcobalamin II deficiency
D51.3	Other dietary vitamin B12 deficiency anemia
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D52.0	Dietary folate deficiency anemia
D52.1	Drug-induced folate deficiency anemia

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ICD-10 Code	Description
D52.8	Other folate deficiency anemias
D52.9	Folate deficiency anemia, unspecified
D53.1	Other megaloblastic anemias, not elsewhere classified
D53.9	Nutritional anemia, unspecified
D69.6	Thrombocytopenia, unspecified
D81.818	Other biotin-dependent carboxylase deficiency
D81.819	Biotin-dependent carboxylase deficiency, unspecified
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E45	Retarded development following protein-calorie malnutrition
E46	Unspecified protein-calorie malnutrition
E53.8	Deficiency of other specified B group vitamins
E64.0	Sequelae of protein-calorie malnutrition
E72.10	Disorders of sulfur-bearing amino-acid metabolism, unspecified
E72.11	Homocystinuria
E72.12	Methylenetetrahydrofolate reductase deficiency
E72.19	Other disorders of sulfur-bearing amino-acid metabolism
F03.90	Unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.A0	Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B0	Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.B11	Unspecified dementia, moderate, with agitation

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ICD-10 Code	Description
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C0	Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety
F10.20	Alcohol dependence, uncomplicated
G25.70	Drug induced movement disorder, unspecified
G25.71	Drug induced akathisia
G25.79	Other drug induced movement disorders
G25.89	Other specified extrapyramidal and movement disorders
G25.9	Extrapyramidal and movement disorder, unspecified
G26	Extrapyramidal and movement disorders in diseases classified elsewhere
G30.0	Alzheimer's disease with early onset
G30.1	Alzheimer's disease with late onset
G30.8	Other Alzheimer's disease
G30.9	Alzheimer's disease, unspecified
G60.3	Idiopathic progressive neuropathy
G60.9	Hereditary and idiopathic neuropathy, unspecified
K14.0	Glossitis
K14.6	Glossodynia
K31.83	Achlorhydria
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding

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ICD-10 Code	Description
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication

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ICD-10 Code	Description
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.81	Whipple's disease
K90.821	Short bowel syndrome with colon in continuity
K90.822	Short bowel syndrome without colon in continuity
K90.829	Short bowel syndrome, unspecified
K90.83	Intestinal failure
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
R20.0	Anesthesia of skin
R20.1	Hypoesthesia of skin
R20.2	Paresthesia of skin

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ICD-10 Code	Description
R20.3	Hyperesthesia
R20.8	Other disturbances of skin sensation
R20.9	Unspecified disturbances of skin sensation
R26.0	Ataxic gait
R26.1	Paralytic gait
R26.81	Unsteadiness on feet
R26.89	Other abnormalities of gait and mobility
R26.9	Unspecified abnormalities of gait and mobility
R27.0	Ataxia, unspecified
R27.8	Other lack of coordination
R27.9	Unspecified lack of coordination
R41.1	Anterograde amnesia
R41.2	Retrograde amnesia
R41.3	Other amnesia
R41.82	Altered mental status, unspecified
R41.9	Unspecified symptoms and signs involving cognitive functions and awareness
R45.84	Anhedonia
Z51.11	Encounter for antineoplastic chemotherapy
Z79.3	Long term (current) use of hormonal contraceptives
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z86.39	Personal history of other endocrine, nutritional and metabolic disease
Z98.0	Intestinal bypass and anastomosis status
Z99.2	Dependence on renal dialysis

8. REFERENCES:

CMS Local Coverage Article: Billing and Coding: Assays for Vitamins and Metabolic Function (A56416)

CMS Local Coverage Determination (LCD): Assays for Vitamins and Metabolic Function (L34914)

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https://www.healthline.com/health/folic-acid-test

REVISION LOG:

REVISIONS	DATE
Creation date	4/28/20
Revised applicable LOBs	1/21/21
Update coding	3/5/21
Annual Review	2/28/22
Annual Review, updated list of ICD10 codes	4/4/23
Annual Review, updated list of ICD10 codes	2/23/24

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Chief Medical Officer

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, MetroPlus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and website links are accurate at time of publication. MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.