

Title: Folic Acid Testing	Division: Medical Management Department: Utilization Management
Approval Date: 6/8/2020	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 6/8/2020	Policy Number: UM-MP252
Review Date:	Cross Reference Number:
Retired Date:	Page 1 of 4

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.

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4. POLICY:

Under this policy, the use of red 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 red 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.

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6. REFERENCES:

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

REVISION LOG:

REVISIONS	DATE
Creation date	04/28/20

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Approved: <i>Bruce Sosler</i>	Date: 6/8/2020	Approved: 	Date:
Bruce Sosler, MD Clinical Medical Director		Sanjiv Shah, MD Chief Medical Officer	

Medical Guideline Disclaimer:

Property of Metro Plus Health Plan. All rights reserved. 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/or 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.