

AGA INSTITUTE

Position of the American Gastroenterological Association (AGA) Institute on Computed Tomographic Colonography

It is the position of the American Gastroenterological Association (AGA) Institute that gastroenterologists should be able to use and manage any technology that will enable them to deliver better patient care, even if that technology is computed tomographic (CT) colonography, a controversial imaging test that has divided some in the gastroenterological community. Although currently considered investigational for colorectal cancer screening, the AGA Institute recognizes that in the not-so-distant future, CT colonography could exert significant influence on how the field is defined.

Current Status

CT colonography has undergone intensive study and rapid evolution in the past 10 years. It has the potential to provide a relatively noninvasive diagnostic evaluation of the colon with good patient acceptability. Currently, peer-reviewed published data suggest that CT colonography is only indicated as a diagnostic tool for patients who have undergone incomplete colonoscopies for limited indications.

The Future

Gastroenterologists have the relevant expertise to interpret CT colonography, which has many theoretical advantages compared with traditional colonoscopy. However, a number of issues, including relative sensitivity, technological challenges, standardization of test performance, and cost and reimbursement issues, need to be addressed before CT colonography is broadly accepted as a viable alternative to conventional colonoscopy for colorectal cancer screening.

As the technology evolves, it is possible that CT colonography could become a feasible option for colorectal cancer screening. With this in mind, the AGA is looking to the future and working to ensure that gastroenterologists are able to perform and interpret CT colonography knowledgeably and be fairly compensated for their work.

Reimbursement

Currently, Medicare and many commercial payers require the use of codes 0066T (CT colonography, screening) and 0067T (CT colonography, diagnostic) to report this procedure. These category III Current Procedural Terminology (CPT) codes are not used for reimbursement; rather, they are temporary and used as tracking codes that enable physicians, insurers, researchers, and health policy experts to collect data on clinical efficacy, utilization, and outcomes of new technologies such as CT colonography. When physicians are reimbursed for performing CT colonography, it is commonly for incomplete colonoscopies due to an obstructing lesion, as supported by peer-reviewed literature.

The question presently confronting gastroenterology, radiology, oncology, and primary care is whether CT colonography now meets the criteria for a category I CPT code. For a category III tracking code to transition to a category I code, the clinical efficacy of the new technology should be well established by peer-reviewed study, approved by the Food and Drug Administration, and widely performed throughout the country. Payers are more apt to recognize these codes for reimbursement purposes once granted category I status.

Consistent with the AGA Institute's position that gastroenterologists should be able to use and manage any technology that enables them to deliver better patient care, the AGA Institute is advocating for a category I CPT code that can be used for reimbursement by gastroenterologists and other physicians who are not radiologists. At this time, the AGA Institute's support for a category I CPT code is only for diagnostic CT colonography, as described previously. However, as CT colonography evolves and is proven safe and effective for screening, the organization may well support additional reimbursement codes.

Training

With CT colonography on the horizon, it is important that gastroenterologists refine their understanding of CT technology and be able to knowledgeably interpret the studies. The AGA Institute is addressing training issues for fellows and for gastroenterologists already in practice.

The 4 gastroenterological specialty societies are collaborating on a revision to the gastroenterology training core curriculum. Reflecting the importance of proper training in this emerging technology, the AGA Institute has proposed language for the curriculum that recommends trainees gain familiarity with the detection of neoplasms of the colon during the performance of CT colonography. Trainees should be encouraged to consult with radiologists when interpreting studies, correlate findings with clinical presentation, and develop the ability to make appropriate management decisions based on the findings.

Further, the AGA Institute has convened a task force to develop training standards for gastroenterologists' performance of CT colonography. Among other things, the task force will establish the criteria that gastroenterologists should meet for CT colonography training, create a business model to guide AGA members who want to incorporate the technology into their practices, and hold a training course for gastroenterologists in 2007.

Summary

Guided by our principle that gastroenterologists should be able to use and manage any technology that can enable them to provide better patient care, the AGA Institute is taking a leadership role with CT colonography. With the best interest of patients in mind, we are taking concrete steps to monitor the evolution of this technology, create training standards for per-

formance of the test, and establish reimbursement codes for gastroenterologists.

Address requests for reprints to: AGA Institute Governing Board, AGA Institute, National Office, c/o Membership Department, 4930 Del Ray Avenue, Bethesda, Maryland 20814. Fax (301) 654-5920.