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Title: Formulate CPT Codes for Reaching and Taking Biopsies of Terminal Ileum

Introduced by: Sara Liter-Kuester, DO, for the St. Clair County Delegation

Original Author: Bassam Nasr, MD

Referred to: Reference Committee A

House Action: No Action.

Whereas, physicians are lauded for innovations and achieving quality, and

Whereas, various colonoscopy guidelines cite reaching cecum as one of the hallmarks of quality, and

Whereas, reaching the terminal ileum beyond cecum is difficult and operator dependent, and

Whereas, intubating and obtaining biopsies from the terminal ileum is the only way to diagnose certain inflammatory and neoplastic conditions, and

Whereas, intubating the terminal ileum may obviate the need to do expensive testing such as CT enterography or capsule endoscopy; therefore be it

RESOLVED: That our AMA formulate separate Current Procedural Terminology (CPT) codes for reaching the terminal ileum and biopsies during a colonoscopy; and be it further

RESOLVED: That our AMA lobby the Centers for Medicare and Medicaid Services (CMS) to approve appropriate remuneration should defined Current Procedural Terminology (CPT) codes be developed for reaching the terminal ileum and biopsies during a colonoscopy.

WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE