

## **IDSA Advocacy Delivers Significant Victory for ID in Proposed Medicare Fee Schedule**

The Centers for Medicare and Medicaid Services released its calendar year [2025 Medicare Physician Fee Schedule Proposed Rule](#) July 10, including a new “add-on” code for infectious diseases developed and advocated for by IDSA.

If approved, the proposed HCPCS add-on code would “describe the intensity and complexity inherent to hospital inpatient or observation care associated with a confirmed or suspected infectious disease performed by a physician with specialized training in infectious diseases.”

CMS says the new add-on code, HCPCS code GIDXX, could be appended to hospital and inpatient evaluation and management services to “describe service elements, including disease transmission risk assessment and mitigation, public health investigation, analysis, and testing, and complex antimicrobial therapy counseling and treatment.” The proposed relative value for the new code is 0.89. Under the proposed conversion factor, that translates to a \$28.80 boost to hospital and inpatient E/M services where the code is appended.

For years IDSA has advocated extensively to CMS and successfully urged bipartisan congressional representatives to make our case to CMS as well. The new add-on code reflects a similar proposal that IDSA proposed to CMS earlier this year to create a mechanism to more appropriately value complex ID services that are not adequately captured and valued in existing codes.

### **Advocacy Efforts to Continue for Inclusion in Final Rule**

This is one part of IDSA’s comprehensive efforts to improve ID compensation. IDSA will undertake significant advocacy to ensure the new add-on code is maintained in the final rule and will provide members with information on how to support these efforts through our [Member Advocacy Program](#). Once the new add-on code is finalized, IDSA will provide education to our members on how to utilize it.

### **2025 MPFS Conversion Factor**

The CY 2025 proposed PFS conversion factor is \$32.36, a decrease of approximately 2.8% from the CY 2024 PFS conversion factor of \$33.29. The stems from the following:

- The 0.00% update adjustment factor as established in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA);
- The expiration of the 2.93% increase provided by Congress for CY 2024 in the Consolidated Appropriations Act, 2024;
- A budget neutrality adjustment of 0.5% stemming from CMS’ proposals.

IDSA is reviewing the remaining policies in the proposed rule and will share a more thorough summary of notable provisions in the coming weeks. We will also provide a comprehensive comment letter to CMS. For more information, please see the following information from CMS: [press release](#), [physician fee schedule fact sheet](#), [QPP fact sheet](#), [guide on proposed and modified MVPs](#), and [shared savings program fact sheet](#).