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Feb. 27, 2024

Douglas Jacobs, MD, MPH
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Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Ryan Howe
Acting Director, Hospital Ambulatory and Policy Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Jacobs and Mr. Howe,

Thank you and your team for several recent discussions with the Infectious Diseases Society of America (IDSA) regarding ways to properly value infectious diseases (ID) physician services through the upcoming CY 2025 physician fee schedule.

We appreciate your time and consideration of the issues we have raised. As we have discussed, improved ID physician reimbursement is crucial to help boost recruitment to the field and ensure that all patients have access to ID care. In last year's match, only half of ID physician training programs filled, whereas most other specialties filled all or nearly all of their programs. Low reimbursement relative to other specialties is frequently cited as a barrier to entering ID. We are deeply appreciative of the opportunity to work with you to help build the ID workforce our nation needs.

In follow-up to our most recent discussion, *we are sharing draft code descriptors (attached) for infectious diseases complex prevention, infectious diseases complex investigation/diagnosis, complex antimicrobial therapy and infectious diseases complex care management. We are also sharing two draft code descriptors that refer more generally to complex care, to provide you with options that are not ID-specific: complex medication management and inpatient complex care management. The six code descriptors align with the six categories of activities routinely performed by ID physicians not adequately captured by current E/M codes, which we shared with you previously. **We strongly encourage you to include these new codes and/or add-on codes in the upcoming CY 2025 Medicare Physician Fee Schedule rulemaking.** Codes or add-on codes based on these descriptors will support direct patient care and do not*

include programmatic or administrative roles. The activities captured by these descriptors are central to ID physicians' ability to provide high quality care.

IDSA represents over 13,000 ID physicians who care for patients with a wide range of serious infectious diseases, including infections associated with transplants, cancer chemotherapy, medical devices and opioid use; infections caused by antibiotic-resistant pathogens; viral hepatitis; HIV; influenza; tick- and mosquito-borne infections; emerging infectious diseases; and many more. Securing the ID workforce and improving access to ID care are critical for pandemic preparedness and for the many areas of medicine that rely upon ID.

Thank you for considering our request, and we look forward to a favorable outcome in the forthcoming proposed rule. Should you have any questions or wish to discuss our request further, please contact Amanda Jezek, IDSA's senior vice president for public policy & government relations, at ajezek@idsociety.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven K. Schmitt". The signature is fluid and cursive, with the first name "Steven" and last name "Schmitt" clearly legible.

Steven K. Schmitt, MD, FIDSA, FACP
IDSA President

IDSA Follow-up Code Descriptors

ID Specific Code Descriptors

- Visit complexity inherent to evaluation and management associated with a confirmed or suspected infectious disease by an infectious diseases consultant, including risk assessment, development of mitigation strategies, and counseling of patient/family and clinical personnel to prevent transmission (add-on code, list separately in addition to evaluation and management visit, new or established or initial or subsequent) (suggested title: infectious disease complex prevention)
- Visit complexity inherent to evaluation and management associated with a confirmed or suspected infectious disease by an infectious diseases consultant, including investigation (i.e., in-depth medical record and literature review), analysis, coordination of microbiology and diagnostic testing, and communication with public health agencies (add-on code, list separately in addition to evaluation and management visit, new or established or initial or subsequent) (suggested title: infectious disease complex investigation/diagnosis)
- Complex medical decision-making associated with initiation of complex antimicrobial therapy for a multidrug resistant pathogen by an infectious diseases consultant, including assessment, consideration of antimicrobial resistance patterns and risks of increased resistance, coordination and management of care (e.g., outpatient antimicrobial therapy (OATS)) and patient/family counseling (add-on code, list separately in addition to evaluation and management visit, new or established or initial or subsequent) (suggested title: complex antimicrobial therapy)
- Visit complexity inherent to evaluation and management associated with infectious diseases treatment, care coordination and management in the hospital setting (add-on code, list separately in addition to evaluation and management visit, new or established or initial or subsequent) (suggested title: infectious diseases complex care management)

Complex Care Code Descriptors (not ID specific)

- Complex medical decision making associated with medication management, including treatment, care coordination and management (add-on code, list separately in addition to evaluation and management visit, new or established or initial or subsequent) (suggested title: complex medication management)
- Complex patient management in the hospital setting, including coordination of activities across a clinical team and with public health agencies (add-on code, list separately in addition to evaluation and management visit, new or established or initial or subsequent) (suggested title: inpatient complex care management)