



ID Add-On Code G0545 Fact Sheet

Starting January 1, 2025, a new add-on code, **G0545**, will be available for infectious diseases specialists to report additional complexities in hospital Evaluation and Management services. This code is valued at 0.89 work RVUs, or \$28.80. G0545 can be billed with initial, same-day discharge, or subsequent inpatient or observation codes (99221-99223, 99231-99236 and 99238-99239) based on visit level.

Background

IDSA has undertaken significant advocacy to ensure that the new add-on code was maintained in the final rule including submitting a [comment letter](#) on the rule provisions in September. Over 550 IDSA members voiced their support for the code directly to CMS through an IDSA Action Alert. In November 2024, Centers of Medicare and Medicaid Services introduced a Healthcare Common Procedure Coding System (HCPCS) code G0545, a new add-on for Hospital Inpatient or Observation E/M services specific to ID. This new code, part of Medicare's final rule, reflects significant advocacy by IDSA, which worked diligently to ensure its inclusion.

What is the G0545 code?

G0545 is an add-on code specifically aimed at compensating the added complexity of treating infectious disease patients. This add-on code applies to hospital inpatient or observation care when an infectious diseases specialist is consulted for a confirmed or suspected infectious disease.

It covers the complexities of managing the case, including evaluating and mitigating transmission risks, supporting public health investigation and testing, and providing detailed counseling on complex antimicrobial therapies.

This add-on code is billed separately in addition to the primary evaluation and management visit, whether it is the initial visit, a same-day discharge, or a follow-up visit.

The final relative value for the new code is 0.89 with a total time of 30 minutes. Under the proposed conversion factor, that translates to a \$28.80 boost to hospital and inpatient evaluation and management services where the code is appended.

Key Components of the HCPCS add-on code G0545

HCPCS code G0545 enables infectious disease specialists to report additional complexities beyond the standard hospital E/M codes.

This add-on code covers three core areas:

1. Disease Transmission Risk Assessment and Mitigation – Includes infection control procedures, counseling for patients and caregivers, and coordinated efforts to minimize transmission risks.
2. Public Health Investigation, Analysis, and Testing – Involves detailed patient history assessments, advanced diagnostic evaluations, and collaboration with public health agencies for contact tracing and diagnostic testing.
3. Complex Antimicrobial Therapy Counseling and Treatment – Focuses on educating patients and families on antimicrobial stewardship, addressing resistance issues, and tailoring therapy options based on public health data.

When to Use the G0545 add-on code:

- CMS has confirmed that code G0545 can be used for one or any combination of the three service elements and recognizes that each service element may not be medically appropriate for all patients with infectious diseases.
- CMS also has clarified that this add-on code recognizes “the inherent complexity for all infectious diseases and not just emerging infectious diseases with epidemic potential.” CMS did not specify any additional medical record documentation requirements for reporting the HCPCS code G0545 add-on code.
- If the patient is an inpatient (or inpatient observation)
- If the patient has confirmed or suspected infectious disease
- If the billing provider is "an infectious disease specialist." This includes infectious disease specialty providers, but also a mid-level with infectious diseases specialization e.g. a nurse practitioner.

What codes can G0545 be billed with?

G0545 can be billed along with several hospital visit codes:

- Initial visit codes (e.g., 99221- 99223): Used when a patient is admitted to the hospital and evaluated for the first time during that stay.
- Same-day discharge codes (e.g., 99234-99236): Used when a patient is admitted and discharged on the same day.
- Subsequent visit codes (e.g., 99231-99233): Used for follow-up visits with the patient during their hospital stay or observation period.

Additional resources about G0545 and other coding topics can be found [here](#).