



CMS continues progress towards the recognition and inclusion of family caregivers in its CY2025 fee schedules

This month, the Centers for Medicare and Medicaid Services (CMS) finalized the CY2025 Physician Fee Schedule and other Medicare-related regulations.¹ This annual process impacts the more than 61.2 million beneficiaries enrolled in the Medicare program and the family caregivers who support them. For this year, CMS expanded many training incentives and options for caregivers, often in line with the public comments made by NAC and our partners.

For those living outside the DC Beltway, regulatory commenting and rulemaking may seem disconnected from our community's broader efforts to elevate the family caregiver's role in healthcare and social systems. Yet when we say we want caregiving to be more sustainable, dignified, and equitable, part of that call is to recognize caregivers' contributions in formal delivery systems such as a doctor's office, a successful transition from a hospital back home, or in helping someone managing chronic healthcare needs.

For the second year in a row, CMS has formally recognized this contribution during its annual planning for the Medicare program, largely thanks to the community's voice. The Act on RAISE Campaign and the Cancer Caregiving Collaborative, convened by the National Alliance for Caregiving, participated in the rulemaking process this fall by providing public comments.

CMS changes follow NAC and partner recommendations

In response to our comments and others, the final rule continues the incremental gains made in the 2024 cycle, which first provided reimbursement for caregiving training services (CTS). The [CY2025 Medicare Physician Fee Schedule \(PFS\) final rule](#) includes several victories, including:

¹ Please note that the Final Rule will be published on December 9, 2024. The unpublished rule is currently available via the Federal Register at <https://www.federalregister.gov/public-inspection/2024-25382/medicare-and-medicare-programs-calendar-year-2025-payment-policies-under-the-physician-fee-schedule>.

- Incentives for health systems to provide direct care and medical tasks training to family caregivers, including explicitly authorizing training on specific caregiving tasks, such as preventing ulcers, wound care, and infection control.
- Health systems should be encouraged to provide behavior management and modification training, which teaches caregivers strategies for dealing with the mental and physical health challenges of the person in their care.
- Provisional approval to provide telehealth-based caregiver training services, improving the equitable distribution of training to people with limited transportation options, a need to quarantine (such as immunocompromised patients), or located in rural and underserved areas.

Other areas of Medicare also recognized family caregivers' importance in delivering low-cost, high-quality care. The [CY2025 Home Health Prospective Payment Rules](#) noted the importance of identifying a family caregiver in screenings for social and behavioral determinants of health (SDOH). Under the Home Health Value-Based Purchasing initiative, CMS plans to develop a patient-reported outcome performance measure (PRO-PM) to assess caregiver burden in the Guiding an Improved Dementia Experience (GUIDE) Model. In their words, “Creating one or more measures based on a home health agency’s ability to meet caregiver needs will permit measurement of changes in caregiver quality-of-life.”

These new and expanded incentives offer vital opportunities, but we must continue to monitor the implementation and optimization of Medicare billing codes to support family caregivers and beneficiaries. Many providers remain unaware that Medicare will pay for caregiving-related services and may not consider offering training.

As the landscape evolves, the U.S. Congress has opportunities to enhance support for caregivers. This includes providing competitive reimbursement rates to encourage the uptake of these new programs, expanding the list of eligible providers who can use CTS, encouraging the development of new quality measures, and collecting additional data that researchers and academics can use.

The ongoing national conversation with CMS continues to evolve as federal policymakers work to elevate the role that unpaid friends and family play as healthcare providers. We look forward to partnering with healthcare providers who share our goal of better supporting and enhancing caregivers' quality of life as part of patient—and family-centered care models.

Technical Highlights from CY2025 Medicare Physician Fee Schedule

Provisional Approval for Telehealth CTS

The Medicare caregiver training services (CPT codes 97550, 97551, 97552, 96202, 96203 and HCPCS codes G0541- G0543 (GCTD1-3) and G0539-G0540 (GCTB1-2)) have been added to the Medicare Telehealth Services list for CY 2025 on a provisional

basis. CMS “may consider” making this offering permanent in the future “after additional data is provided.”

Qualified Providers for CTS

Physicians, nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), physician assistants (PAs), and clinical psychologists (CPs) can provide caregiver training services if they “personally perform” the training or if other personnel provide it as “an incident to their professional services.”

Mental and behavioral health providers—such as clinical social workers, marriage and family therapists, and mental health counselors—can bill Medicare for CTS that they “personally perform for the diagnosis or treatment of mental illness,” assuming all other Medicare billing requirements are met. However, under existing Medicare rules, they cannot bill for services provided by auxiliary personnel.

Caregiver-Focused Knowledge and Health Risk Assessments

CMS reaffirmed the importance of two types of caregiver assessments: knowledge assessments, which can be used as a baseline for identifying caregiver training (CPT Code 96161, in-person or via telehealth), and caregiver-focused health risk assessments, which can be conducted outside of the patient’s presence with the patient’s consent.

The CY2025 PFS final rule uses the same definition of “caregiver” proposed in 2024 for caregiver training services and the caregiver-focused health risk announcement. However, caregivers are not required to have a caregiver-focused health risk assessment to participate in caregiver training services.

New Payment Incentives for Training on Direct Care and Specific Clinical Skills

CMS recognized that the caregiver often provides medical/nursing tasks and finalized rules to provide direct care training that focuses on “specific clinical skills aimed at the caregiver effectuating hands-on treatment, reducing complications, and monitoring the patient.”

Training can only be provided when “reasonable and necessary” to carry out the patient’s treatment plan under CMS’s new codes, G0541, G0542, and G0543. This training cannot be billed in conjunction with other types of caregiver training available under the Medicare Part B home health program, particularly concerning durable medical equipment, to avoid duplicative payments by the Medicare program.

CMS reiterated that “reasonable and necessary” caregiver training services must be (1) integral to a patient’s overall treatment plan, (2) furnished after the treatment plan is established, and (3) aligned to the patient’s outcomes. Regulators explained that the list of examples where direct care training is appropriate is not exhaustive, saying, “We acknowledge that there are many circumstances in which direct care CTS may be reasonable and necessary to train a caregiver in carrying out a treatment plan.”

Patient Consent for CTS

CMS clarified that caregiver training services, which require consent from the Medicare patient, can be provided with either verbal or written consent. This reduces the administrative barriers to providing training present in the 2024 rule, which only allowed for written consent documented in the medical record.

Further Reading

[Act on RAISE Public Comments](#)

[Cancer Caregiving Collaborative Public Comments](#)

New Resources

[Billing Guide for Medicare Fee-for-Service Caregiver Training](#) (University of California San Francisco, Caregivers As Partners in Care Teams)