RUSH

National Alliance for Caregiving | Cancer Caregiving COLLABORATIVE

Caregiver Training Services Implementation Guide Webinar

APRIL 16, 2025 4:00PM – 5:00PM ET

RUSH | Center for Excellence in Aging

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

Caring for Caregivers Learning Community Series April 16, 2025

Stephanie Bailey, LCSW (she/her)
Social Work and Community Health
Rush University Medical Center

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Thank you to our funders

The John A. Hartford Foundation

Learning Community Goals

- The purpose of the C4C Learning Communities is to create a collaborative space for Age-Friendly Health Systems, Area Agencies on Aging, and GUIDE Model participants to regularly gather to "all teach, all learn" about Caring for Caregivers and GUIDE model implementation strategies, workflows, and sustainability, including utilization of the new CMS Caregiver Training Services codes.

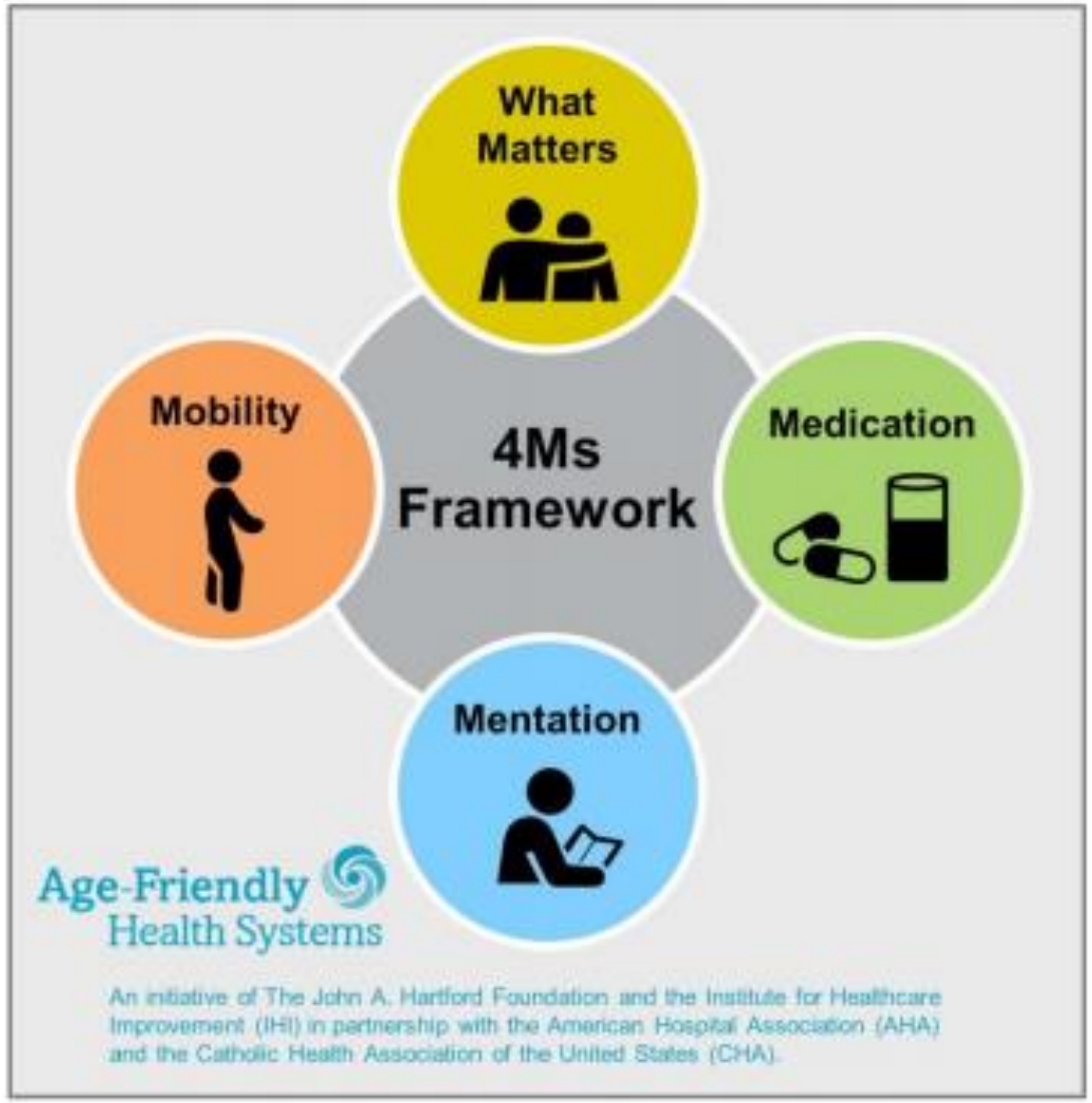
Learning Community Structure

- The Caring for Caregivers Learning Communities will allow time for learning, questions, and discussion of these topics
- CTS Codes
- C4C Implementation
- GUIDE Model

Upcoming Learning Communities

- Wednesday, May 21 @ 4pm ET/ 3pm CT
- Wednesday, June 18 @ 4pm ET/3pm CT

Age-Friendly Health Systems



What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

Questions?

Stephanie Bailey, LCSW
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Contact us: 312-563-0350
caregivers@rush.edu

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Excellence is just the beginning.

National Alliance for Caregiving

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Caregiver Training Services Implementation

April 16, 2025

NAC is a system change organization transforming how we **value** family caregivers through research, advocacy, and cross-sector partnerships.

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NAC'S STRATEGIC PRIORITIES

Champion Caregiver Health and Wellness

Foster Caregiver Friendly Communities

Drive Economic Inclusion

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“The doctor told me that my life was going to change pretty significantly which I thought was a strange thing to say when it was my husband who had just been diagnosed.

I didn’t realize it then, but I became a caregiver from that moment on.”

- Abena, Family Caregiver

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INTENSITY OF CANCER CAREGIVING

Cancer caregivers spend significantly more hours/week providing care

	Cancer Caregiver (n=111)	Non-Cancer Caregiver (n=1,164)
Fewer than 9 hours	32%	47%*
9 to 20 hours	24%	21%
21 to 40 hours	13%	19%
41 or more hours	32%	22%
Average hours of care provided per week	32.9*	23.9

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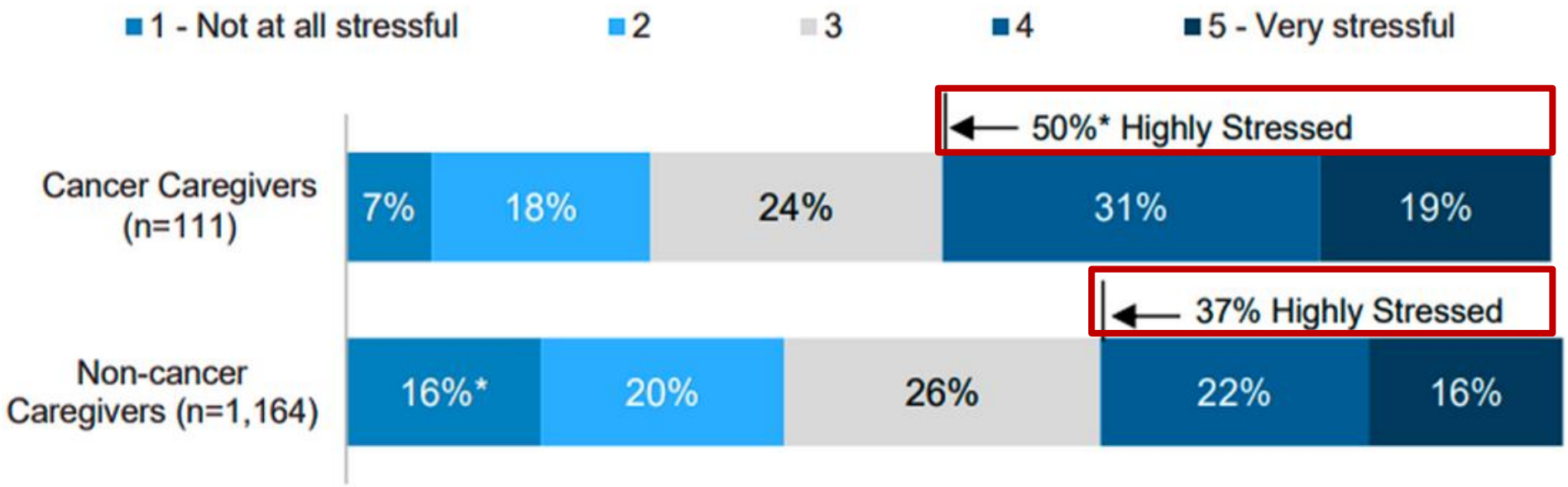
NAC, Cancer Caregiving in the U.S., 2016

CANCER CAREGIVER'S WELL-BEING

Cancer caregivers are more likely to report **high emotional stress**



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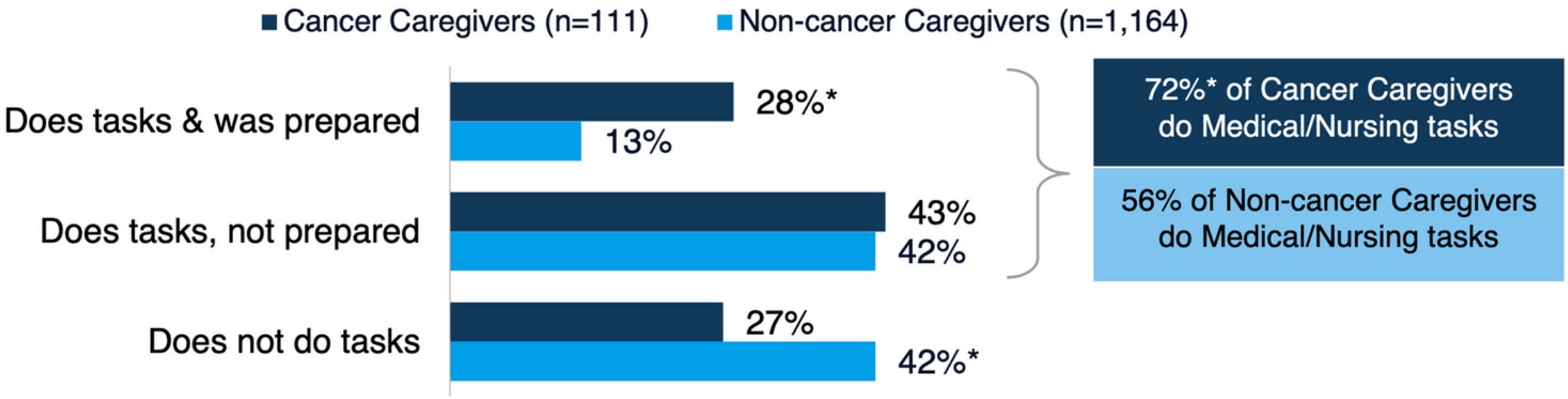
NAC, Cancer Caregiving in the U.S., 2016

MEDICAL AND NURSING TASKS

Cancer caregivers are assisting with **medical and nursing tasks** they are inconsistently prepared for.



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NAC, Cancer Caregiving in the U.S., 2016

CANCER CAREGIVING COLLABORATIVE

The Collaborative uplifts the crucial role of family caregivers in cancer care and builds power and momentum to accelerate equitable training, support, and financial relief.

History:

- Design Workshop in Oct. 2023
- Establishes in July 2024

Governance:

- Executive Committee
- Steering Committee

SCAN TO LEARN MORE ABOUT THE COLLABORATIVE

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CORE PRIORITIES

Healthcare Integration

Champion the equitable integration of family caregivers into cancer care teams by optimizing reimbursement pathways to increase access to high quality training, educational resources, and support services.

Financial Support

Address the financial toxicity of cancer caregiving by advocating for smart and equitable economic policies.

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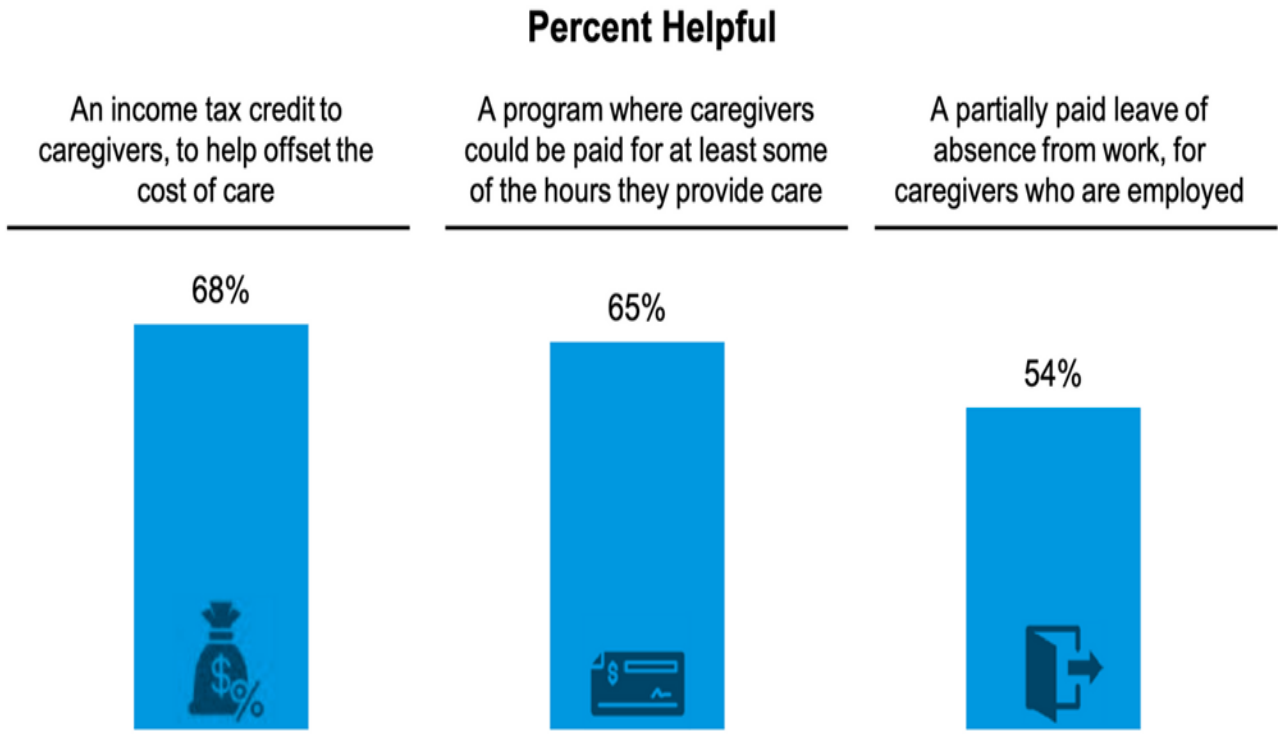
CTS: A PIECE OF THE PUZZLE

More accessible training is **necessary** but **not sufficient** to address the varied needs of family caregivers.



NAC & AARP, Caregiving in the U.S., 2020

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"Nothing fulfills our lives more than caring for our loved ones but for us to sustain that care, to keep them out of the hospital system, **we need to sustain ourselves**."

-Parvathy, Family Caregiver

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CORE STRATEGIES

Peer Learning and Resource Sharing

We bring partners together across the cancer care continuum including family caregivers, patient advocacy, research, health systems, and drug development to learn about emerging trends, research, and policy developments relevant to caregiver training services (CTS) and financial support services (FSS). We facilitate knowledge sharing, resource development, and peer-to-peer connections to support the implementation of CTS in health system settings.

Policy Education and Advocacy

We educate and mobilize cancer care stakeholders about relevant CTS and FSS policies and practice change to support family caregivers through sign-on letters and public comment opportunities.

Storytelling

We amplify the voices of cancer caregivers to highlight critical challenges and gaps in cancer care support.

SCAN TO LEARN ABOUT THE COLLABORATIVE

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Thank you!

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National Alliance for Caregiving

CTS Implementation Guide Webinar

CY 2025 UPDATES TO MEDICARE CODES TO SUPPORT TRAINING FOR FAMILY CAREGIVERS

Wednesday, April 16, 2025

Autumn Campbell
autumn@dueweststrat.com

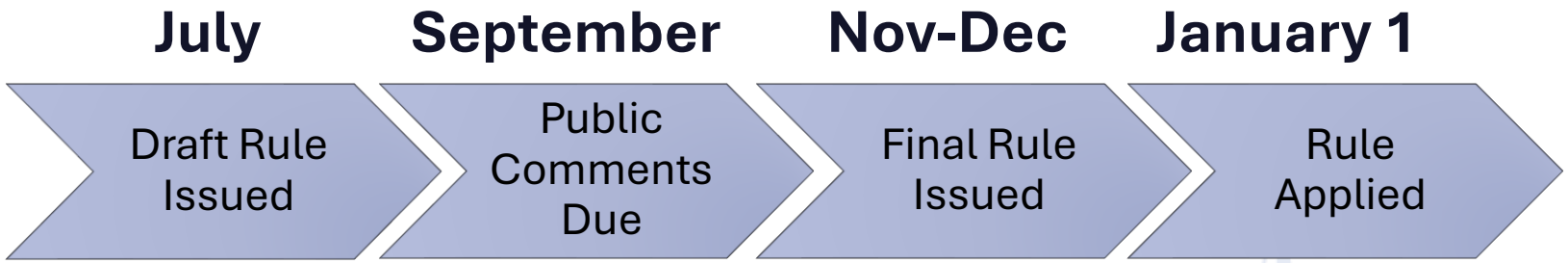
DueWest Strategies
Your mission. Our purpose.

Sources: Freedmen's Health Consulting; Partnership to Align Social Care; Center for Health and Social Care Integration @ Rush University

Medicare Physician Fee Schedule (PFS)

- Complete listing of fees used by Medicare to reimburse physicians and other providers
- Annual Updates are intended to maintain care standards and drive health policy change
- **CY 2025 Final Rule**: https://www.federalregister.gov/documents/2024/12/09/2024-25382/medicare-and-medicaid-programs-cy-2025-payment-policies-under-the-physician-fee-schedule-and-other.

Standard Timeline



Recent Medicare PFS Policy Changes and Payment Opportunities:

- **Caregiver Training Services (CTS)**
- Social Determinants of Health (SDOH) Screening
- Community Health Integration (CHI)
- Principal Illness Navigation (PIN)
- Expanded Health Behavior Assessment and Intervention (HBAI) Services

Caregiver Training Services :

- Result of several years of advocacy for inclusion in PFS
- Broad definition of “family caregiver” that aligns with the RAISE Family Caregivers Act
- Available coding and billing pathway for CTS services to be provided for:
- behavior management (both individual* and group settings);
- assistance with ADLs and IADLs
- “Direct-Care Services” (specific clinical skills)

- Provisionally adds CTS (including new codes) to Medicare Telehealth Services List*
- Verbal consent from patient or patient representative is adequate to provide CTS*
- Clarifies that caregiver skills assessment and caregiver health risk assessments can be provided and billed to determine if CTS is necessary.
- Updating MSSP to include CTS (along with other updates) in the definition of primary care services
- Supplement and not supplant caregiver services
- Opens up opportunities to bill CTS under other public and private health insurance programs
- CTS reasonable and necessary when they are integral to a patient's overall treatment
- Limited practitioners can bill
- Deductible and co-insurance applies
- *CY 2025 Updates

CTS: *Overview and Intent*

- Result of several years of advocacy for inclusion in PFS
- Broad definition of “family caregiver” that aligns with the RAISE Family Caregivers Act
- Available coding and billing pathway for caregiver training on behalf of the patient for:
  - *Behavior management (both individual* and group settings);*
  - *Assistance with ADLs and IADLs*
  - *Direct-Care Services (specific clinical skills)**
- CTS reasonable and necessary when they are integral to a patient's overall treatment plan
- Opens up opportunities to bill CTS under other public and private health insurance programs
- Supplement and not supplant caregiver services

*CY 2025 Update

CTS: *Key Details*

- Provisionally all CTS are included on the Medicare Telehealth Services List*
- Verbal consent from patient or patient representative is adequate to provide CTS*
- Confirmed that caregiver skills assessment and caregiver health risk assessments can be provided and billed to determine if CTS is necessary*
- MSSP includes CTS (along with other updates) in the definition of primary care services*
- Limited practitioners can bill
- Deductible and co-insurance applies

*CY 2025 Update

CTS Eligible Providers

- Physicians
- Non-Physician Practitioners and Therapists
  - Nurse Practitioners
  - Physician Assistants
  - Clinical Psychologists, MFTs, & MHCs
  - Clinical Social Workers
  - Physical Therapists, Occupational Therapists, and Speech-Language Pathologists
- ***Does *not* include RNs/CNAs***

The CY 2025 Medicare PFS Did Not Address…

- Limiting eligible CTS providers to “clinically-based” professionals (Physicians and Non-Physician Practitioners)
- Deductible and co-insurance, which still applies for CTS
- Recommended/best practice EB/EI Caregiver Training programs

CTS: Ongoing *Opportunities for Advocacy*

- PFS updated annually; not a “one-and-done” effort
- Identify areas for coalitions and individual organizations to address
- Successful implementation is KEY! Technical assistance and awareness of current implementation experiences are increasingly important
- Payment rates need to be sufficient to encourage adoption
- Identifying and highlighting barriers to implementation is valuable

CY 2025 NEW CTS Codes

Code	Definition	Services	Time
G0539	Caregiver training in behavior management/modification for caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present)	Individual Behavior Management / Modification Training	Initial 30 minutes
G0540	Caregiver training in behavior management/modification for parent(s)/ guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present)	Individual Behavior Management / Modification Training	Each additional 15 minutes
G0541	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present)	Individual Direct Care Training Services	Initial 30 minutes
G0542	Caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control (without the patient present)	Individual Direct Care Services Training	Each additional 15 minutes
G0543	Group caregiver training in direct care strategies and techniques to support care for patients with an ongoing condition or illness and to reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control) (without the patient present)	Group Direct Care Services Training	Not Timed

CY 2024 CTS Codes

Code	Definition	Services	Time
96202	Multiple-family group behavior management/modification training for parents(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present)	Group Behavior Management / Modification Training	Initial 60 minutes
96203	Multiple-family group behavior management/modification training for parents(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present)	Individual Behavior Management / Modification Training	Each additional 15 minutes
97550	Individual Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present)	Individual Direct Care Training Services	Initial 30 minutes
97551	Individual Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present)	Individual Direct Care Services Training	Each additional 15 minutes
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present)	Group Direct Care Services Training	Not Timed

Additional Resources

- National Alliance for Caregiving CTS Policy Brief (2024; 2025 Update Pending)
- CMS FAQ re: HRSNs Services in CY 24 PFS
- APTA Guidance on Use of Caregiver Training Codes (requires membership)
- Implementation Resources for other HRSNs Codes
- Pending: CTS Implementation Examples

Thank you!

QUESTIONS?

Autumn Campbell
autumn@dueweststrat.com

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Caring for Caregivers

Implementation of the Caregiver Training Service Codes

Diane Mariani, LCSW, CADC

Rush University System for Health |

Age-Friendly Health Systems
Committed to Care Excellence for Older Adults

Caregiver Training Services (CTS)

CPT code	Description	RVU
96202	Multiple-family **group behavior management/modification** training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes	0.43
96203	Multiple-family **group behavior management/modification** training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis; each additional 15 minutes (List separately in addition to code for primary service)	0.12
97550	Caregiver **training in strategies and techniques** to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face; initial 30 minutes)	1
97551	Caregiver **training in strategies and techniques**, each additional 15 minutes	0.54
97552	Group caregiver **training in strategies and techniques** to facilitate the patient's functional performance in the home or community (e.g., activities of daily living [ADLs], instrumental ADLs [IADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face-to-face with multiple sets of caregivers	0.23

Treating practitioners can include: physician; NPP such as a nurse practitioner, physician assistant, clinical nurse specialist, clinical psychologist; or a physical therapist, occupational therapist, or speech-language pathologist; clinical social worker, MFT, LPC in certain situations

Implementation process at Rush

- **Compliance** reviewed new PFS codes using Medicare coverage database
- **Revenue Integrity** integrated codes into Electronic Health Record for designated departments and staff, and supports Relative Value Units (RVU)
- **Revenue Cycle** worked with Compliance to understand documentation requirements and conducts coding review

Implementation process at Rush

Rush initiated use of Health and Behavior Assessment/Intervention codes with Licensed Clinical Social Workers

Billing and Coding articles are available for the HBAI codes which provide:

- Official guidance (National Coverage Determination) on eligible services and documentation requirements to assist providers in submitting correct claims for payment

Caregiver Training Service codes were not initially prioritized for build-out and piloting, as these newer codes do not yet have Billing and Coding articles within the Medicare coverage database

Caregiver Behavior Management Training

- These codes allow all clinicians, (psychologists, LCSWs, physicians, APPs) to bill for services that involve training a patient's caregiver(s) in interventions and strategies to help manage or treat the patient's condition
- The codes identify the efforts of the physicians/QHPs to train the caregiver(s) regarding intervention methods that they may use to manage a patient's disease(s)/illness(es).

Caregiver Behavior Management Training

Who can provide these services?

- Clinical psychologists (PhD/PsyD)
- Clinical social workers (LCSWs)
- Physicians (MD/DO)
- APPs (i.e., NP, PA-C)
- Clinical nurse specialist (CNSs)
- Certified nurse- midwives (CNMs)
- Marriage/family therapists (MFTs)
- Mental health counselors (MHCs)

Caregiver Behavior Management Training

Some diagnosis examples for CBMT:

- Anxiety
- Depression
- Neurodegenerative diseases (i.e., Alzheimer's and other dementias, Parkinson's, Huntington's)
- OCD
- Sleep disorders
- Substance use disorders

Caregiver Behavior Management Training

- **Codes 96202/96203 are time based**
  - 96202 60 mins, 96203 each additional 15 mins
  - Total time must be documented
  - Subject to the "CPT® Time Rule"
    - **Minimum of 31 mins of time** to report 96202. Time of 30 mins or less is not reported

- No patient presence. Encounter is face-to-face (or telehealth) with the caregivers usually in a multifamily setting

Implementation process of PFS codes at Rush

Behavior management/modification training

Caring for Caregivers next steps:

- For caregivers providing care for someone with dementia
- For caregivers providing care for someone with movement disorder; Parkinson's, Huntington's
- For caregivers providing caring for someone with Glioblastoma

Caregiver Behavior Management Training

- The caregivers are trained, using verbal instruction, video and live demonstrations, and feedback from the provider or other caregivers in group sessions, to use skills and strategies to address behaviors impacting the patient's mental or physical health diagnosis.

- The caregivers learn how to structure the environment to actively provide for and reinforce desired behaviors, reduce the negative impacts of the patient's diagnosis on their daily life, and develop highly structured technical skills to better manage specific behaviors.

Caregiver Behavior Management Training

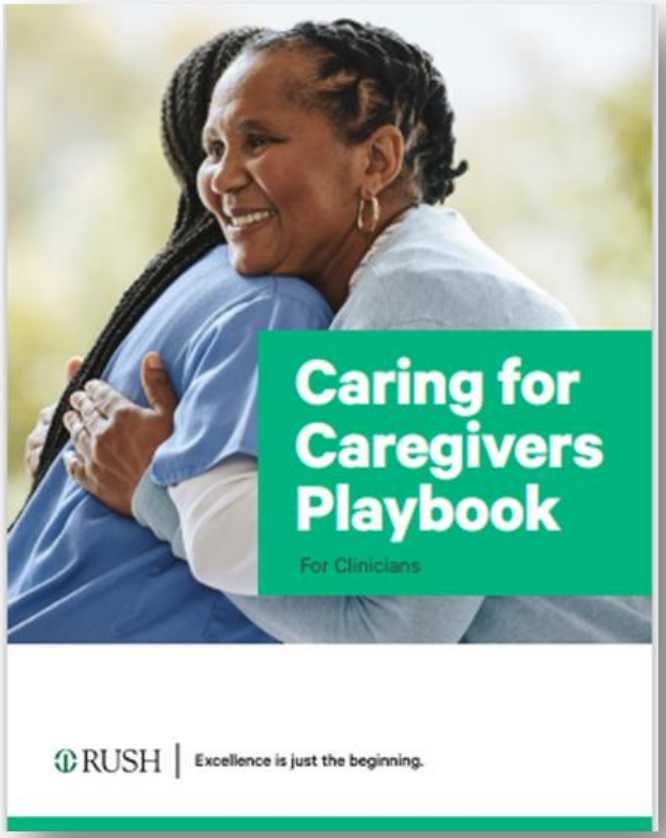
- These skills and strategies help to support compliance with the identified patient’s treatment and the clinical plan of care.

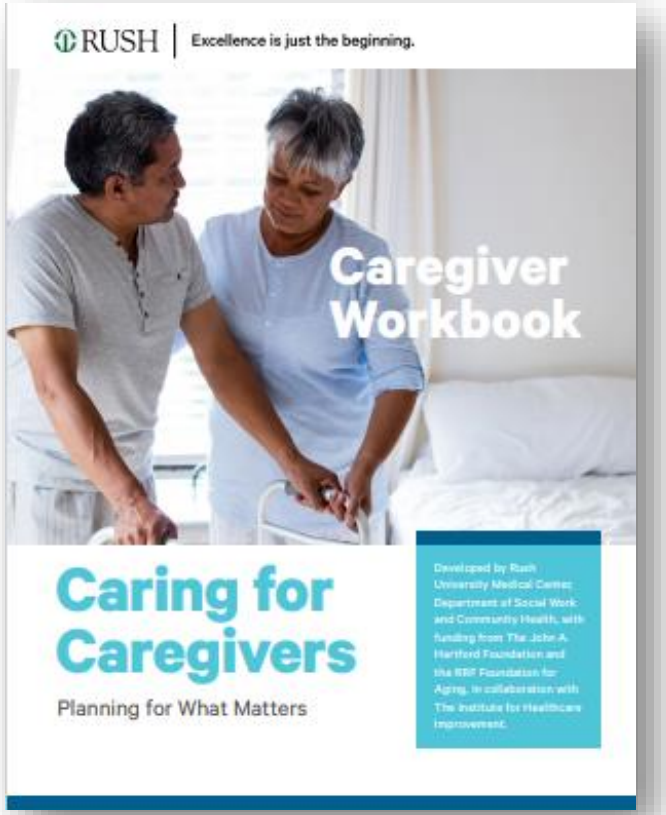
- The provider’s documentation in the medical record for each patient includes description of patient’s status, description of the caregiver's status, in addition to services provided and progress toward and/or modification of treatment goals based on patient and/or caregivers progress or other confounding factors that arise.

Thank you!

Contact Caring for Caregivers:

caregivers@rush.edu





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NORTHWELL HEALTH CTS PILOT PROJECT

PBMC Program to Develop CTS for Caregivers in Eastern Long Island

July 14, 2026

Northwell Health®

OPPORTUNITY

CAREGIVER TRAINING BILLABLE SERVICES

APPLICABLE EDUCATION

PATIENT PROXIMITY

OPPORTUNITY

CAREGIVER TRAINING BILLABLE SERVICES

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PATIENT PROXIMITY

Peconic Bay Medical Center
Northwell Health

Caregiver Training Services Workflow

Peconic Bay Medical Center

Speech Pathology Specific Training

Caregiver Training Services

Speech Pathologist identifies need for education

Consent forms are located in file cabinets at nursing stations on the units.

Therapist gets consent for CTS from the patient in person *(if the patient is unable to give consent, from patient representative (HCP/LAR))*

Completed consent forms will be added to patient's hard chart in the Consult section.

Therapist schedules time with caregiver at location <u>without</u> patient presence. *(If cognitively impaired, this can occur in patient room without pt involvement)*

Therapist provides training to caregiver

Is the education 30 minutes?

NO

Document in Soarian

Done!

YES

Document in Soarian with time stamps

Therapist alerts group in teams (CTS billing) for Rev Cycle awareness

Therapist will place patient label and date of servcie on a index card and

<u>Billing is completed</u>
-30 min=97550
-Additional 15 minutes=97551

RC to submit bill (takes 90 days for feedback)

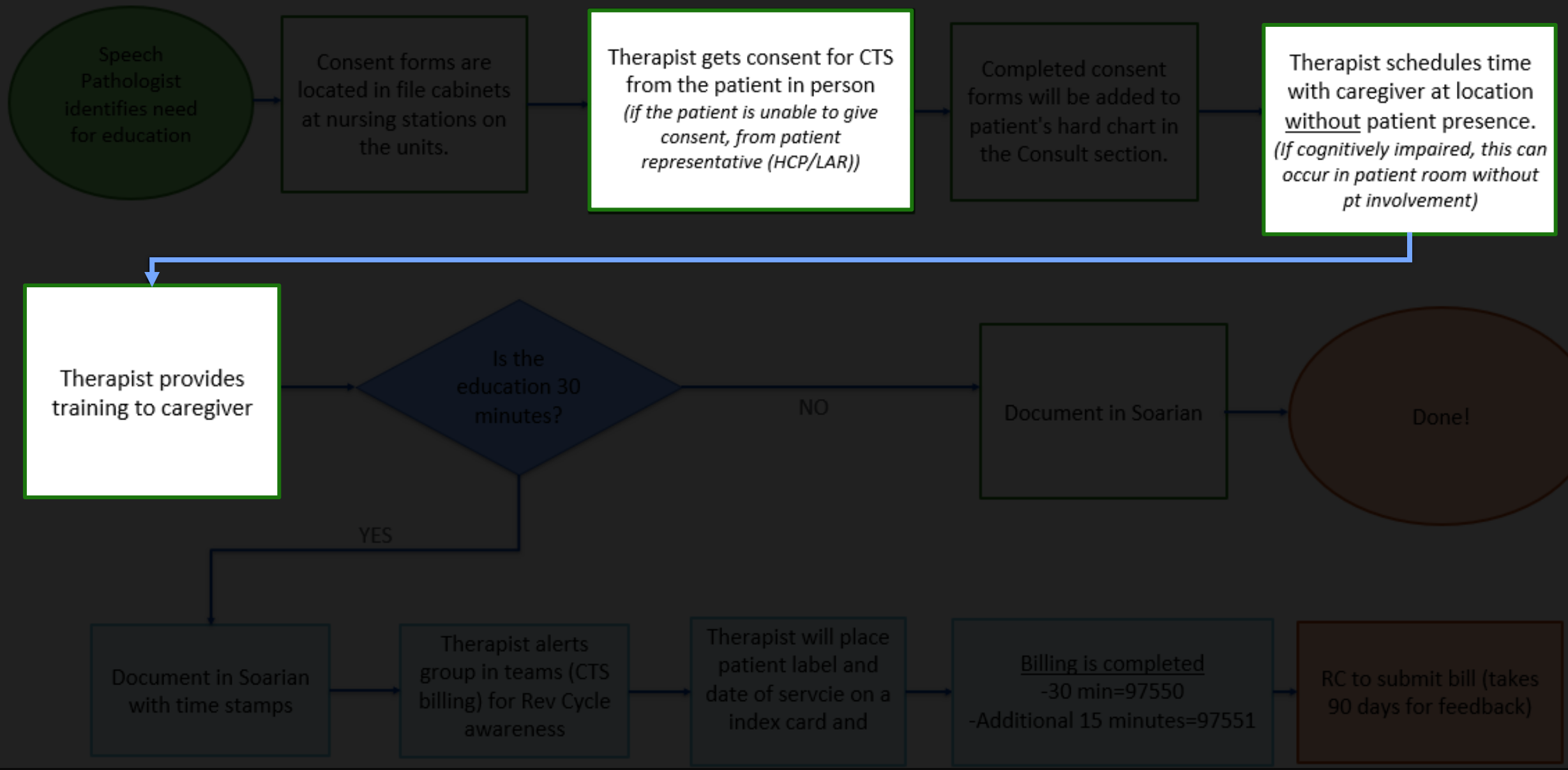
Caregiver Training Services Workflow

Peconic Bay Medical Center
Northwell Health

Peconic Bay Medical Center

Speech Pathology Specific Training

Caregiver Training Services



UPCOMING CHANGES

2024 Fee Schedule Barriers

- Consent done in person
- <u>Education with caregiver must be separated from patient & in person</u>
- Small reimbursement
- No prior guidance for codes or process management
- Educator requirements unclear

2025 Fee Schedule Changes

- Consent can be done over the phone/virtual
- <u>CTS can be done virtually, allows for caregiver centered availability</u>
- Peer sharing among health care organizations taking the investment in CTS
- Expanded licensed professionals that can do CTS

QUESTIONS?
THANK YOU!

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THANK YOU!

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