National Caregiver Support Collaborative

Caregivers As Partners in Care Teams

Billing Guide for Medicare Fee-for-Service Caregiver Training Services (CTS) and Caregiver Health Risk Assessment (CHRA) Codes[1]

CTS and CHRA codes allow health care professionals to bill for providing training to and assessments of caregivers.

This guide reflects the latest as of the CY 2026 CMS Physician Fee Schedule (PFS) Final Rule; the PFS is updated annually.

If the answers to these two questions are "yes," you can bill these codes:

A. Does the caregiver need support to aid in carrying out the patient's treatment plan?[2]

B. Is the provider a physician, non-physician practitioner (NPP), or auxiliary personnel billing under the direction of a physician or NPP?

What kind of training/assessment will be provided?

Behavior Management[3]

How to structure the patient's environment to support and reinforce desired patient behaviors and reduce the negative impacts of the patient's diagnosis on the patient's daily life; how to develop technical skills to manage the patient's behavior.

Who will be trained?	
Caregiver(s) of one patient	Caregiver(s) of multiple patients
Consider billing this code![6]	**Consider billing this code![6]**
G0539: First 30 minutes[7,8] **G0540:** Each additional 15 minutes[7,8]	**96202:** First 60 minutes[7,8,9] **96203:** Each additional 15 minutes[7,8,9]

Functional Performance[3,4]

How to facilitate the patient's activities of daily living (ADLs), transfers, mobility, communication, and problem-solving to reduce the negative impacts of the patient's diagnosis on the patient's daily life and assist the patient in carrying out a treatment plan.

Who will be trained?	
Caregiver(s) of one patient	Caregiver(s) of multiple patients
Consider billing this code![6]	**Consider billing this code![6]**
97550: First 30 minutes[7,8] **97551:** Each additional 15 minutes[7,8]	**97552:** Bill per session[7,8,9]

Direct Care Strategies and Techniques[3,4]

How to support care for patients with an ongoing condition or illness and reduce complications (including, but not limited to, techniques to prevent decubitus ulcer formation, wound care, and infection control).

Who will be trained?	
Caregiver(s) of one patient	Caregiver(s) of multiple patients
Consider billing this code![6]	**Consider billing this code![6]**
G0541: First 30 minutes[7,8] **G0542:** Each additional 15 minutes[7,8]	**G0543:** Group training with multiple sets of caregivers[7,8,9]

Caregiver Health Risk Assessment

Administration of a standardized health risk assessment (HRA) tool to assess a caregiver's stress, well-being, or other issues that could impact the patient's care.[5]

Who will be assessed?
Individual caregiver
Consider billing this code![6]
96161: Duration of encounter not specified (billed per standardized assessment); assessment administered to caregiver of an individual beneficiary

Important: *For Behavior Management, Functional Performance, and Direct Care Strategies and Techniques codes, the patient cannot be present but must provide consent. Patient consent must be documented in their medical record, but a signed form is not required. The CHRA may be furnished without the patient present, but the treating practitioner must receive the patient's consent for the caregiver to receive the assessment.*

Definitions and Acronyms:

Caregiver: An adult family member or other individual who provides assistance to a patient with a physical or mental limitation.

Certain Non-Physician Practitioners (NPPs) can bill these codes, including, but not limited to: Nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), physician assistants (PAs), and clinical psychologists (CPs) when it is part of a patient's treatment plan.

Auxiliary personnel can bill through authorized providers: § 410.26(a)(1) defines this as any individual who is acting under the supervision of a physician (or other practitioner), regardless of whether the individual is an employee, leased employee, or independent contractor of the physician (or other practitioner) or of the same entity that employs or contracts with the physician (or other practitioner), has not been excluded from the Medicare, Medicaid, and all other federally funded health care programs by the Office of Inspector General or had his or her Medicare enrollment revoked, and meets any applicable requirements to provide incident to services, including licensure, imposed by the State in which the services are being furnished.

Reasonable and Necessary: CTS may be reasonable and necessary when they are integral to a patient's overall treatment and furnished after the treatment plan is established. This is especially the case in medical treatment scenarios where assistance by the caregiver receiving the CTS is necessary to ensure a successful treatment outcome for the patient, for example, when the patient cannot follow through with the treatment plan for themselves.

Notes:

1. All CTS codes and the CHRA are eligible for telehealth, which is real-time synchronous, audio-video between parties. When a patient does not consent or is not technically capable of using video, an interactive, audio-only interaction can fulfill Medicare telehealth requirements.

2. A treatment plan is a patient-centered plan of care that appropriately accounts for clinical circumstances. Where the provider believes a caregiver's involvement is valuable to ensure a successful treatment plan and the patient agrees to caregiver involvement, caregiver training may be provided. Caregivers can play a key role in carrying out treatment plans related to physical, occupational, or speech-language therapy, and other activities.

3. There is no limit to how many times CTS codes can be billed. Medical necessity should determine the volume and frequency of trainings (the quantity must be considered reasonable and necessary).

4. Functional Performance and Direct Care Strategies and Techniques codes are designed as "sometimes therapy." To enable payment of CTS conducted in outpatient physical therapy, occupational therapy, and speech-language pathology services settings, billing for these codes is permitted when the service is furnished under a therapy plan of care by physical therapists (PTs), occupational therapists (OTs), and speech language pathologists (SLPs); or by PT assistants (PTAs) and OT assistants (OTAs) when furnished as auxiliary personnel billing under PTs and OTs.

5. Standardized assessment tools are tools that have been appropriately normed and validated for the population they intend to serve. Examples of standardized HRA tools include a depression inventory, Caregiver Strain Index, and the Zarit Burden Interview (ZBI) tool, among others.

6. All codes can be administered in facility and non-facility settings.

7. Face-to-face interactions occur in-person or meet Medicare's telehealth requirements.

8. Clinical Social Workers (CSWs), marriage and family therapists (MFTs), and mental health counselors (MHCs) can bill Medicare directly for CTS they personally perform for the diagnosis or treatment of mental illness, so long as all other billing requirements are met. However, these providers cannot directly bill Medicare for CTS if they were provided by auxiliary personnel, as they are not authorized to supervise, bill, and be paid directly by Medicare for services that are provided by auxiliary personnel incident to their professional services. Registered dieticians (RDs) and nutrition professionals may only furnish direct care CTS when they identify a need to involve and train one or more caregivers to assist the patient in carrying out a patient-centered care plan for medical nutrition therapy (MNT) services.

9. The billing code is attached to the patient, not the caregiver. Bill by the number of patients, not the number of caregivers. If patient A has two caregivers and patient B has three caregivers, the CTS code would be billed two times, one time per patient.

CY 2026 Physician Fee Schedule Final Rule. CMS. Accessed October 2025; Health-Related Social Needs FAQ. CMS. Accessed October 2025; Functional Outcome Assessment. CMS. Accessed October 2025; Zarit Burden Interview. Zarit, S.H., Reever, K.E., & Bach-Peterson, J. Accessed October 2025.

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