SDSU | Center for Excellence in Aging & Longevity

Accessing Medicare Billing Codes for Caregiver Training, Peer Support, and Navigation

A Policy and Implementation Brief for Health Plans and Provider Partners

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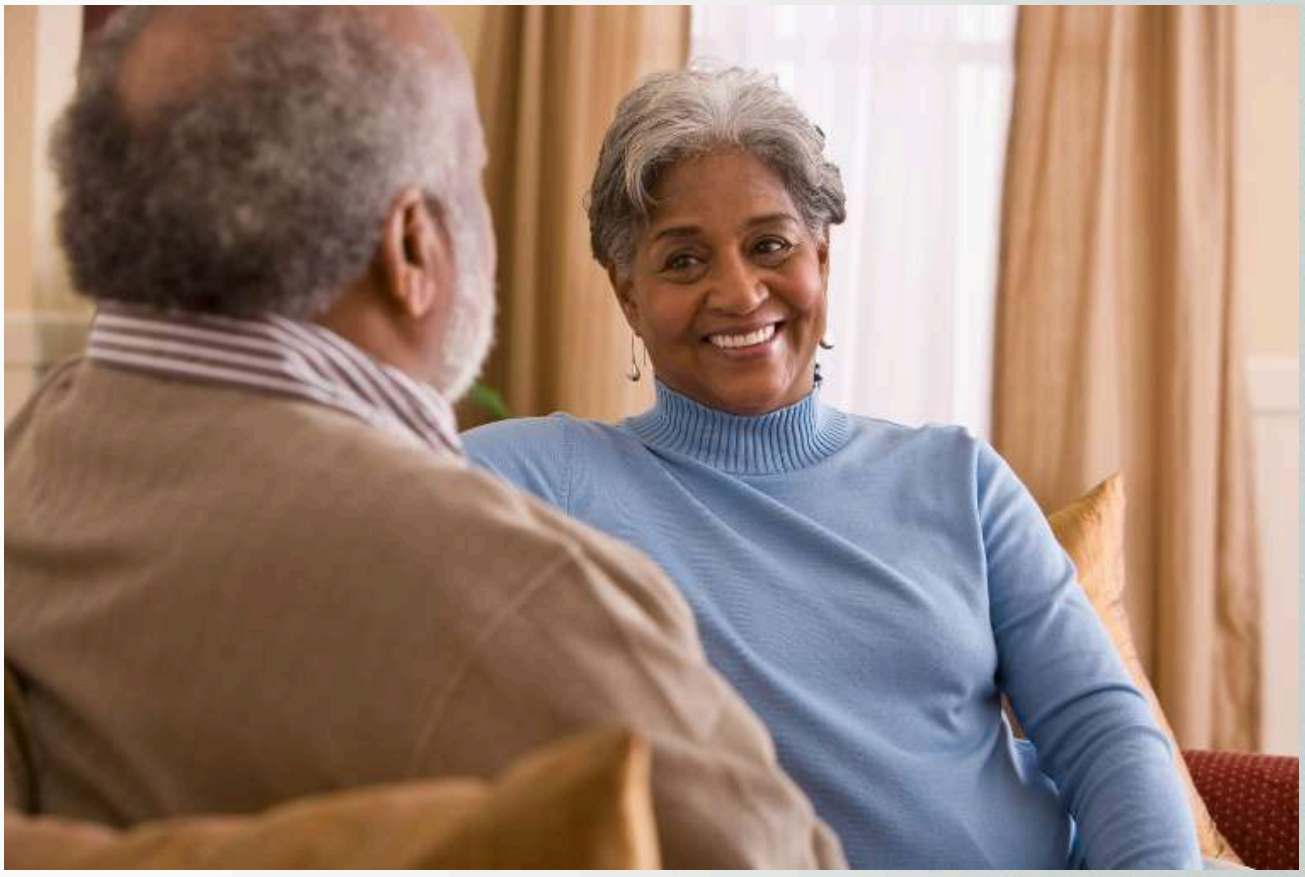
Introduction

This brief is intended to support health plans and provider partners in understanding how Medicare billing pathways can be leveraged to integrate peer support into caregiver and aging services.

Peer support is an evidence-informed, person-centered approach that leverages lived experience to improve health, wellbeing, and care outcomes. As health systems and health plans increasingly recognize the value of non-clinical supports, Medicare billing codes offer a critical opportunity to sustainably integrate peer support into care delivery, particularly for family caregivers and individuals supporting older adults and people living with chronic conditions.

The **Center for Excellence in Aging & Longevity** (CEAL) at San Diego State University has demonstrated that structured, well-trained peer support programs can be scaled effectively, reach diverse populations, and generate meaningful outcomes. Over the past 2.5 years, CEAL's Caregiver Training and Peer Support Program has engaged more than 8,000 participants, providing training, connection, and ongoing support to family caregivers, paid caregivers, and individuals interested in the direct care workforce. This experience positions CEAL as a strong partner for health plans seeking to operationalize Medicare-reimbursable peer support services.



What is Peer Support?

Peer support is delivered by individuals with lived experience who are trained to provide emotional support, practical guidance, resource navigation, and system literacy to others facing similar challenges.[1] In the context of aging and caregiving, peer supporters may be current or former family caregivers, direct care workers, or individuals with firsthand experience navigating complex health and social care systems.

Peer support has been shown to improve caregiver confidence, reduce isolation, enhance self-efficacy, and support better care coordination,[2,3] all outcomes aligned with Medicare's shift toward value-based care.

CEAL's findings reinforce this evidence base. Following participation in CEAL's caregiver training and peer support program, 91% of participants reported improvements in caregiving skills and knowledge, particularly in communication, problem-solving, and understanding care recipient needs. Eighty-six percent felt more prepared to manage caregiving responsibilities, with average preparedness scores increasing from 4 out of 10 before training to 8 out of 10 after completion. These findings are based on 1,184 post-training surveys, assessing competency development and preparedness.

Participants also rated peer support as highly important to their caregiving role, citing reduced isolation, shared learning, and access to practical advice. Notably, **100% of participants indicated they would recommend the peer support program to other caregivers**, underscoring both its effectiveness and perceived value.

Key characteristics of effective peer support

Lived experience and shared understanding that builds trust and reduces stigma

Structured training and supervision to ensure quality, consistency, and ethical practice

Non-clinical, relationship-based support that complements medical care

Cultural and linguistic responsiveness, particularly for underserved communities

1. Mead, S., & McNeil, C. (2006). Peer support: What makes it unique. International Journal of Psychosocial Rehabilitation, 10(2), 29–37.
2. Dennis, C. L. (2003). Peer support within a health care context: A concept analysis. International Journal of Nursing Studies, 40(3), 321–332.
3. Mead, S., Hilton, D., & Curtis, L. (2001). Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134–141.

Leveraging Medicare Health-Related Social Needs (HRSN) Billing Codes to Support Peer Support Services

In recognition of the critical role that non-clinical supports play in improving health outcomes, Medicare has introduced and expanded a set of Health-Related Social Needs (HRSN) billing codes that create new pathways to reimburse services addressing social, behavioral, and caregiving-related needs.[4] These codes present a significant opportunity to sustainably integrate peer support into care delivery for older adults, people living with chronic conditions, and family caregivers.

Key HRSN-related billing pathways relevant to peer support include Caregiver Training Services (CTS), Social Determinants of Health (SDOH) Risk Assessments, Principal Illness Navigation (PIN) services, and Principal Illness Navigation – Peer Support (PIN-PS) services. These may be implemented through Medicare Advantage supplemental benefits, delegated provider arrangements, or aligned fee-for-service workflows, depending on plan structure.

HRSN Billing Codes	Description
Caregiver Training Services (CTS)	Allow Medicare reimbursement for training caregivers to assist with the treatment and management of a beneficiary's illness or condition.
Social Determinants of Health (SDOH) Risk Assessments	Support the systematic identification of social and environmental factors that significantly influence health outcomes, including housing instability, food insecurity, transportation barriers, financial strain, and social isolation.
Principal Illness Navigation (PIN)	Designed to support individuals with serious or high-risk conditions by helping them navigate complex health and social care systems.
Principal Illness Navigation – Peer Support (PIN-PS)	Explicitly recognizes peer support as a reimbursable component of illness navigation.

4. Centers for Medicare & Medicaid Services. (2023, November 2). Calendar Year (CY) 2024 Medicare Physician Fee Schedule final rule [Fact sheet].

Caregiver Training Services

Caregiver Training Services recognizes that family and unpaid caregivers are essential members of the care team and require structured education and support to effectively carry out their roles. CTS billing codes allow Medicare reimbursement for training caregivers to assist with the treatment and management of a beneficiary's illness or condition, even though the caregiver is not the Medicare beneficiary themselves. Peer support facilitators with lived caregiving experience are uniquely positioned to reinforce caregiver training by translating clinical guidance into practical, real-world strategies.

Through CTS, trained peer support can complement caregiver training by reinforcing skills such as communication, problem-solving, care coordination, and stress management, areas where caregivers often report the greatest need. CEAL's caregiver training model, which combines structured curriculum with peer-led support and ongoing connection, aligns strongly with the intent of CTS and demonstrates how these services can be delivered at scale while maintaining quality and consistency.

Social Determinants of Health Risk Assessments

Social Determinants of Health Risk Assessment codes support the systematic identification of social and environmental factors that significantly influence health outcomes, including housing instability, food insecurity, transportation barriers, financial strain, and social isolation. While these assessments are essential to value-based care and population health strategies, the information they generate is only meaningful if individuals understand the results and are supported in responding to them.

Peer support plays a critical role in helping individuals and caregivers make sense of SDOH risk assessment findings. Peer support facilitators, drawing on their own lived experience navigating similar challenges, can normalize identified risks, reduce stigma, and help individuals understand how social needs intersect with health and caregiving responsibilities. This shared experience creates trust and allows for more open conversations about barriers that may feel overwhelming, personal, or difficult to disclose in clinical settings.

Beyond interpretation, peer support helps translate SDOH assessment results into practical, achievable next steps. They can share available resources and real-world strategies that have worked for others and provide encouragement during what is often a complex and frustrating process. Through ongoing connection and follow-up, peer support helps ensure that referrals lead to meaningful engagement rather than becoming another unmet recommendation. In this way, peer support transforms SDOH risk assessments from a one-time screening tool into a relational, action-oriented process that supports sustained health and wellbeing.

Principal Illness Navigation

Principal Illness Navigation services are designed to support individuals with serious or high-risk conditions by helping them navigate complex health and social care systems. PIN services focus on reducing fragmentation, improving access to care and resources, and supporting adherence to treatment plans.

Peer support naturally aligns with PIN activities, particularly when peers have firsthand experience managing similar conditions or caregiving responsibilities. Peer navigators can assist beneficiaries and caregivers in understanding care plans, preparing for medical visits, connecting to community-based resources, and overcoming practical barriers to care. By offering consistent, relationship-based support, peer supporters enhance engagement and continuity, helping individuals feel less overwhelmed and more confident navigating their care journey.

Principal Illness Navigation – Peer Support

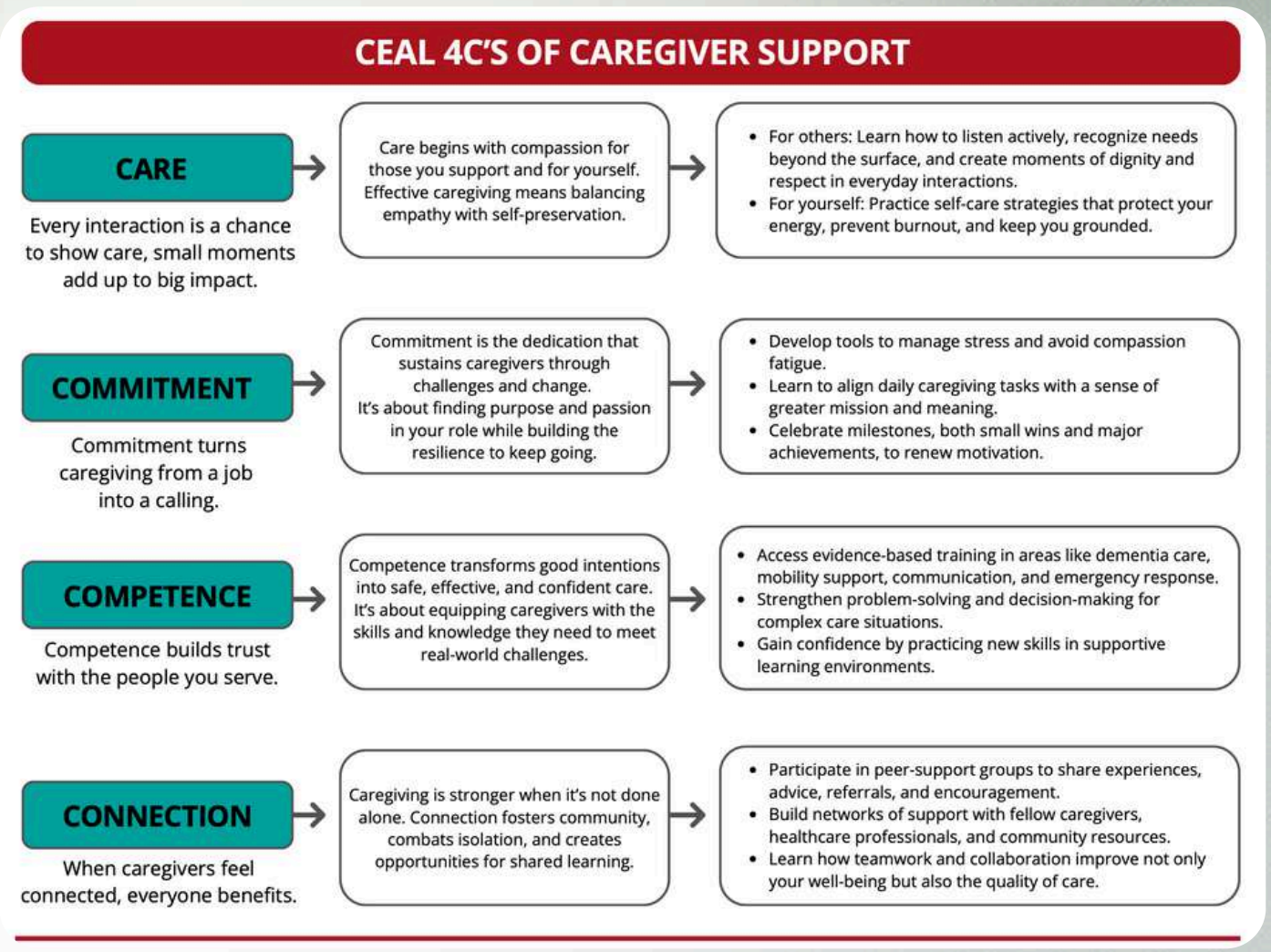
Principal Illness Navigation - Peer Support services explicitly recognizes peer support as a reimbursable component of illness navigation, marking a significant milestone in the integration of lived experience into Medicare-funded care models. These services acknowledge that peers can deliver meaningful navigation and support services that improve outcomes and reduce strain on clinical teams.

PIN-PS offers a clear pathway to sustain and expand peer support programs that are already demonstrating strong outcomes. CEAL's experience training peer supporters, providing supervision, and embedding peer support within broader systems of care to support health plans and provider organizations in implementing PIN-PS services with fidelity, equity, and measurable impact.

Implementation Readiness

CEAL's experience demonstrates not only meaningful impact, but also the operational readiness required for successful health plan partnerships. Over a sustained 2.5-year period, CEAL has supported more than 8,000 caregivers, reflecting consistent demand, reliable program delivery, and the capacity to operate beyond short-term pilots. Importantly, 82% of participants identify as people of color, 25% are multilingual, and more than 60% are over the age of 50, underscoring CEAL's ability to reach populations most often underserved by traditional care models.

CEAL's caregiver training and peer support model is grounded in the **4 C's of Caregiver Support**. This framework translates lived experience into scalable, measurable practice and reflects what caregivers consistently identify as essential to sustaining their role.



Key indicators of implementation readiness include:

- Sustained scale over time, indicating stable infrastructure rather than one-time programmatic success.
- Demonstrated ability to serve diverse and high-need populations, including family caregivers who may not self-identify as caregivers, paid direct care workers, multilingual participants, refugees, and under-resourced communities.
- Multiple delivery modalities (group-based, individual, virtual, and community-based), allowing flexibility.
- Evaluation-informed practice, with regular collection of caregiver-reported outcomes aligned with the 4 C's of Caregiver Support.

Participants consistently report that peer support strengthens compassion and commitment, builds practical competence, and deepens connection, resulting in improved system navigation, particularly during periods of serious illness, transitions of care, and end-of-life planning. For health plans, this track record reflects reduced implementation risk, faster startup potential, and a partner prepared to meet operational, compliance, and quality expectations.

> "Medical appointments are so short, and there's never enough time to ask everything. Through peer support, I found people who understood my mom's disease and helped me make sense of what we're facing."
>
> **— PEER SUPPORT PARTICIPANT**

CTS + Peer Support Workflow

Step 1: Clinical Identification

A clinician or care manager identifies a Medicare beneficiary who requires caregiver involvement to support the treatment plan and determines that caregiver training and support are clinically appropriate.

Step 2: Caregiver Training Services (CTS)

Licensed practitioners deliver the billable CTS visit, maintaining clinical oversight, documenting medical necessity, and ensuring Medicare compliance. CEAL supports CTS delivery by providing the evidence-based caregiver training curriculum used during the training session. When operating under provider supervision, CEAL may assist with facilitation and coordination, allowing practitioners to focus on clinical requirements while leveraging CEAL's expertise in caregiver education, adult learning, and culturally responsive approaches.

Step 3: Referral to Peer Support

Following CTS, caregivers are referred to CEAL's peer support program to reinforce skills introduced during training, address ongoing caregiving challenges, and provide emotional and navigational support grounded in lived experience.

Step 4: Sustained Peer Support Engagement

Peer support provides ongoing check-ins, group-based support, and resource navigation. Peer support activities can be aligned with broader care management workflows, such as Chronic Care Management (CCM), Principal Care Management (PCM), or Behavioral Health Integration (BHI), as applicable.

Step 5: Feedback and Care Coordination

With appropriate consent and within defined protocols, key insights identified through peer support (e.g., caregiver strain, social barriers, challenges with adherence or care coordination) are communicated back to care teams, supporting continuity of care, early intervention, and proactive problem-solving.

Step 6: Evaluation and Continuous Improvement

CEAL and the health plan collaboratively review engagement metrics, caregiver-reported outcomes, and implementation feedback to refine workflows, improve quality, and support the scaling of successful caregiver training and peer support approaches.

Strategic Value for Health Plans

Health plans face mounting pressure to improve outcomes, reduce avoidable utilization, address caregiver strain, and advance equity while enhancing member experience. Medicare billing pathways now create a timely and actionable opportunity to strengthen caregiver support through structured, supervised peer support integrated into care delivery.

CEAL offers health plans a strategic advantage in operationalizing these pathways. CEAL operates an established, large-scale caregiver training and peer support ecosystem, reducing startup time and implementation risk. Its strong emphasis on workforce development, structured training, supervision, and evaluation ensures that peer support services meet quality, consistency, and compliance expectations associated with Medicare billing.

CEAL's peer support model aligns closely with value-based care goals by addressing upstream drivers of poor outcomes, including caregiver burnout, social isolation, and challenges navigating complex health and social care systems, factors that often contribute to hospitalizations and high-cost care. When integrated thoughtfully alongside practitioner-led services, peer support enhances caregiver understanding, reduces isolation and burnout, and improves system navigation.

In addition, CEAL's longstanding experience working with culturally diverse and under-resourced communities supports health plans' commitments to health equity, language access, and inclusive care models. As part of San Diego State University, CEAL brings the credibility of an academic institution, data-informed practices, and a strong commitment to continuous learning and improvement.

Together, CEAL's proven, training-first peer support model and experience operating at scale position the Center as a trusted implementation partner for health plans seeking to move beyond short-term pilots toward sustainable caregiver support strategies that improve outcomes, reduce avoidable utilization, and advance equity for Medicare beneficiaries and their caregivers.

Frequently Asked Questions for Health Plans and Providers

Is peer support directly billable to Medicare?	No. Peer supporters do not bill Medicare independently. Peer support activities are reimbursed when delivered under appropriate supervision and documented as part of eligible Medicare billing pathways, such as CTS-adjacent services, CCM/PCM, BHI, or Medicare Advantage arrangements.
How is peer support different from Caregiver Training Services (CTS)?	CTS consists of time-limited, practitioner-led, face-to-face training focused on specific caregiving skills. Peer support complements CTS by reinforcing learning over time, addressing emotional and social needs, and helping caregivers apply skills in real-world settings.
Who supervises peer supporters?	Peer supporters operate under structured supervision models established by CEAL, aligned with health plan and clinical partner requirements.
Does peer support replace clinical care or care management?	No. Peer support is non-clinical and designed to complement, not replace, clinical services, care management, or behavioral health care.
How does this model support compliance and quality?	CEAL provides standardized training, role definitions, supervision, documentation guidance, and evaluation to ensure services align with Medicare requirements and health plan expectations.
What outcomes can health plans expect?	Improved caregiver preparedness and confidence, reduced isolation and burnout, better adherence to care plans, enhanced member experience, and stronger support for aging in place.

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