Professional Navigation Payment
Frequently Asked Questions (FAQ)

Background

Thirty years of research and implementation have demonstrated that patient navigation leads to improved cancer outcomes and reduced health disparities. Still, the lack of navigation reimbursement means cancer providers must support navigation services through external funding or as an unreimbursed administrative cost. As a result, navigation has been inconsistently available, and the types and impact of services have varied.

In 2024, for the first time ever, the nation's Medicare Physician Fee Schedule allows a sustainable reimbursement method for nonclinical navigation. This comes in the form of the new Centers for Medicare & Medicaid Services (CMS) "Principal Illness Navigation" (PIN) reimbursement. The PIN payment policy also establishes professional expectations and training requirements for non-clinical navigators, which can raise the bar for navigation nationally.

This document is intended to help cancer providers and other stakeholders understand the new Medicare navigation payment and to answer frequently asked questions. The document will be updated as additional information becomes available. Please email ACSLION@cancer.org if you have questions, challenges, or barriers which are not covered in this document.

Key Messages

This document focuses on the payment policy established by CMS in the CY2024 Medicare Physician Fee Schedule (PFS) targeting health-related social needs. The new codes went into effect on January 1, 2024. For more information on training and credentialing opportunities, please visit www.cancer.org/lion.

Specifically, the PFS included new billing codes for the following services:

- **Social Determinants of Health (SDOH) risk assessments:** SDOH risk assessment refers to a review of an individual's SDOH or social risk factors that influence diagnosis or treatment of medical conditions.
- **Community Health Integration (CHI) services**: services performed by certified or trained auxiliary personnel, including a community health worker, under the direction of a physician or other practitioner, to address SDOH needs that affect diagnosis and treatment of a patient's medical problems.
- **Principal Illness Navigation (PIN) services:** services performed by certified or trained auxiliary personnel, including a patient navigator or certified peer specialist, under the direction of a physician or other practitioner, to help patients diagnosed with a serious, high-risk condition. FAQs about PIN services and their reimbursement are below.

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How does CMS describe principal illness navigation?

PIN services include navigation provided by certified or trained personnel as part of the treatment plan for one serious, high-risk disease expected to last at least 3 months, which places the patient at significant risk of hospitalization or nursing home placement, acute exacerbation/decompensation, functional decline, or death. The condition should require development, monitoring, or revision of a disease-specific care plan, and may require frequent adjustment in the medication or treatment regimen or substantial assistance from a caregiver. Cancer is specifically mentioned by CMS as an appropriate diagnosis for which to receive PIN services.

What are PIN services?

CMS provides 8 categories of PIN services: person-centered assessment; practitioner, home-, and community-based care coordination; health education; building patient self-advocacy skills; health care access/health system navigation; facilitating behavioral change; facilitating and providing social and emotional support; and leveraging knowledge of the serious, high-risk condition and/or lived experience when applicable to provide support, mentorship, or inspiration to meet treatment goals.

What patients are eligible for CMS reimbursement for PIN services?

These new CMS billing codes are for patients with traditional, fee-for-service Medicare. It is common for Medicare Advantage plans and private insurers to also pay for codes which are first adopted in fee-for-service Medicare, but uptake timing is variable.

What are the billing codes for PIN services?

Billing codes for 2024 are:
- G0023 – PIN services, 60 minutes/month
- G0024 – PIN services, additional 30 minutes
- G0511 – Payment of PIN services in FQHCs/RHCs
- G0140 – PIN- Peer Support, 60 minutes/month (*intended for behavioral health only)
- G0146 – PIN- Peer Support, additional 30 minutes (*intended for behavioral health only)

Are patients required to have social determinants of health/health-related social needs?

No. PIN services can be provided and billed for patients with or without identified SDOH needs.

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Who can provide PIN services?

PIN services are performed by certified or trained auxiliary personnel, incident to the professional services, and under the general supervision of the billing practitioner. In other words, these personnel have been certified or trained in the 8 CMS competencies of PIN services noted above.

- CMS describes auxiliary personnel as those acting under the supervision of a practitioner. Auxiliary personnel cannot bill independently for the services they provide
- Auxiliary personnel may be an employee, leased employee, or independent contractor

PIN personnel include non-clinical staff such as patient navigators and certified peer specialists. Clinical staff with navigation responsibilities may also provide PIN services.

As noted, PIN services can be provided by a third party. The billing practitioner may contract with an entity such as a community-based organization (CBO), if there is 'clinical integration'. The PFS specifies that the CBO must be not-for-profit.

What are the PIN training requirements?

In states that do not have applicable certification requirements, training required to provide PIN services must include the competencies of patient and family communication, interpersonal and relationship-building, patient and family capacity-building, service coordination and system navigation, patient advocacy, facilitation, individual and community assessment, professionalism and ethical conduct, and the development of an appropriate knowledge base, including specific certification or training on the serious, high-risk condition/illness/disease addressed in the initiating visit.

The American Cancer Society Leadership in Oncology Navigation (ACS LION™) includes a standardized training and credentialing program that meets the CMS training requirements for PIN reimbursement and is aligned to professional oncology navigation (PONT) standards. For more information, go to www.cancer.org/lion

What types of interactions are allowed for PIN services?

CMS allows for PIN services conducted in person, electronically, virtually, or through a mix of interactions.

- CMS did not add PIN services to the Medicare Telehealth List, as elements of PIN services may not require face-to-face interaction with patients

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Who can bill for PIN services?

Since Medicare does not allow navigators to bill directly for their services, navigators must provide navigation services under the direction of a billing provider (in most cases, a physician, advanced practice provider, or psychologist) working in the outpatient setting.

PIN services are 'incident to', meaning that outpatient services can be provided by auxiliary personnel and billed as part of the practitioner's billing. 'Incident to' services are considered an integral, although incidental, part of the provider's professional services during diagnosis or treatment.

What is the difference between clinical and non-clinical navigation? Clinical and non-clinical navigators?

Table 1 summarizes the difference between clinical and non-clinical navigation. The PIN payments focus on non-clinical navigation; however, clinical staff can also provide PIN navigation services that contribute toward PIN billing requirements (e.g., toward the 60 minutes per month required to bill G0023), with appropriate documentation.

Table 1. Summary of Clinical and Non-Clinical Navigation

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Type of Oncology Navigation	Delivered By	Service Focus
Clinical Navigation	**Clinical Navigators** Trained healthcare professionals with a knowledge of oncology clinical care who may be called nurse navigators or oncology nurse navigators. This type of navigation may also be provided by social work navigators, depending on the scope of practice and licensure defined for the position.	Education, resources, psychosocial support, and care coordination, particularly as it relates to the cancer diagnosis, testing, treatment, and side effects.
Nonclinical Navigation	**Patient Navigators** Professionals without a clinical license with a primary job responsibility of providing navigation services. They may also be called oncology patient navigators, lay navigators, or resource navigators.	Information and assistance with accessing health facility or community-based resources to overcome logistical barriers to care and other nonclinical needs.
Navigation Support	Individuals who extend navigation services but for whom navigation is not their primary or full-time role. They are part of the care team and can have a variety of titles or be a volunteer.	Targeted areas of nonclinical navigation that may be defined by a specific time period, event, population, or need.

Can hospital-based oncology providers bill for Medicare PIN, as 'incident-to' services?

In March 2024, CMS published an FAQ document www.cms.gov/files/document/health-related-social-needs-faq.pdf clarifying that PIN (and CHI) services can be furnished in both facility and non-facility settings.

Specifically, CMS wrote, "We created payment rates under the Physician Fee Schedule (PFS) that appropriately reflect the resources involved in furnishing these physician's services in an institutional or facility setting, and outside of such settings. The CHI and PIN codes are priced in both the facility and non-facility settings. The billing physician or practitioner should report the place of service (POS code) for the location where they would ordinarily provide in-person, face-to-face care to the beneficiary. For instance, a billing practitioner who ordinarily furnishes in-person, face-to-face care to a beneficiary in a hospital outpatient department should bill for CHI or PIN services using the place of service for hospital outpatient departments for the professional work associated with the service, which will be paid at the facility rate."

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What are the PIN payments?

Table 2 summarizes the PIN payment rate established in the 2024 PFS.

	Non-Facility Payment	Facility Payment (facility fees excluded)	Fee-For-Service Patient Cost-Sharing (no supplemental coverage)
G0023 (60 min)	$79	$49	$16 (non-facility); $10 (facility, facility fees excluded)
G0024 (add'l 30 min)	$49	$34	$10 (non-facility); $7 (facility fees excluded)

How are PIN services initiated?

PIN services require an initiating visit, usually an evaluation/management (E&M) visit furnished by the provider who will be supervising the PIN services during the subsequent calendar month(s). An initiating visit is required at the time of PIN initiation and annually if PIN services continue for 13 months or more. PIN services cannot be initiated or provided when patients are in an inpatient setting (so patients admitted in hospitals or skilled nursing facilities are ineligible).

Is patient consent required?

Patients or their surrogates must provide consent for PIN services, as patient cost sharing applies to PIN services.
- Patient consent is required in advance of providing PIN services
- Consent must explain that cost sharing will apply (for patients without supplemental plans that cover these costs)
- Consent may be written or verbal and documented in the medical record
- Consent may be obtained by auxiliary personnel
- Consent must be obtained annually or when the billing practitioner changes

What should PIN documentation include?

CMS did not provide specific requirements for PIN documentation in the PFS. It is reasonable that the navigator (auxiliary personnel) document the following in the medical record (and billing provider attest/cosign):

- Total time spent providing PIN services
- Activities performed by auxiliary personnel

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- How activities are related to the treatment plan
- Identified SDOH needs, if present, and activities to address them

PIN services require a minimum of 60 minutes of navigation time per month. What if patients require less than an hour of navigation time in a particular month?

CMS notes that PIN services are appropriate for patients who require a substantial amount of time per month. If patients do not need 60 minutes or more of navigation in a month, CMS recommends using other care management codes (like Complex Care Management or Principal Care Management), when conditions for billing those codes are met.

Does CMS limit PIN services?

The 2024 PFS does not apply practitioner, frequency, or duration limits for PIN services. CMS notes that cancer patients may require highly specialized navigation requiring multiple PIN services for a 'prolonged period of time'.

What if providers have not yet made a diagnosis of a serious illness? Can PIN services be started during workup?

Yes. A definitive diagnosis is not required before the practitioner makes a clinical determination that the patient has a serious high-risk condition. For example, a liver mass found on screening ultrasound for which biopsy is being arranged and a patient followed closely would meet the requirements for beginning PIN services if the practitioner's clinical judgment determines that the mass represents a serious high-risk condition for that patient and PIN services should be furnished as part of the early treatment plan.
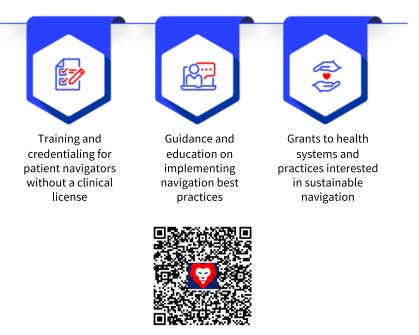
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How Is ACS Helping to Elevate and Expand Professional Navigation?

ACS will use our voice and credibility as the leading cancer non-profit and early champion of patient navigation to create and launch scalable navigation efforts through training and credentialing, implementation support, and capacity building.

The American Cancer Society Leadership in Oncology Navigation (ACS LION™) includes a standardized training and credentialing program that helps navigators provide essential services to individuals, caregivers, and families experiencing cancer. The program meets the CMS training requirements for PIN reimbursement and is aligned with the Oncology Navigation Standards of Professional Practice.

In addition to training and credentialing, ACS will continue to serve as a national convener of stakeholders interested in the implementation, evaluation, and sustainability of patient navigation. We will offer a variety of resources to help oncology providers build effective and efficient professional navigation services.

ACS LION™ NAVIGATION SUPPORT

Training and credentialing for patient navigators without a clinical license	Guidance and education on implementing navigation best practices	Grants to health systems and practices interested in sustainable navigation

For more information on training and credentialing through ACS LION