

Reimbursement Guide for Non-Clinical Patient Navigation

Purpose of this Guide

This reimbursement guide helps patient navigators and partner providers navigate the complex payment pathways for patient navigation to generate revenue and sustain the critical non-clinical support services they provide.

With digital health solutions, patient navigation teams can scale navigation services and address resource constraints. The EHR adaptation module in this blueprint as well as the [CancerX Solutions Catalog](#) provide examples of solutions that increase patient navigator capacity, enable patient triage and longitudinal tracking, and automate data collection for billing.

Non-Clinical Navigation Services for Those with Medicare or Medicaid

Practices seeking reimbursement for providing patient navigation services to publicly insured patients can do so through the newly available Principal Illness Navigation (PIN) pathway. **PIN covers non-clinical navigation services** furnished by non-clinical staff, **including:**

- Health system navigation
- Person-centered planning
- Identifying or referring patients, caregivers or family to supportive services
- Practitioner, home, and community-based care coordination or communication
- Patient self-advocacy promotion
- Community-based resource access facilitation

Quick Facts: [Principal Illness Navigation \(PIN\) Pathway](#) (HCPCS codes G0023-G0024)

- PIN codes are time-bound. To bill against the pathway, patient navigators must systematically track and document time spent on qualifying services.
- PIN services can be furnished in both facility and non-facility settings.
- To begin billing within the PIN pathway, the patient must have a qualifying initiating visit with a cancer care provider enrolled in Medicare who will refer the patient to a credentialed patient navigator to receive PIN services.
- The billing provider must obtain consent to provide PIN services before or at the same time services commence and annually thereafter.
 - Patients should be educated that Part B cost sharing and coinsurance may apply.
- To provide PIN services, patient navigators must be credentialed through CMS-compliant training; see [Patient Navigator Credentialing](#).

- Credentialed patient navigators provide services under the supervision of a cancer care provider, and this provider bills for the services rendered.
 - As such, the patient navigators must maintain proper documentation to support billing; see [Documentation Checklist for Patient Navigators](#).
- PIN codes can be used with other payment pathways that support clinical navigation, such as chronic or principal care management codes, as long as the same time and effort are not counted twice.
- PIN services can be furnished via telehealth but are not included in the Medicare Telehealth Services List.

FAQ: Patient Navigator Credentialing

Q: How do I become a credentialed patient navigator?

Professional patient navigators are often referred to as non-clinical auxiliary staff and can include community health workers. CMS defers to state-based credentialing requirements for navigators. In states that do not have applicable licensure, certification, or other laws or regulations governing the certification or training of non-clinical auxiliary personnel, those personnel must be certified through a training program that meets the required CMS service elements.

Q: What are the CMS-required service elements for patient navigator training?

Training must include the following competencies:

- | | |
|--|---|
| <input type="checkbox"/> Patient and family communication | <input type="checkbox"/> Patient advocacy, facilitation, individual and community assessment |
| <input type="checkbox"/> Interpersonal and relationship-building | <input type="checkbox"/> Professionalism and ethical conduct |
| <input type="checkbox"/> Patient and family capacity building | <input type="checkbox"/> Development of an appropriate knowledge base, including specific certification or training on the serious, high-risk condition addressed in the initiating visit |
| <input type="checkbox"/> Service coordination and systems navigation | |

Q: Where can I find CMS-compliant patient navigator training?

State-based Training: Some states have certification or licensure requirements for patient navigators, which CMS defers to. However, CMS has not clarified whether [state-based certification requirements for community health workers](#) apply to cancer patient navigators providing PIN services.

The American Cancer Society: [ACS Leadership in Oncology Navigation](#) is a standardized training and credentialing program that meets CMS training requirements for PIN reimbursement and is aligned with professional oncology navigation (PONT) standards.

George Washington University: [Free, CMS-compliant patient navigator training](#) focused on national consensus-based competencies for oncology patient navigators without a clinical license.

Documentation Checklist: Billing for Patient Navigation

The following recommendations are adapted from two CMS documents: [Health Equity Services in the 2024 PFS Final Rule](#) and [Health-Related Social Needs FAQ](#), which includes a section on documentation requirements for PIN services.



Initiating Visit with a Healthcare

Practitioner: The billing provider establishes qualifying serious, high-risk conditions and need for PIN services



Patient Consent: The patient navigator obtains written or verbal consent to provide services after educating the patient about applicable cost-sharing and coinsurance responsibilities



Nature of Services: In the EHR, the patient navigator categorizes and documents the nature of PIN services about the practitioner's plan of care



Review and Verification of Documentation:

The billing provider must review and verify all PIN service documentation entered into the EHR



Auxiliary Personnel Qualifications:

The team ensures compliance with all state certification and training requirements and meets all “incident to” billing conditions for payment



Time Spent with Patient: The navigator documents time spent on qualifying activities and ensures that they do not double count this time in other care management pathways



Unmet Social Needs Addressed:

The navigator uses ICD-10 Z codes to document that SDOH needs are addressed

Non-Clinical Navigation Services For Those with Commercial Insurance

Practices seeking reimbursement for patient navigation services provided to commercially insured patients generally do so through the Principal Care Management (PCM) pathway. PCM covers non-clinical navigation services furnished by clinical staff, including:

- Structured recording of patient health information
- Keeping comprehensive electronic care plans
- Managing care transitions and other care management services
- Coordinating and sharing patient health information within and outside the practice

Quick Facts: [PCM Pathway \(CPT codes 99424–99427\)](#)

- PCM covers non-face-to-face comprehensive care management services provided by physicians, clinical staff, or other qualified healthcare professionals for one serious, high-risk chronic condition.
- To begin billing within the PCM pathway, new patients or patients the billing practitioner hasn't seen within one year must have an initiating visit.
- Patient consent must be obtained once before PCM service provision. Patients only need to be reconsented if the provider furnishing the PCM services changes.
 - » Patients should be educated that usual cost sharing and coinsurance may apply.
- PCM codes can be combined with other payment pathways that support navigation as long as the same time and effort are not counted twice.
- What's Next for PCM? Seven of the nation's largest insurers have committed to [expanding access to navigation services](#) via PCM or other relevant codes for 150 million Americans in their network.