Q&A’s

For Funding Community Health Workers and Patient Navigators in Cancer Care: Understanding New Medicare Billing Codes

Feb 20, 2024 | Live Webinar

PLEASE NOTE: The 2024 Physician Fee Schedule (PFS) Final Rule is new, and the answers we provide below are based on our best interpretation of the rule given current guidance. These answers are subject to change with additional guidance or revised information from the Centers for Medicare and Medicaid Services (CMS). This is our best interpretation of the rule and does not reflect official guidance of CMS or our respective institutions.

What are the steps to take to get reimbursement for CHW and navigation services?

Required

1. Set up workflows for billing, including codes in the EHR
2. Ensure auxiliary staff are trained
3. Consent patient to document acceptance of cost-sharing
4. Document patient needs, services provided, and time spent providing services

Recommended (not required by CMS, but helpful for the field)

5. Include key stakeholders in process
6. Document reasons for non-consent
7. Track cost to patients due to cost-share to assess financial burden of billing on patients
8. Track revenue return on investment to assess cost of navigation services compared to revenue received

What are billable services?

The rule provides a number of examples of qualifying activities, including the provision and facilitation of person-centered assessments (which involves assessing how SDOH might affect a person’s health care adherence and outcomes); patient-driven goals of care; care planning; care coordination; and communication (including in-system navigation and coordination of community-based care); health education; coaching and mentoring to support patient self-advocacy; and collection of health outcomes data. There are separate codes and credentialing requirements for PIN-Peer Support that we did not directly address in the webinar.

What are the new billing codes, rates, and time parameters?

See attached article at the end of the PDF sent, but note that rates will change annually. You can look up rates https://www.cms.gov/medicare/physician-fee-schedule/search

How do navigators bill?

Auxiliary staff providing navigation services can bill incident to a qualifying physician, Advanced Practice Nurse (APRN), or Physician Assistant (PA) based on state scope of practice laws for who qualifies as a billing practitioner.
Are navigation services able to be billed by both nurse and lay navigators?
First, we note the term “lay” is not preferred as it typically refers to unpaid volunteers. Second, yes, the new G-codes for PIN may be used by any auxiliary personnel performing these services, provided they are appropriately trained. CHWs, patient navigators, RNs and social workers would bill all time collectively providing services to a patient under one qualifying billing provider per patient per serious condition per month.

Who qualifies as a supervising billing practitioner?
Physicians qualify as a billing practitioner. APRNs and PAs may qualify based on state scope of practice laws.


Can a community-based non-profit that is not affiliated with an outpatient medical entity bill for patient navigation services?
Not directly. For navigation performed at community sites, a contract should be established between the community based organization and the billing provider. Clear integration of services with (not simply referral from) the supervising billing practitioner must be documented. The practitioner must bill and then compensate the community-based organization providing services.

Will CHWs be recognized as a billable provider?
No. CHWs and other auxiliary staff must bill incident to services under a qualifying billing practitioner based on state scope of practice laws.

Is there a co-pay for patients to receive related services?
Yes, the typical 20% cost-share for Medicare services applies to all billing except in the case of social determinants of health (SDOH) screening done at an annual wellness visit (considered preventive care). CMS anticipates that those in the most need will have secondary insurance through Medicaid or other coverage, reducing the financial burden on patients with the lowest income. However, this is something we will need to monitor to ensure the net financial benefits are positive on patients. Research in this area is needed.

What documentation is required to bill for services?
Documentation for CHI, PIN, and SDOH Risk Assessment should be in the medical record and include the unmet social needs that CHI services are addressing, time spent providing services, documentation of patient consent for receipt of services and associated cost sharing (which can be verbal), description of services performed, and associated ICD-10, ICD-10 Z, and G-Codes.
Does navigation have to take place after the social determinants of health assessment?

Not necessarily. However, a comprehensive person-centered assessment is expected as part of the provision of PIN (using code G0023 for the first 60 minutes of all PIN services, including assessment) before subsequent services are provided using code G0024 (additional 30 minute increments) billed monthly.
Can these codes be used for individuals in the screening and diagnostic pathways who do not have a cancer diagnosis?
While CMS is considering and seems to favor expanding utilization of codes to earlier points in the continuum, currently PIN services are limited to services to address needs of patients with a health condition expected to last for at least 3 months of management. However, it should be noted that cancer is not the only condition eligible for services - any condition that is chronic in nature / expected to last for at least 3 months qualifies as a health condition for which PIN services are billable. For example, an undiagnosed mass could qualify as a serious condition based on clinical judgment and documentation. Additionally, based on our reading of the rule, the CHI codes seem to be applicable for navigation and coordination of community-based services to facilitate diagnostic resolution.

How can providers maximize reimbursement? Are there similar codes that could be coupled?
You cannot double bill for time. For both PIN and CHI services, CMS notes that there are separate payments under the PFS for a number of care management and other services that may include aspects of PIN and/or CHI services. Those care management services focus heavily on clinical, rather than social, aspects of care.

You can furnish PIN / CHI services in addition to other care management services if you:
- Don’t count time and effort more than once
- Meet requirements to bill the other care management services
- Perform services that are medically reasonable and necessary

Can providers continue to bill for telehealth?
Telehealth reimbursement was extended through December 31, 2024. No final determination has been made for permanent telehealth billing after that date.

What are training and certification requirements for billing these codes?
CMS does not endorse any particular organization, certification process, or credential, deferring to state-based credentialing requirements where they exist. A primer on credentialing was just published in JONS. First look to state requirements, including credentialing (e.g. CHWs) and licensure (e.g. nursing, social work) for appropriate roles.

In the absence of state requirements, CMS specifies that auxiliary personnel must document training in the following competencies:
- Patient and family communication
- Interpersonal and relationship-building skills
- Patient and family capacity building
- Service coordination and systems navigation
- Patient advocacy, facilitation, individual and community assessment
- Professionalism and ethical conduct
- Development of an appropriate knowledge base, including training on the condition addressed in the initiating visit (for PIN) or including of local community-based resources (for CHI)
A free resource for training is available from GW Cancer Center’s Technical Assistance Program at bit.ly/PNTraining with a corresponding guide in English and Spanish available at bit.ly/PNGuides2023.

How do we find out our state requirements?

Key resources to look at:
- C3 CHW Resource Guide
- National Academy for State Health Policy tracker.
- ASTHO CHW Medicaid blog

It is currently unclear the extent to which auxiliary staff that have a more specific scope of practice than CHWs fall under these state requirements. In some states, this is clear (navigators are named under CHW requirements) while in other states this remains unclear. Contact your state Department of Health to ask about any auxiliary staff requirements. In our interpretation of the rule, for those with more rigorous licensure requirements than navigators or CHWs, such as social workers, documenting core competence in the relevant areas should be sufficient without the need for duplicate, less rigorous training.

What available trainings fulfill the requirements of the CMS competency domains?
- GW Cancer Center Oncology Patient Navigator Training: The Fundamentals (free). Available at bit.ly/PNTraining
- PNCT: Patient Navigation and Community Health Worker Training (may need to take multiple levels of training to cover all competencies. Free for CO residents; cost varies for out-of-state participants). Find out more: https://patientnavigatortraining.org
- Check with your state Health Department if there is a CHW office or department for approved trainings in your state.
- Check with your state CHW or PN organization (if available; see https://nashp.org/state-tracker/state-community-health-worker-policies/).

Does CMS have a separate code for Federally Qualified Health Centers (FQHCs)? Can FQHCs use these codes to support assessment, navigation, barrier reduction, etc. to assist patients obtain cancer screening?

FQHCs: G0511 previously could be used for general care management from Federally Qualified Health Centers, starting January 1, 2024, Remote Patient Monitoring (RMB) is also acceptable. It is the interpretation of the presenters that these codes could be used to assess and navigate patients at FQHCs as needed prior to a cancer diagnosis.
Is this being considered for Medicaid patients and if so what is the anticipated timeline?

Medicaid reimbursement relies on state laws. Ask your state Department of Health if there are options to reimburse CHWs or navigators at the state level.

Palliative Care reimbursement
Advance care planning, chronic care management, behavioral health, psychiatric care, transitional care, and home health and hospice supervision were already reimbursable services - look to prior codes for these services. There are new caregiver training service codes, as well, including group training. See ASCO’s summary for more information.

From American Society of Clinical Oncology Care Management Services and Proposed Social Determinants of Health Codes Summary document

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Services provided by or under the direction of a physician or qualified health care professional or under when medical and/or psychosocial needs require establishing, implementing, revising, or monitoring the care plan for a patient with multiple chronic conditions expected to last at least 12 months and place the patient at significant risk of death, exacerbation, or decline.

Services provided by or under the direction of a physician or qualified healthcare professional that focus on the medical and/or psychosocial needs of a patient indicated by a single, high-risk disease or condition at significant risk of death, exacerbation, or decline.

Services for patients with medical and/or psychosocial needs which require moderate to high level of medical decision-making during transitions of care from an inpatient hospital setting to a community setting.

What can Cancer coalitions and others do to disseminate information about the new codes?
Coalitions can disseminate information about state-specific requirements for training, national training and certification options, and convene implementers to share lessons learned.

CMS Coding Resources
- CMS LMN Booklet - specific to new health equity codes
- CMS Health and Behavior Assessment/Intervention - Medical Policy Article
- American Society of Clinical Oncology Care Management Services and Proposed Social Determinants of Health Codes Summary document
- American Medical Association. CY 2024 Medicare Physician Payment Schedule and Quality Payment Program (QPP) Final Rule Summary.
- AMA Reporting CPT codes for oncology Navigation services: The Cancer Moonshot
• American Psychological Association. 2020 Health Behavior Assessment and Intervention Billing and Coding Guide
• Rush Center for Health and Social Care Integration. Expanding Access to Mental Health and Social Care: 2024 Medicare Part B Policy Developments

Training Resources available at no cost
• GW Oncology Patient Navigator Training: The Fundamentals (free training that meets CMS requirements)
• Updates to the GW Oncology Patient Navigator Training: The Fundamentals (2024) (pdf).
• Financial Navigation Lesson for Oncology PatientNavigators
• Patient Navigation Guide (English and Spanish)
• Reducing Financial Toxicity Tip Sheet (English and Spanish - coming soon)

Resources for Implementation
• Advancing the Field of Cancer Patient Navigation (toolkit)
• Implementing the Commission on Cancer Standard 8.1 Addressing Barriers to Care
• NCCN Evidence-based Resources for Patients and Navigators
• NCCN Measuring and Addressing Health Related Social Needs
• Oncology Navigation Standards of Professional Practice
• Patient Navigation job roles by levels of experience: Workforce development task group NNRT
• National Academies Integrating Social Needs Care into the Delivery of Health Care to Improve the Nation’s Health

Tools
• Acuity tool (in development)
• Patient Navigation Barriers and Outcomes Tool (PN-BOT) (evaluation tool) - free