

## 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.

See Wiesen, K. (2024). Nurse Practitioner Scope of Practice by State. NursingProcess.Org. <https://www.nursingprocess.org/nurse-practitioner-scope-of-practice-by-state.html>

### **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.

From [American Society of Clinical Oncology Care Management Services and Proposed Social Determinants of Health Codes](#) Summary document

Care Management (CCM, CCCM, PCM)	Transitional Care Management (TCM)
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Narrative detailing need for care management services.</li> <li><input checked="" type="checkbox"/> Beneficiary eligibility for service.</li> <li><input checked="" type="checkbox"/> Comprehensive care plan (with measurable goals) established, implemented, revised, or significantly monitored.</li> <li><input checked="" type="checkbox"/> Patient or caregiver must be given a copy of the care plan. Medicare does not specify a certain format for care plan.</li> <li><input checked="" type="checkbox"/> Discussion narrative with beneficiary and his/her prior permission acceptance (verbally for patients who have been seen in the practice within past 12 months or written for those who have not).</li> <li><input checked="" type="checkbox"/> Documentation of verbal acceptance and explanation of cost-sharing and restrictions of care, if applicable, to the patient.</li> <li><input checked="" type="checkbox"/> Note regarding beneficiary may terminate consent at any time.</li> <li><input checked="" type="checkbox"/> Support services rendered.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Date patient was discharged.</li> <li><input checked="" type="checkbox"/> Date of interactive communication with the patient/caregiver.</li> <li><input checked="" type="checkbox"/> Any unsuccessful attempts to contact the patient.</li> <li><input checked="" type="checkbox"/> Date the face-to-face visit occurred.</li> <li><input checked="" type="checkbox"/> Complexity of medical decision making through the care period.</li> </ul>

Community Health Integration	Principal Illness Navigation	SDOH Risk Assessment
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Initiating visit by billing practitioner who will be furnishing the CHI service, during which SDOH need(s) that significantly limit the practitioner's ability to diagnose/treat the problem addressed at the visit are identified and assessed, and a treatment plan is established.</li> <li><input checked="" type="checkbox"/> Time spent furnishing services in relationship to the SDOH needs and clinical problems intended to help resolve.</li> <li><input checked="" type="checkbox"/> Description of activities performed.</li> <li><input checked="" type="checkbox"/> Record of SDOH need(s) required in medical record.</li> <li><input checked="" type="checkbox"/> Reporting of associated ICD-10 Z codes will be encouraged.</li> <li><input checked="" type="checkbox"/> Consent obtained by auxiliary personnel prior to providing CHI services and if there's a change in the billing provider.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Initiating visit by billing practitioner that identifies the medical necessity of the navigation services and establishes an appropriate treatment plan.</li> <li><input checked="" type="checkbox"/> Time spent in relationship to the serious, high-risk illness with description of activities performed and how they are related to the treatment plan.</li> <li><input checked="" type="checkbox"/> Identification of SDOH needs if present.</li> <li><input checked="" type="checkbox"/> Reporting of associated ICD-10 Z codes will be encouraged.</li> <li><input checked="" type="checkbox"/> Consent obtained by auxiliary personnel on an annual basis either before or after initiating services.</li> </ul>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Identified SDOH needs must be documented in the record.</li> <li><input checked="" type="checkbox"/> Reporting of associated ICD-10 Z codes will be encouraged.</li> </ul>

**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](https://bit.ly/PNTraining) with a corresponding guide in English and Spanish available at [bit.ly/PNGuides2023](https://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](https://bit.ly/PNTraining)
- Susan G. Komen Patient Navigation Training Program (free). Available at <https://www.komen.org/about-komen/our-impact/breast-cancer/navigation-nation-training-program/>
- 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>
- American Cancer Society LION. (\$495). Available at <https://www.cancer.org/health-care-professionals/resources-for-professionals/patient-navigator-training.html>
- 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

<b>Chronic Care Management (CCM)</b> 99437, 99439, 99490, 99491	<b>Complex Chronic Care Management (CCCM)</b> 99487, 99489	<b>Principal Care Management (PCM)</b> 99424-99427	<b>Transitional Care Management (TCM)</b> 99495, 99496
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 <b>multiple chronic conditions</b> expected to last at least 12 months and place the patient at significant risk of death, exacerbation, or decline.	Chronic care management services that require a <b>moderate or high level of decision making</b> .	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 <b>single, high-risk disease</b> 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 <b>transitions of care from an inpatient hospital setting to a community setting</b> .

## 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 CY 2024 Payment Policies Under the Physician Fee Schedule](#) FR Doc. 2023–24184.
- [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 Patient Navigators](#)
- [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 Patient Advocate Foundation White Paper: Health Needs Navigation](#)
- [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](#)