Enhance the cancer patient journey with CMS' new navigation reimbursement

Key components of CMS' new rule

- **In January 2024, the Centers for Medicare & Medicaid Services (CMS) began reimbursing navigation services to support the Cancer Moonshot program.** Studies show that providing cancer patients with navigation services improves quality, outcomes, experience, and retention.[1] But many organizations have struggled to justify the financial cost of navigation programs.

- **Providers can bill four new navigation Current Procedural Terminology (CPT) codes monthly.** The new codes are categorized as social determinants of health (SDOH) risk assessment, principal illness navigation (PIN), and community health integration (CHI). These codes are similar to chronic care management and transitional care management codes established for population health and inpatient case management (such as identifying barriers to care). However, the navigation codes have distinct differences. Navigators must:
  - Identify and refer patients to supportive care services that help remove barriers to care.
  - Be certified to provide the services by organizations like the American Cancer Society, Academy of Oncology Nurse and Patient Navigators, and George Washington University Cancer Center Oncology Patient Navigator Training.
  - Document specific touchpoints in the patient's care journey.

What this means for provider organizations

- **The financial value of navigation programs reaches beyond the new reimbursement opportunity.** A robust navigation program can lead to as much as a 23% increase in conversions from referral to first appointment and as much as an 11% increase in patient retention.[2]

- **Reimbursement for navigation services opens new doors in program design.** However, workflows must support patient needs and not be hindered by billing requirements. Recommended touchpoints may include welcome to the organization, pre-visit preparation, post-visit follow-up, treatment transitions, and ad hoc patient contact, as visualized in the table below.

  Note: Organizations should begin with patient needs and determine how billing requirements fit into already identified workflows. Programs structured around reimbursement can lead to a billing-centric navigation program that may not adequately support all patients.

- **Navigators must document the time spent and content of the interaction in the electronic health record (EHR) to bill for reimbursement.** In addition to CMS requirements, documentation practices should follow navigation standards of identifying barriers to care and provide key context for all members of the care team.

- **Organizations should investigate billing rules within their state and institution.** These should include:
  - Complete list of navigator credentialing and training organizations
  - Differences in reimbursement for facility vs. ambulatory-based services
  - Differences in reimbursement for nurse vs. non-nurse navigators
  - Standardization of documentation criteria for reimbursement
  - Enhanced services that can be reimbursed for practices participating in CMS' Enhanced Oncology Model (EOM)
  - Differences in guidelines by state

Billing opportunity	Patient journey	Navigation function
Social determinants of health visit (SDOH) Requirements: Prior to first visit. Virtual. Billing code(s): G0136 Notes: SDOH may change in a patient's cancer journey and may be evaluated and billed throughout.	**1. Access and intake**	**Intake support** ■ Provide comfort and answer patient questions during intake. ■ Work with team and patient to ensure appointments are coordinated, clarify financial obligations, such as costs sharing, and support wayfinding.
	2. First appointment preparation	**Personal connection and barrier identification** ■ Introduce patient to navigation program and make personal connection with patient, family, and/or caregiver.
	3. First care team appointment	■ Identify opportunities to reduce or eliminate barriers to care and summarize for care team prior to first appointment. Confirm and coordinate barrier interventions. ■ Communicate status and completion of intake process with team—consent, medication recommendations, insurance, and scheduling. ■ Follow up with patient prior to first appointment to discuss scheduling, answer questions/educate, and provide wayfinding.
Principal illness navigation (PIN); chronic care management (CCM) visits Requirements: After E/M first visit, must be 60 mins. (+ additional 30 min. as needed). Virtual/In-person. May be billed monthly per patient. Billing code(s): G0023, G0024, 99426-99427	**4. Follow-up to inform treatment**	**Checking in and problem solving** ■ Proactively check-in with patient pre-, mid-, and post- testing and treatments and respond to patient/family/caregiver needs.
	5. Treatment and support services	■ Field questions and requests and collaborate with care team to respond promptly and effectively. ■ Continually identify barriers to care and collaborate with care team to resolve or reduce.
	6. Treatment transitions **7. Surveillance and survivorship**	**Transition support** ■ Coordinate hand-offs between care settings and services, including admission and discharge from inpatient/acute care settings and transition to appropriate care team(s)/end-of-treatment settings for active surveillance, survivorship, or end-of-life care. ■ Continually identify barriers to care and collaborate with care team to resolve or reduce.

**Community health integration (CHI) billing codes (G0019, G0022) are primarily applicable for population health navigators and not the focus of oncology navigators within the above functions.*

What provider organizations need to do now

- **Evaluate the organization's ability to perform "incident-to" billing.** Current CMS navigation billing opportunities must be "incident-to" billing, which can present barriers for billing within hospital-based clinics.
- **Assess current navigation functions against reimbursement criteria, if applicable.** Determine gaps in existing workflows to realize financial opportunity.
- **Map billing opportunities to mirror patient journey.** Determine opportunities to bill for services within existing or proposed navigation workflows.
- **Standardize documentation.** Implement supportive IT enhancements (e.g., EHR flow sheets).
- **Educate staff.** Ensure program-wide alignment on documentation practices.
- **Partner with your internal billing department.** Central billing office and revenue integrity teams can provide support on billing workflows, including retroactive billing practices post-services rendered, staff education, and coordination with other departments.
- **Learn from navigation-adjacent departments.** Coordinate with your organization's existing population health and case management teams. New billing criteria may align closely to established criteria for chronic care management and case management.
- **Treat denials as a learning opportunity.** Analyze patterns of reimbursements and denials and align on necessary changes in workflows to ensure more consistent reimbursement.

The optimal design for navigation programs' operational and billing workflows invites a new layer of complexity for balancing patient needs with reimbursement. But under the new guidelines, organizations can prioritize patient needs while managing the realities of patient journey billing requirements.

We can help.

Contact us to learn how to incorporate new billing guidelines to build or enhance your navigation program.

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SOURCES

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2. Chartis analysis of client data.