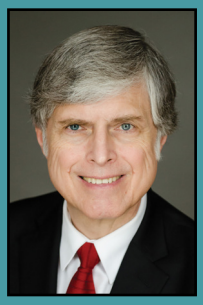
CMS Reimbursement for Patient Navigation



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The Centers for Medicare & Medicaid Services (CMS) issued a final rule (effective January 1, 2024) authorizing Medicare reimbursement for patient navigator services billed incident to the services of a licensed provider. Such services may be provided for patients with "serious high-risk disease" expected to last at least three months.[1] Medical assistants are permitted to provide such patient navigator services incident to the services of the delegating/overseeing licensed provider (e.g., MD, DO, nurse practitioner, physician associate/assistant), and CMS will reimburse the provider for these services.

Here are some answers to frequently asked questions about CMS reimbursement:

What is "incident to" billing?

CMS provides the following definition:

> The term "incident to" refers to the services or supplies that are a key part of the physician's [or other licensed provider's] personal professional services in the course of diagnosis or treatment of an illness or injury. In plain language: under the "incident to" provision of Medicare, services are submitted under the physician's NPI [National Provider Identifier number] but are performed by someone else.[2]

Who are auxiliary personnel?

The Code of Federal Regulations offers this definition:

> **Section 410.26. Services and supplies incident to a physician's professional services: Conditions.**
>
> (a) Definitions …
>
> (1) Auxiliary personnel means any individual who is acting under the supervision of a physician (or other practitioner) … and meets any applicable requirements to provide incident-to services, including licensure, imposed by the State in which the services are being furnished.[3]

What are PIN services?

Principal illness navigation (PIN) services are frequently delegated to auxiliary personnel such as medical assistants. Note the following description of PIN from the American Cancer Society:

> 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.[4]

CMS lists the following categories of 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.[4]

Who can provide PIN services?

Auxiliary personnel provide PIN services delegated by the overseeing/delegating provider as long as the auxiliary is knowledgeable and competent in the delegated PIN services.

Who verifies that the auxiliary providing PIN services is knowledgeable and competent in the delegated PIN services?

The billing/delegating provider is responsible for verifying the competence of the auxiliary.

Must a minimum duration of PIN services be provided each month to be reimbursable?

Yes, 60 minutes of navigation time must be provided each calendar month.

Must PIN services be provided by a clinical health professional or a licensed health professional?

No. A non-clinical or a non-licensed health professional (such as a medical assistant) is permitted to perform PIN services if the auxiliary is knowledgeable and competent in the PIN services assigned by the delegating provider.

What competencies must a patient navigator have to be delegated PIN services?

Note the following from the American Cancer Society:

> 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

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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.[4]

Must a patient navigator be a community health worker to be delegated PIN services?

No. The community health worker (CHW) is a distinct profession that has mandatory education and testing requirements in some states. Many CHWs function as patient navigators. However, state laws regarding physician, nurse practitioner, and physician associate/assistant practice do not require providers to delegate patient navigation tasks only to CHWs. ✦

Questions about this article may be directed to the author at DBalasa@aama-ntl.org.

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