



Principal Illness Navigation in Action: Strengthening Social Work's Role in Oncology

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Wendy Whitekettle, LCSW APHSW-C

Learning Objectives & Financial Disclosures

- **Describe** the role of Principal Illness Navigation (PIN) services within oncology care
- **Explain** key requirements for implementing PIN billing, including supervision, consent, and documentation
- **Identify** the contributions of social workers and interdisciplinary team members in delivering PIN services
- **Apply** strategies to integrate PIN workflows into clinical practice

Financial Disclosures

Krista Nelson, LCSW, OSW-C, and Wendy Whitekettle, LCSW have no relevant financial relationships to disclose.

Principal Illness Navigation (PIN)

- Overview of PIN & Regulations
- Advocating Nationally and within the team
- Leveraging resources
- Stakeholder assessment
- Finances
- Workflows
- Data/ EPIC analyst coordination



2024 Physician Fee Schedule

Centers for Medicare and Medicaid Services (CMS) added reimbursement for addressing Social Drivers of Health needs

Community Health
Integration (CHI)
Services

Social Drivers of Health
Risk Assessment

Principal Illness Navigation (PIN)
Services



Key Terms Used by CMS



Centers for Medicare &
Medicaid Services

Billing practitioner

- Physician or other health care provider with a license to provide medical services (subject to state licensing) and who can bill Medicare.

Auxiliary personnel

- Personnel acting under the supervision of a practitioner. These individuals may be an employee, leased employee, or independent contractor. Auxiliary personnel cannot bill independently for the services they provide.

"Incident to"

- Allows outpatient services to be provided by auxiliary personnel and billed as part of the practitioner's billing. Incident to the provider's professional services means that the services or supplies are an integral, although incidental, part of the provider's professional services during diagnosis or treatment.

General Supervision

- A service provided under the practitioner's overall direction, but the practitioner's presence is not required when the services is provided.

Scope of PIN Services (Non-Exhaustive)

PIN Services May Include:

SDOH Assessment

Assessment of social drivers of health impacting patient care and outcomes

Care Planning & Coordination

Develop and coordinate comprehensive patient care plans

Patient Education & Navigation

Guide patients through treatment pathways and resources

Team Communication

Coordinate communication across care teams and providers

Treatment Coaching

Coaching to support treatment adherence and self-advocacy

Outcomes & Follow-Up

Track outcomes and ensure continuity of care through follow-up

Source: OI | Vol. 39, No. 2, 2024 | acc-cancer.org

Who is Eligible for Billable PIN Services

01 Serious high-risk condition

02 Expected to last ≥ 3 months

03 Places patient at “significant risk of hospitalization, nursing home placement, acute exacerbation/decompensation, functional decline or death”

04 Requires disease-specific care plan, and may require frequent adjustment in medication or treatment regimen or substantial assistance from a caregiver

Cancer advocacy groups were part of this discussion.

Who Can Provide PIN Services

- PIN services are performed by certified or trained auxiliary personnel incident to the professional services and under the general supervision of the billing practitioner.
- PIN personnel is intended to include individuals such as social workers, RNs, patient navigators, and certified peer specialists.
- PIN services can be provided by a third party; a billing practitioner may contract with an entity such as a non-profit community-based organization (CBO), if there is 'clinical integration'.

Training for PIN

- Case management
- Patient education
- Cost range: \$0 to \$495, however there are a few free options:
 - GW Cancer Center Oncology Patient Navigator Training: The Fundamentals
 - Susan G. Komen Patient Navigation Training Program



Scan for ACCC article

TABLE 2. TRAININGS OR CREDENTIALS THAT MEET CMS REQUIREMENTS FOR REIMBURSEMENT OF SERVICES

| Training | Scope | Costs | How to Access | Considerations |
|---|--|--------|--|--|
| Academy of Oncology Nurse and Patient Navigators (AONN+) – OPN-CG certification | National certification that requires successful completion of an examination and a number of years of experience. | \$150 | Online at aonnfl.org/renew | Currently on hold, but still valid to document appropriate training for those with the credential. Requires renewal after 3 years |
| American Cancer Society Leadership in Oncology Navigation (LION) | National training and certification. | \$495 | Online at cancer.org/health-care-professionals/resources-for-professionals/patient-navigator-training.html | Cost associated. Requires renewal every 3 years. Approximately 10 hours. |
| GW Cancer Center Oncology Patient Navigator Training: The Fundamentals | National training for those supporting patients of all cancer types. Certificate provided. Prepares learners for AONN+ OPN-CG certification. | Free | Online at bitly/PNTraining | Funded by the Centers for Disease Control and Prevention, this training aims to level set navigator knowledge. Institutions should provide supplemental context-specific and cancer-specific training tailored to the specific duties of the navigator following this foundational training. 10 hours of core requirements plus supplemental reading (estimated 17 hours total). |
| Patient Navigation and Community Health Worker Training | A full curriculum for patient navigators, care coordinators, and community health workers. | Varies | Sign up at Patientnavigatortraining.org (course is hybrid in-person and online) | Requests for financial aid considered on a case-by-case basis. May not cover all required competencies for CMS billing with level 1 training only. Hours vary based on level and degree of tailoring. |
| Susan G. Komen Patient Navigation Training Program | National training for those affected by all cancers with additional breast cancer focused content. | Free | Online at komen.org/about-komen/our-impact/breast-cancer/navigation-nation-training-program | Originally adapted from GW Cancer Center Oncology Patient Navigator Training: The Fundamentals with additional unique content developed by Komen. Features virtual ongoing educational events and peer networking. 10 hours of core requirements plus special topics. |

CMS, Centers for Medicare & Medicaid Services; GW, George Washington; OPN-CG, oncology patient navigator–certified generalist.

What Does PIN Reimburse in the Fee Schedule?

| Service | Non-Facility Payment | Facility Payment | Fee-For-Service Patient Cost-Sharing (no supplemental coverage) |
|---------------------------------|----------------------|------------------|---|
| G0023 (60 min) | \$80.56 | \$49.60 | \$16 (non-facility); \$10 (facility) |
| G0024 (add'l 30 min) | \$50.26 | \$34.62 | \$10 (non-facility); \$7 (facility) |

Consent Requirements

- Patient consent is **required** prior to PIN service delivery
- Consent must explain that cost sharing will apply (for patients without supplemental plans that cover these costs)*
- Consent may be **written or verbal** and documented in the medical record
- Consent may be obtained by auxiliary personnel and must be obtained **annually**

Cost Impact

Cost sharing will apply to PIN services

What Does PIN Billing Look Like?

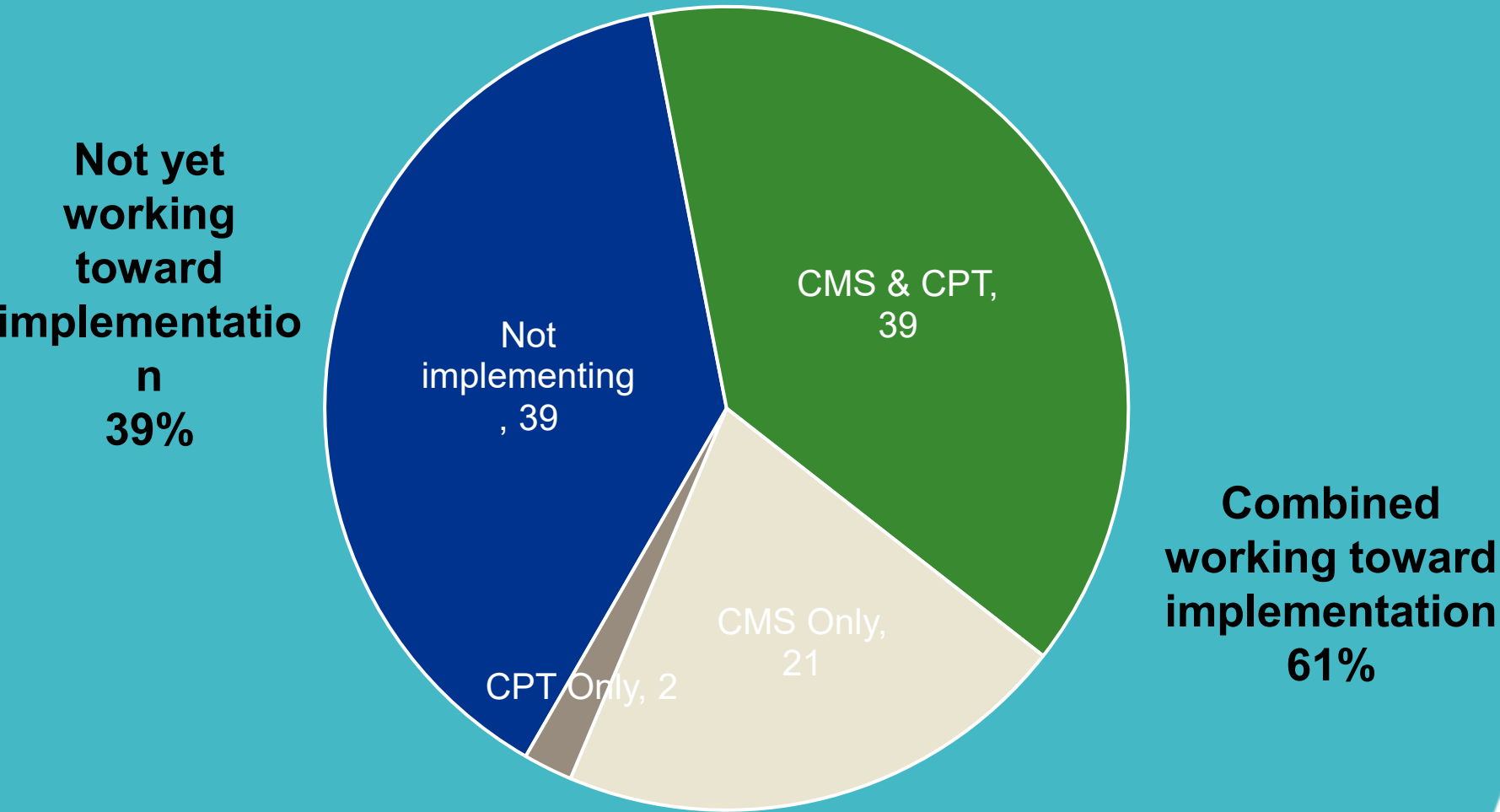
- 60 min initial threshold, and additional 30 min x 2 (for Medicare) each month
- Charges drop at the end of month, and the number of times you can drop the charge is not limited but may not be reimbursed.
- Unbillable time is documented



- The ACS NNRT fielded a survey to 175 organizations with patient navigation programs to gather information about the use of the CMS PIN codes since the codes went into effect January 1, 2024.
- Survey respondents are geographically distributed across the US and represent a wide range of institutions

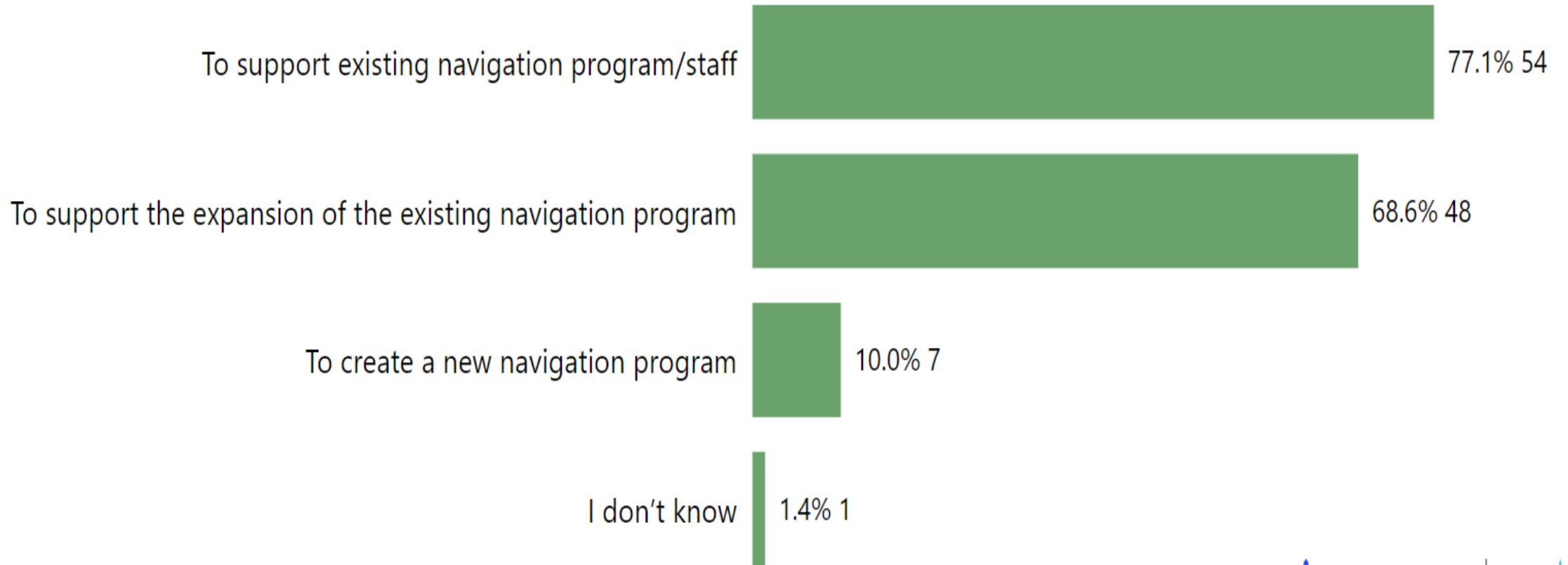
Survey Findings

Over 60% are Currently Implementing or Working Toward Implementing Codes



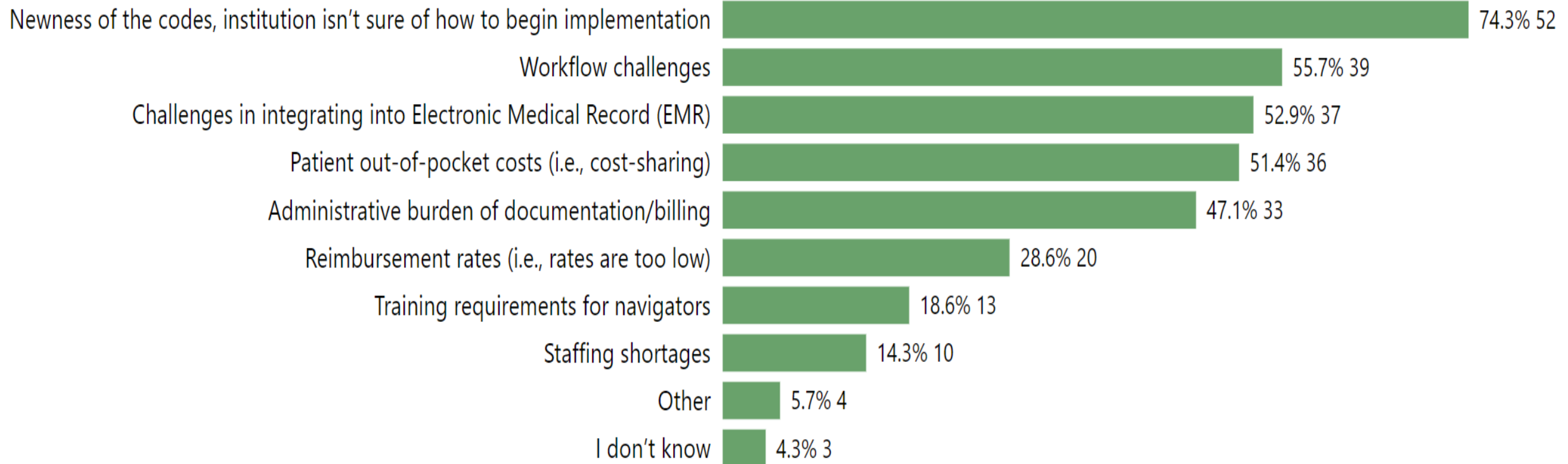
Survey Findings

How Codes Will Be Used (Among Those Implementing or Working Towards, 70n)



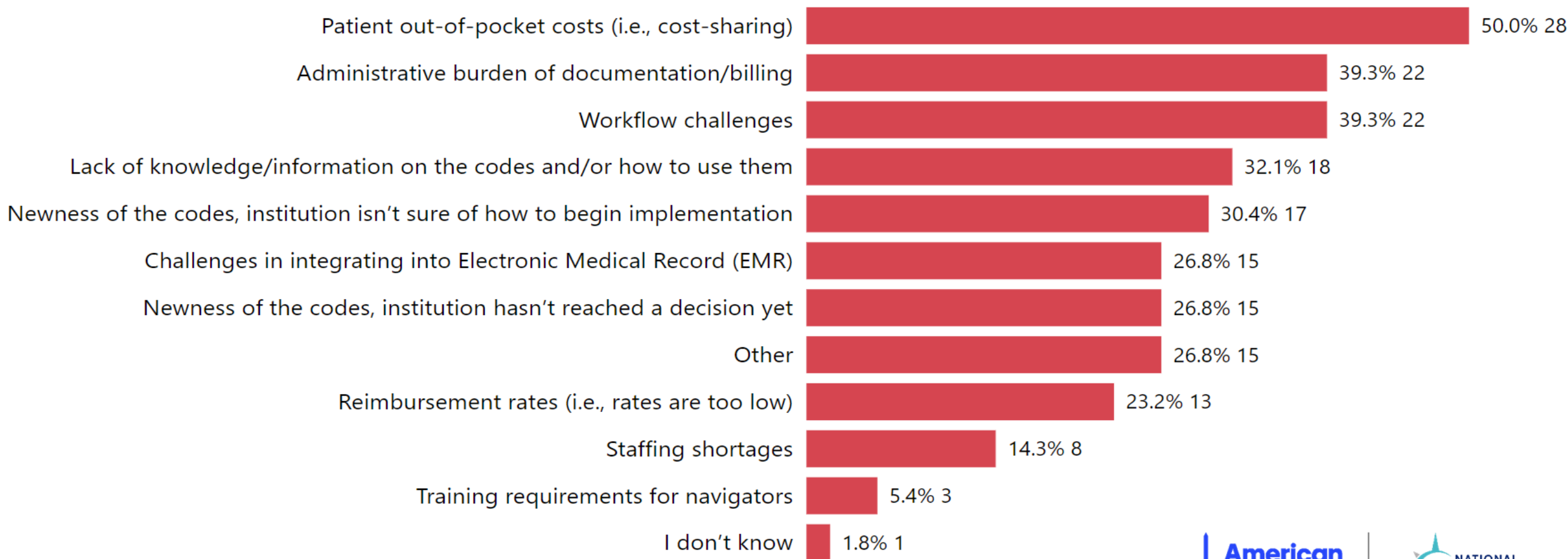
Survey Findings

Greatest Challenges (Among Those Implementing or Working Towards, 70n)



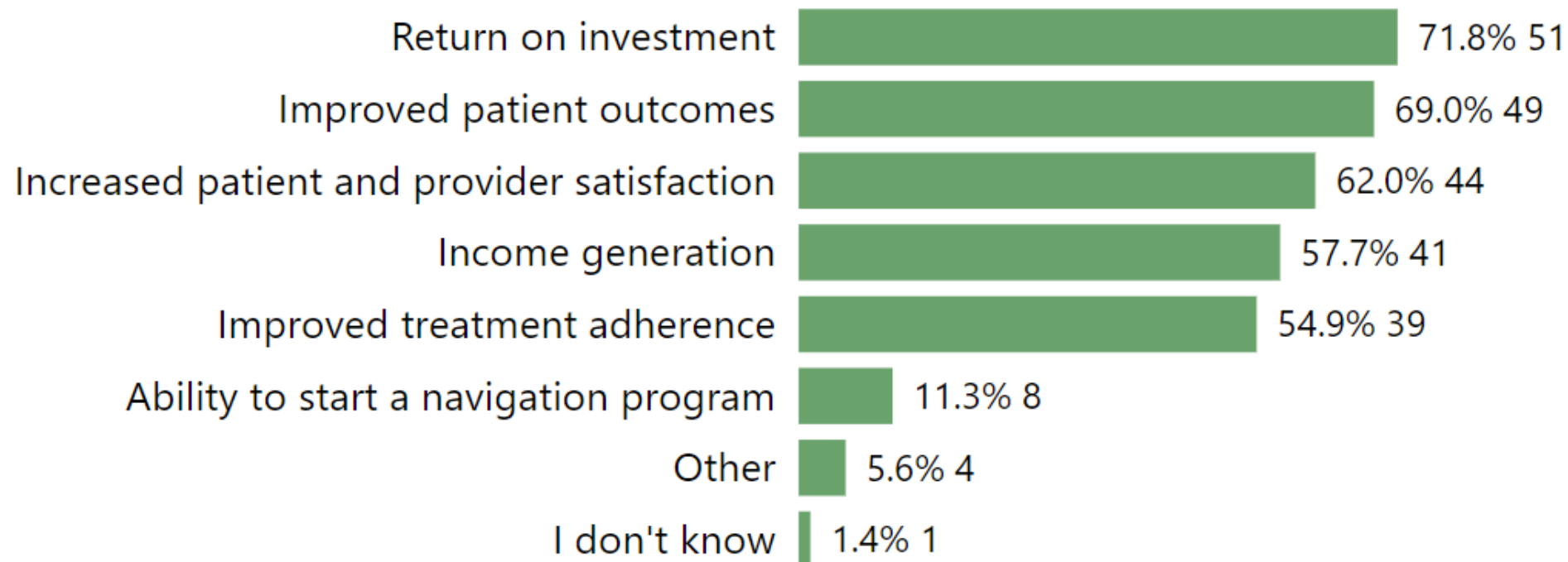
Survey Findings

Factors Influencing Institutions Not Yet Working Toward Implementation (56n)



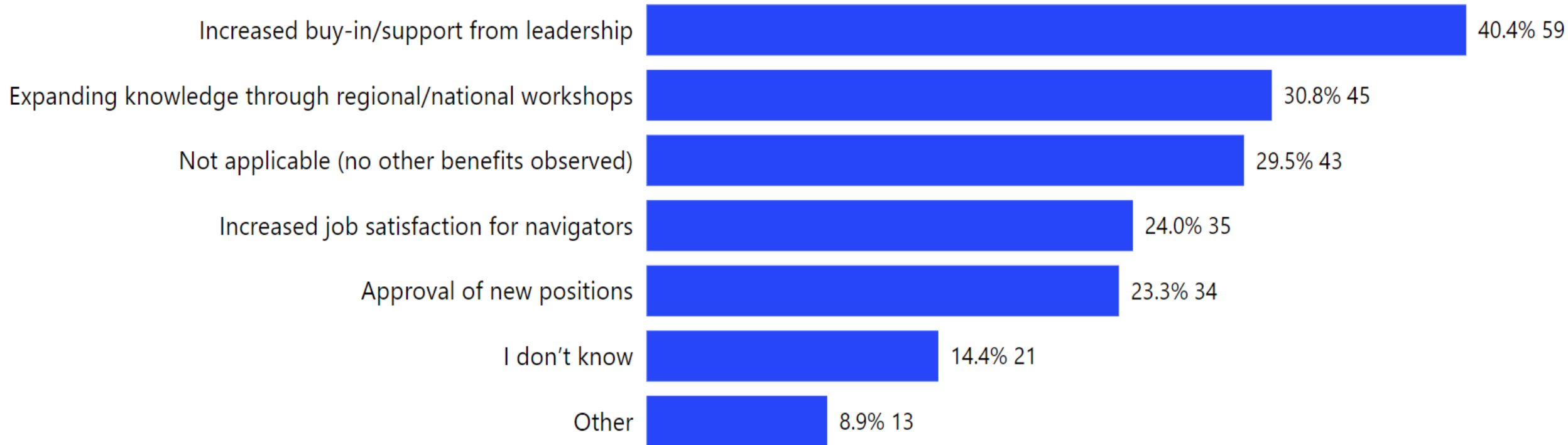
Survey Findings

Anticipated Benefits (Among Those Implementing or Working Towards, 71n)



Survey Findings

Other Benefits (Asked of all, 146n)



Survey Findings

Requirements for System Oncology Navigation Pilot at Providence

- Pilot sites – 4 clinics in Portland Metro area
- In scope:
 - New oncology patients
 - RN/MSW navigators
 - Since added Patient Navigators and Dietitians in 2026
- Out of scope
 - Surgery, transplant, palliative joint visits, radiation, inpatient,
 - APP visits as initiating visit
- Doctor documentation stating benefit of Navigation- MD order vs Smartphrase
- Consent by Navigation team (Verbal or MyChart)

Partnership with Disciplines



Process at Providence



Key Stakeholders for PIN Billing

- RN and MSW Navigators
- Lay Navigators/ Community Health Workers
- Epic/IT- for the build and reporting
- Coding
- Compliance
- Doctors/ APPs
- Financial Counselors
- Who might be involved in consenting process

Compliance & Coding

- What if patient doesn't consent

Principal Illness Navigation by Patient Navigator or Peer Specialist

Executive Summary:

In the context of healthcare, navigation refers to providing individualized help to the patient to identify appropriate practitioners and providers for care needs and support, and access necessary care timely, especially when the landscape is complex and delaying care can be deadly. It is often referred to in the context of patients diagnosed with cancer or another severe, debilitating illness, and includes identifying or referring to appropriate supportive services. Examples of a serious, high-risk condition/illness/disease include, but are not limited to, cancer, chronic obstructive pulmonary disease, congestive heart failure, dementia, HIV/AIDS, severe mental illness, chronic liver disease, chronic kidney disease, stroke, conditions that require stem cell transplantation, and substance use disorder (SUD).

G0023 - Principal Illness Navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator or certified peer specialist; **60 minutes per calendar month**. "PIN"

G0024 - Principal Illness Navigation services, **additional 30 minutes per calendar month** (List separately in addition to G0023). "PIN"

G0140 - Principal Illness Navigation – Peer Support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist; **60 minutes per calendar month**. "PIN-PS"

G0146 - Principal Illness Navigation – Peer Support, **additional 30 minutes per calendar month** (List separately in addition to G0140). "PIN-PS"

Coding Tips:

- An initiating visit is required where the billing practitioner would identify the medical necessity of PIN services and establish an appropriate treatment plan. Subsequent PIN services would be performed by auxiliary personnel incident-to the professional services of the practitioner who bills the PIN initiating visit. The same practitioner would furnish and bill for both the PIN initiating visit and the subsequent PIN services.



| Billable vs Unbillable Services (if you're not sure, do not bill!) | |
|--|---|
| *Not an exclusive list* | |
| Billable | Unbillable |
| New Patient Education (ONLY if we have received consent and provider has documented PIN services discussion in their note) | Initial patient call before the patient is seen in clinic by a provider or if it has been greater than 1 year since they have been seen/consented |
| Cycle 1 Day 1 or oral chemotherapy education | Toxicity/Symptom Checks |
| Review results with patient (imaging/path/labs) | Clinical issues (i.e. scan results, labs) that warrant triage follow up |
| Follow up on missed imaging (unless related to symptom management) | Missed appointment follow up related to symptom management |
| Reviewing treatment plan with patient | Chart review |
| External clinic care coordination | Hold time with other clinics for coordinating care |
| Identifying or referring patient (and caregiver or family, if applicable) to appropriate supportive services. | Counseling for care partner not related to care coordination |
| Facilitating access to community-based social services (e.g., housing, utilities transportation, food assistance) as needed to address SDOH need(s) | All staff who participate in care conference cannot each separately bill for that same time (Tumor Board is unbillable) |
| Facilitating and providing social and emotional support to help the patient cope with the condition, SDOH need(s), and adjust daily routines to better meet diagnosis and treatment goals. | If patient declines consent, you cannot bill for services |
| Facilitating behavioral change as necessary for meeting diagnosis and treatment goals, including promoting patient motivation to participate in care and reach person-centered diagnosis or treatment goals. | Patients who are only being seen in Radiation or at the point of navigation are only followed by Surgery. |
| | Joint visits with onc palli |

Barriers & Implementation Challenges


✓ Cost sharing


✓ Staff discomfort


✓ Consent

✓ Physician charting

✓ Integration with existing workflows

 Physician engagement and buy-in

 Payer contract negotiations

 Documentation burden management

Navigator (RN, MSW or PN) Consent

Verbiage for new patients: “I am the nurse navigator/social worker with Providence Cancer Institute at (state clinic location). My role is to help you understand your diagnosis and treatment, provide emotional support, and work to provide resources to help navigate your care. These services are part of Providences comprehensive cancer care and may be billed to your insurance provider. I just need your verbal consent to proceed.”

"Starting today our nurse navigation and social work services will become billable through your insurance. This means that these services, which provide personalized guidance, support, and coordination throughout your treatment, may now be covered by your insurance plan.“

“our services are now eligible for reimbursement through your insurance. As always, we’re here to guide you through every step of your care—This new billing option allows us to continue providing the personalized support you deserve. Do you consent for us to bill your insurance for these services?”

**For established patients needing consent after go-live: much easier

At the E&M Visit

Provider dot phrase:

“The patient has complex care needs related to their diagnosis and would benefit from Principal Illness Navigation (PIN) services provided by the Providence navigation team to support care coordination and improve health outcomes.”

Social work dot phrase:

“Reviewed with patient the role of Principal Illness Navigation that was recommended by their physician. We discussed that their insurance may be billed for these services and the patient consents.”

PCINAVIGATIONCONSENT and ONCNAV PINCONSENT



Onc Navigation - 9/11/2025 visit with Krista R Nelson, LCSW for Navigation Services

TOC/TCM Call References SmartSets Media Manager Visit Label Questionnaires Request Outside Records More

Onc Navigation Hx and SDOH Onc Assessments

- NAVIGATOR VISIT
- CoCM Programs
- Call / Visit Info
- Contacts
- Onc Nav Encounter
- Onc Nav Program
- Case Team
- Health Confidence
- CDC Quality of Life
- Pt. Instructions
- Follow-up
- After Visit Summ...
- Onc Time Tracking

- REVIEW
- Infectious Risk
- Language
- Employer and Id...
- Demographics
- Care Teams
- Problem List
- Medication Review
- Allergies
- Communications
- MyChart

Coordinated Care Management Programs

+ New Program Show: Resolved

| Linked | Program | Status | Responsible Staff | Start Date | Department |
|--------|---------|--------|-------------------|------------|------------|
|--------|---------|--------|-------------------|------------|------------|

Program:

Start Date:

Enrollment Reason:

Responsible Staff: Provider Pool

Responsible Staff:

Department:

Status: Ongoing Closed Declined Identified

[Edit Pause Details](#)

Overview

Insert SmartText

Linked Problems [+ Add](#) Linked Applications and Notifications [+ Add](#) Linked Encounters [+ Add](#) [+ Add External](#)

Reason for Call / Visit

Reason for Visit

Onc Nav Overview More Onc Nav Overview

Current as of: Thursday September 11, 2025 4:14 PM. Click to refresh.

No ONC PIN billing consent documented.

Demographics

Test Patient Test 26 year old female 4/19/1999
 4400 NE Halsey St. 3rd Floor Portland OR 97211 509-949-3964 (M)

Distress

No data to display

Open Synopsis (more data may exist)

Social Drivers of Health

- Tobacco Use Not on file
- Alcohol Use Not on file
- Stress Not on file
- Social Connections Not on file
- Violence/Safety Not on file
- Food Insecurity Not on file
- Utilities Not on file
- Health Literacy Not on file
- Vaping Not on file
- Depression Not on file
- Physical Activity Not on file
- Intimate Partner Violence Not on file
- Financial Resource Strain Not on file
- Housing Not on file
- Transportation Needs Not on file

Program and Diagnosis Details (Last Filed Values)

None

Cancer Staging Summary for Test, Test Patient

None

Onc Navigation Hx and SDOH Onc Assessments Advance Care Planning

NAVIGATOR VISIT

CoCM Programs

Call / Visit Info

Contacts

Onc Nav Encounter

Onc Nav Program

Case Team

Health Confidence

CDC Quality of Life

Pt. Instructions

Follow-up

After Visit Summ...

Time Tracking

REVIEW

Infectious Risk

Language

Coordinated Care Management Programs

+ New Program Show: Resolved

| Linked | Program | Status | Responsible Staff | Start Date | Department |
|-----------------------|---------------------|---------|-------------------|------------|---------------|
| <input type="radio"/> | Oncology Navigation | Ongoing | Nancy Abiesirish | 3/30/2022 | OPH PCI FRANZ |

Coordinated Care Management Programs

Oncology Navigation Summary All Episodes

Edit

Effective Dates 3/30/2022 - present

Ongoing

Responsible Staff
Nancy Abiesirish, RN

Department
OPH PCI FRANZ HEMA ONC

Timeline

- Today Navigation Services with Nancy Abiesirish, RN
- Today Navigation Services with Nancy Abiesirish, RN

Related

More Information

- [Program Details Report](#)
- [Enrollment Encounter](#)

Timeline displays all linked encounters

Click Edit to change Status

Navigation Pane with Progress Notes

The screenshot displays the Epic EMR interface for a patient named Test Test. The navigation pane on the left is highlighted with a red box and contains the following items:

- Onc Navigation
- NAVIGATOR VISIT
- CoCM Programs
- Call / Visit Info
- Contacts
- Onc Nav Encounter
- Onc Nav Program
- Case Team
- Health Confidence
- CDC Quality of Life
- Pt. Instructions
- Follow-up
- After Visit Summ...
- Onc Time Tracking
- REVIEW
- Infectious Risk
- Language
- Employer and Id...
- Demographics
- Care Teams
- Problem List
- Medication Review
- Allergies
- Communications
- MyChart

The main content area shows the 'Onc Navigation - 5/27/2025 visit with Wendy J Whitekettle, MSW for Navigation Services' page. It includes a 'Coordinated Care Management Programs' table with one entry:

| Linked | Program | Status | Responsible Staff | Start Date | Department |
|-----------------------|---------------------|------------|-----------------------|------------|-----------------------------------|
| <input type="radio"/> | Oncology Navigation | Identified | Krista R Nelson, LCSW | 12/6/2024 | PROV ONCOLOGY AND HEMATOLOGY CARE |

Below this table are sections for 'Reason for Call / Visit', 'Contacts', and 'Onc Navigation - Encounter Documentation'. The 'Reason for Call / Visit' section shows 'Reason for Visit: No reason for visit.' and 'Recent Visits with Me: None'. The 'Contacts' section shows 'No contacts' and a message: 'You can use the button to the upper left to add an item to the list.'

The right-hand pane is titled 'This Visit Progress Notes' and contains a 'My Note' section with the following details:

- Note Details
- Date of Service: 5/27/2025
- Service: Case Manag...
- Cosign Required?
- Font: Arial, Size: 12
- Buttons: Insert SmartText, Undo, Redo, Refresh

Chart Review Synopsis Education Care Plan Treatment Oral Chemo Communications Flowsheets **Onc Navigation** Cell Therapy

Onc Navigation - 7/12/2024 visit with Margaret Abiesirish, RN for Navigation Services

TOC/TCM Call References SmartSets Media Manager Visit Label Questionnaires Request Outside Records Helper Navigators

Onc Navigation Hx and SDOH Onc Assessments Advance Care Planning

NAVIGATOR VISIT
CoCM Programs
Call / Visit Info
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Communications
MyChart

Onc Navigation - Encounter Documentation

Responsible Create Note Macro Manager Show Row Info Show Last Filed Value Show Details Show All Choices

Visit-Specific Info

Type of Contact

| | | | | | |
|------------------------|----------------|--------------------|----------------|--------------------|-------------------|
| med onc clinic | rad onc clinic | specialty clinic | surgical visit | infusion | admission |
| phone call | virtual visit | electronic message | letter | documentation only | chart/case review |
| other (specify in ...) | | | | | |

Barriers to Care

complexity of coordinating care
 scheduling issues
 transportation / distance to treating facility
 work / school concerns
 childcare
 family concerns
 lack of support systems / home help
 sexual / fertility concerns
 financial burdens
 insurance
 pain
 physical mobility
 symptom management
 treatment decisions
 cultural concerns
 communication / language
 learning / educational
 spiritual concerns
 anxiety / fear / depression
 end of life concerns
 additional concerns (see comments)
 none at this time

Education Provided

| | | | |
|---|--|---|---|
| <input type="checkbox"/> New diagnosis | <input type="checkbox"/> Chemotherapy | <input type="checkbox"/> Radiation | <input type="checkbox"/> Surgical interventions |
| <input type="checkbox"/> Body image | <input type="checkbox"/> Bowel care | <input type="checkbox"/> Clarity on which doctor t... | <input type="checkbox"/> Clinical trials |
| <input type="checkbox"/> CVP line | <input type="checkbox"/> Dental care | <input type="checkbox"/> Diet and nutrition | <input type="checkbox"/> Empowered communic... |
| <input type="checkbox"/> Exercise / physical activity | <input type="checkbox"/> Fertility / reproductive p... | <input type="checkbox"/> Financial assistance / in... | <input type="checkbox"/> Follow up plan with pra... |
| <input type="checkbox"/> High dose chemotherapy | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Immunotherapy | <input type="checkbox"/> Lymphedema |
| <input type="checkbox"/> Mobilization therapy | <input type="checkbox"/> Nodal assessment | <input type="checkbox"/> One year follow up call | <input type="checkbox"/> Other medications |
| <input type="checkbox"/> Pain issues | <input type="checkbox"/> Pre-op instructions | <input type="checkbox"/> Pre-treatment evaluation | <input type="checkbox"/> Procedure |
| <input type="checkbox"/> Provision of follow-up a... | <input type="checkbox"/> Range of motion / activi... | <input type="checkbox"/> Reconstruction | <input type="checkbox"/> Recovery |
| <input type="checkbox"/> Results | <input type="checkbox"/> Return to care of PCP | <input type="checkbox"/> Self care | <input type="checkbox"/> Sexual health |
| <input type="checkbox"/> Skin care | <input type="checkbox"/> Staging process | <input type="checkbox"/> Stem cell collection | <input type="checkbox"/> Stem cell reinf |
| <input type="checkbox"/> Surveillance and surviv... | <input type="checkbox"/> Weight changes | | |

Number of Referrals this Visit

Acuity / Level of Intervention

0 1 2 3 4

Referrals Provided this Visit

behavioral health / psychosocial
 dental
 diet / nutrition
 DME (durable medical equipment)
 end of life / hospice
 fertility / reproduction
 financial assistance / counselors
 funds / grants
 genetic counseling
 home assistance

TT

Test Patient Test
 Female, 26 y.o., 4/19/1999
 MRN: 20026841433
 Code: Not on file
 POLST: No / Adv Dir: No

Care Team: No oncologist found
 Coverage: None

Allergies: Not on File

ACTIVE TREATMENTS
 None

9/11 NAVIGATION SERVICES
 No vital signs recorded for this encounter.

CARE GAPS
 8

LAST 2YR
 No visits
 No results
 Last CrCl: None

HEM/ONC PROBLEMS (0)
 Other problems (0)

Start Review

Onc Navigation - 9/11/2025 visit with Krista R Nelson, LCSW for Navigation Services

TOC/TCM Call References SmartSets Media Manager Visit Label Questionnaires Request Outside Records More

- Onc Navigation
- Hx and SDOH
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- NAVIGATOR VISIT
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- MyChart

Onc Nav Program and Diagnosis Details

Responsible Create Note More Show Row Info Show Last Filed Value Show Details Show All Choices

Onc Navigation Program Details

Onc Diagnosis Group

- Breast CNS GI GU Gynecologic Head & Neck Lung
- Malignant Hematology Non-Malignant Hematology Metastatic Prostate Sarcoma
- Skin Unlisted

Current Navigation Status

- Pre-Treatment
- Diagnosis to A...
- Active Treatment
- Maintenance
- Survivorship

Nav Referral Source (Initial Visit Only)

| | |
|------------------------------------|---------------------------------------|
| Internal - Med Onc | Internal - Rad Onc |
| Internal - Surgery | Internal - Radiology / Pathology |
| Internal - Identified by Navigator | Internal - Hospitalization / ED Visit |
| Internal - Primary Care / IM | External - Med Onc |
| External - Rad Onc | External - Surgery |
| External - Radiology / Pathology | Self / Caregiver (Word of Mouth) |
| Other (Specify in Comments) | |

Date of Verbal Consent for Receiving and Billing PIN Services

9/11/2025

Important Dates

| | |
|----------------------------|------------------------|
| Cancer Diagnosis Date | Biopsy Procedure Date |
| Biopsy Path Result Date | Surg Path Result Date |
| Surgical Consult Appt Date | Surgical Tx Date |
| Med Onc Consult Appt Date | Chemo Start of Tx Date |

Onc Nav Overview More Onc Nav Overview

Current as of: Thursday September 11, 2025 4:14 PM. Click to refresh.

No ONC PIN billing consent documented.

Demographics

Test Patient Test
 26 year old female
 4/19/1999
 Comm Pref:

4400 NE Halsey St. 3rd Floor
 Portland OR 97211
 509-949-3964 (M)

Distress

No data to display

Open Synopsis (more data may exist)

Social Drivers of Health

- Tobacco Use Not on file
- Alcohol Use Not on file
- Stress Not on file
- Social Connections Not on file
- Violence/Safety Not on file
- Food Insecurity Not on file
- Utilities Not on file
- Health Literacy Not on file
- Vaping Not on file
- Depression Not on file
- Physical Activity Not on file
- Intimate Partner Violence Not on file
- Financial Resource Strain Not on file
- Housing Not on file
- Transportation Needs Not on file

Program and Diagnosis Details (Last Filed Values)

None

Cancer Staging Summary for Test, Test Patient

None

Onc Navigation - 12/13/2024 visit with Rn Phsbeacon, RN fo... ? 🗄

TOC/TCM Call 📄 References 📁 SmartSets 📁 Media Manager 📄 Visit Label ⋮ More

Onc Navigation Hx and SDOH Onc Assessments

NAVIGATOR VISIT

- CoCM Programs
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- Onc Time Tracking

REVIEW

- Infectious Risk
- Language
- Employer and Id...
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- Medication Hx
- Allergies
- MyChart Msg
- Communications
- MyChart

Coordinated Care Management Programs ✎

Oncology Navigation

Ongoing

Effective Dates: 4/25/2024 - present
Enrollment Reason: Identified by Navigator

Responsible Staff: Onc Nurse Navigator Beacon, R
Department: OR ONCOLOGY NAVIGATOR TE

Timeline

- Today: Navigation Services with R Phsbeacon, RN
- Dec 05: Documentation with Onc N Navigator Beacon, RN
- Dec 05: Navigation Services with Or Navigator Beacon, RN

Reason for Call / Visit ✎

Reason for Visit: **Follow-up**

Recent Visits with Me: None

Other Visits in Infusion Therapy: None

Critical IV Fluid Shortage
*** Follow current conservation efforts ***
Practice Alert: Flu Conservation 🔔

Oncology Index

Current as of: Friday December 13, 2024 2:13 PM. Click to refresh.

Refresh

Required

- Billable PIN Time has been entered on this visit, but the patient has not had verbal consent for billing. PIN services documented within the past year. Please move your time to Unbillable or reach out to the patient to document consent
- Billable PIN Time has been entered on this visit, but there's an issue with the program episode. Please move your time to Unbillable or link the program to the encounter and confirm the patient's cancer problem is linked to the program episode.
- Billable PIN Time has been entered on this visit, but the patient does not have a consulting oncology physician on their Care Team. Please document the patient's managing oncologist or move your time tracking to unbillable.

Pathway Notes (30 Days)

Supportive Plan 2
Infusion Encounter

Diagnostic Therapy Plan
Immunotherapy Plan

Treatment Plan Information
Beacon, Lindsay

PACLitaxel + CARBOplatin + RT weekly (7 weeks)

| Current Cycle | Treatment Dates | Line of Treatment | Treatment Goal | Treatment Plan Provider | Treatment Department | Status |
|---------------|------------------------|-------------------|----------------|-------------------------|-------------------------|--------|
| 1 of 1 cycle | 5/2/2024 to 11/18/2024 | First Line | Curative | Ocmd Phsbeacon, MD | Providence Oncology and | Active |

SIGN ENCOUNTER

Time Tracking

Onc Navigation Hx and SDOH Onc Assessments

NAVIGATOR VISIT

- CoCM Programs
- Call / Visit Info
- Contacts
- Onc Nav Encounter
- Onc Nav Program
- Case Team
- Health Confidence
- CDC Quality of Life
- Pt. Instructions
- Follow-up
- After Visit Summ...

Onc Time Tracking

Time Tracking

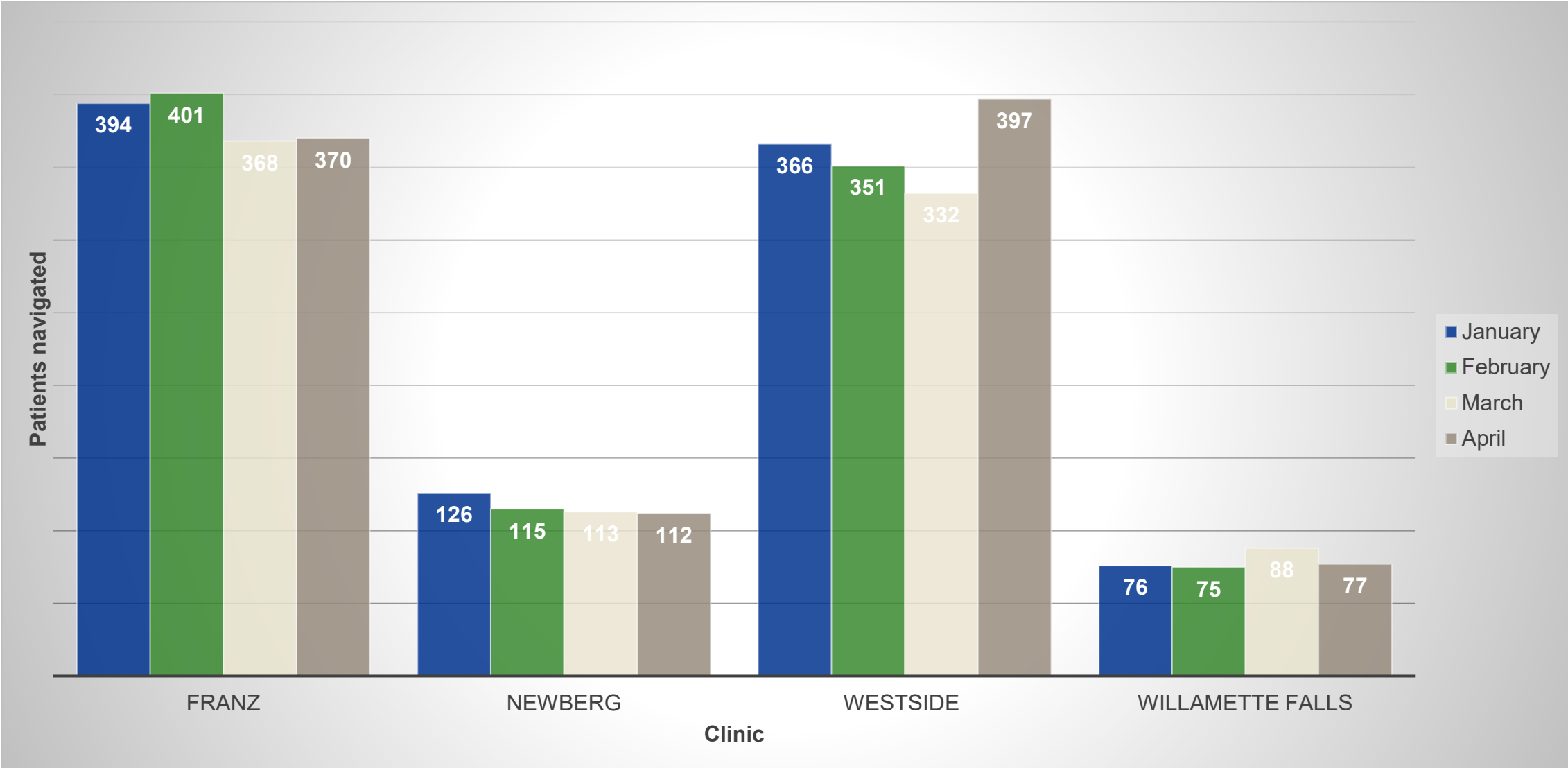
Oncology Principal Illness Navigation (PIN)

| | |
|--|--|
| Time spent with patient (minutes): | <input type="text" value="25"/> |
| Time spent performing care coordination (minutes): | <input type="text" value="15"/> |
| Time spent performing unbillable activities (minutes): | <input type="text" value="10"/> |
| Total billable PIN time (minutes): | <input checked="" type="text" value="40"/> |
| Total staff time (minutes): | <input type="text" value="50"/> |

Infectious Risk Screening

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Patients Navigated by ONNs and SWs in 2026



Cost to Patient 2025-2026



1066 of the 1392 no patient payment.

147 left with insurance denial or copayment

81 Medicare, mostly between 20-40 copay.

62 commercials, some paid \$10, some are being billed up to 100.

(these are being looked into)

Payments received for G0023 and G0024

IS IT WORTH IT?

Oncology Navigation Data 2026 (Jan-May)

| Type of Navigator | Total Charges |
|--------------------|-------------------|
| Social Work | \$175,457 |
| Nursing | \$ 30,510 |
| Patient Navigators | \$ 1,812 |
| Other | \$ 16,677 |
| TOTAL | \$ 234,747 |

What's the team saying a year plus in? From Nurse Nav



“I'm finding it easy w/ new pts. Part of my spiel.” – nurse navigator.



One RN navigator wishes the consenting could be done at the front desk



One RN navigator said having to renew annually is hard to remember and if you already hung up with someone, you do not want to have to call a patient back.

What's the team saying? From a Resource Specialist.



"PIN billing validates that non-nurse oncology navigation is an essential part of patient care, not just a "customer service" function. I find it especially helpful when other disciplines assist with obtaining PIN consent, as it is a shared responsibility that supports the success of the program. Ideally, consent discussions would occur during the initial assessment process whenever appropriate, helping ensure patients are enrolled early and can fully benefit from navigation services.



There are many days when the workflow runs smoothly and some not, there needs to be increased awareness across the care team to continue to improve that process. Looking ahead, I am hopeful that we will eventually have a streamlined, single-track system for documentation and tracking, reducing the need to document the same work in multiple places and allowing more time to focus on direct patient care."

What's the team saying a year plus in? Social Work



As an oncology social worker, adapting to and fully integrating the PIN billing process has been a gradual but meaningful learning experience over the past year. Developing confidence in explaining what PIN is and obtaining informed consent has strengthened my skills in rapport-building as well as communicating information in an accessible, patient-centered manner.



Introducing PIN discussions has also created valuable opportunities to clarify the scope of social work services available to patients. Since implementation, I have encountered only one patient who declined consent.



The most significant challenge has arisen when discussing PIN consent with patients for whom financial strain is a primary source of distress—particularly during initial distress-screen follow-up encounters where financial concerns are already prominent. These situations require heightened sensitivity to ensure that consent conversations remain transparent, supportive, and aligned with the patient's emotional and financial realities.

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Questions?

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