



ADVANCING REIMBURSEMENT SUCCESS:

Overcoming Operational Challenges with Principal Illness Navigation

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Introduction to Oncology Patient Navigation

Patients with high-risk diseases, such as cancer and other chronic conditions, often face significant challenges when navigating the health care system. As cancer care becomes increasingly specialized, patients and their families often struggle to manage communication among providers, juggle multiple appointments, and understand and adhere to complex treatment plans. This is particularly evident in underserved populations who experience adverse social determinants of health—such as limited education, unstable housing, and lack of transportation—as they often face significant barriers in navigating the complexities of the health care system. These challenges can lead to delayed care, unmet health needs, and poorer overall health outcomes.

Professional navigation is an evidenced based intervention that enhances quality of care and is endorsed by professional oncology organizations.^{1,2} For individuals with cancer, oncology navigation helps remove treatment barriers, improves access to care, enhances understanding, and supports informed decision-making. Professional navigators play a crucial role in identifying and addressing these challenges, ensuring patients receive timely, coordinated, and patient-centered care. Various clinical and non-clinical professionals may contribute to navigation efforts, and for the purpose of this paper, we will use the term “professional navigators” to include all disciplines that provide navigation support to patients.

Principal Illness Navigation

Despite strong evidence of superior patient outcomes with the support of navigation services, historically, practices have been unable to bill for any navigation services, limiting the expansion of the role.¹ In January 2024, the Centers for Medicare & Medicaid Services (CMS) recognized the importance of navigation services and their positive impact on patient outcomes. As a result, CMS added navigation services performed by professional navigators to the Physician Fee Schedule, enabling reimbursement through the creation of Principal Illness Navigation (PIN) billing codes³. The creation of PIN services and billing codes represents a growing acknowledgment of the importance of care navigation in improving patient outcomes, enhancing quality of life and reducing unnecessary health care costs.

Reimbursement Eligibility

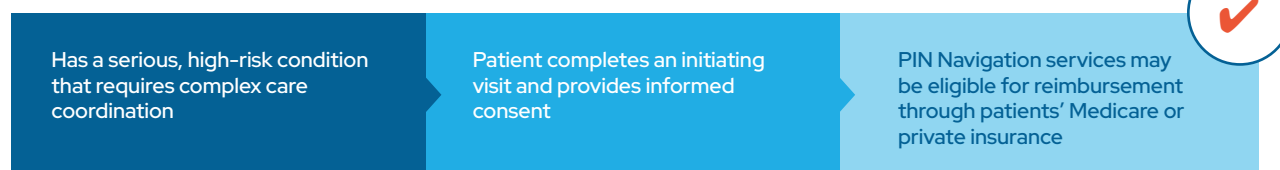
The new CMS billing codes apply to patients with traditional, fee-for-service Medicare. CMS introduced reimbursement for PIN services under the Medicare Physician Fee Schedule, aiming to encourage other insurers to adopt similar policies. While Medicare has made significant strides in reimbursing PIN services, commercial insurers vary in their adoption of comparable reimbursement policies.⁴ Health care providers should consult individual insurance plans to confirm coverage details for navigation services.

Qualifying for PIN Services

PIN services involve navigation provided by certified or trained personnel as part of a serious, high-risk disease treatment plan. To qualify for reimbursable PIN services, patients must meet specific eligibility criteria. The billing practitioner initiates PIN services during an initiating visit, addressing a serious high-risk condition, illness, or disease that requires complex care coordination.^{4,5}

- › Serious, high-risk condition expected to last at least three months that place the patient at significant risk of:
 - » Hospitalization
 - » Nursing home placement
 - » Acute exacerbation or decompensation
 - » Functional decline or Death
- › Determining whether a condition is high-risk relies on the practitioner’s clinical judgment. CMS also provides additional criteria to help define a high-risk condition, which requires:
 - » Development, monitoring, or revision of a disease-specific care plan
 - » May require frequent adjustments to medication or treatment regimen or substantial assistance from a caregiver

CMS specifically identifies cancer as a qualifying diagnosis for PIN services.



Patient-Centered Activities of Principal Illness Navigation

PIN services are rooted in standards that equip professional navigators to provide comprehensive, patient-centered support for individuals with a serious, high-risk condition or illness. The Oncology Navigation Standards of Professional Practice provide clear guidelines on professional practices for oncology navigators, outlining the necessary knowledge and skills to deliver high-quality, competent and ethical care.⁶ The establishment of these standards contributed to CMS's decision to recognize and reimburse for navigation services. These services help guide the patient through their course of care, including addressing any unmet social needs that significantly limit the practitioner's ability to diagnose or treat the condition. Since there is no Medicare benefit for paying professional navigators directly, CMS will pay for navigator services as incidental to the services of the health care practitioner who directly bills Medicare. The services covered under PIN include the following activities performed by navigators and peer support specialists under the direction of a physician or other practitioner:⁴ These services include:

- 1 Patient-Centered Assessment** performed to better understand the patient's strengths, goals, preferences and desired outcomes.
- 2 Care Coordination** between practitioners, home, community-based service providers and transitions of care.
- 3 Health Education** for the patient and family to support informed medical decision-making.
- 4 Patient Self-Advocacy Skill Building** to help patients confidently communicate needs, ask questions, and make informed decisions when engaging with health care providers and community resources to support personalized, effective care.
- 5 Health System Navigation** helps guide patients through complex healthcare systems by helping them understand insurance coverage, obtain authorizations, and access financial assistance programs.
- 6 Behavioral Change** facilitation to help meet treatment goals.
- 7 Social and Emotional Support** to help patients cope with the condition.
- 8 Leveraging Lived Experience** or knowledge of lived experience of a serious, high-risk condition to mentor or inspire patients to meet their treatment goals.

PIN Reimbursement Codes

Successful implementation of PIN codes allows health care organizations to capture the value of navigation services, leading to both improved patient outcomes and optimized revenue. Educating health care professionals on these codes ensures that the comprehensive services provided by professional navigators are recognized and reimbursed, promoting better care coordination and patient support. There are specific codes that have been designated as PIN codes and may be used to capture navigation services; these codes include **G0023**, **G0024**, **G0140**, and **G0146**.

Code	Explanation	Service Examples
G0023	PIN Services, 60 minutes/month Principal Illness Navigation services provided by a certified or trained auxiliary personnel, under the general supervision of a billing provider. PIN services can be billed once per calendar month after at least 60 minutes of services is completed.	<ul style="list-style-type: none"> › Conduct a patient-centered assessment to identify strengths, needs, goals, preferences, and social determinants of health (SDOH) needs › Provide care coordination to ensure seamless access to services and support › Delivering health education tailored to the patient's needs and goals › Support patient self-advocacy skill-building to enhance engagement in care
G0024	PIN Services, additional 30 minutes Principal Illness Navigation services for each additional 30 minutes per calendar month.	<ul style="list-style-type: none"> › Assist with health care access navigation to connect patients with appropriate resources › Offer social and emotional support to address mental well-being and resilience › Utilizing lived experience to support patient-centered treatment goals
G0140	PIN- Peer Support, 60 minutes/month Principal Illness Navigation services provided by a certified or trained auxiliary personnel, including a peer support (PS) specialist, under the general supervision of a billing provider. Services provided by peer support specialists support patients with high-risk behavioral health conditions. PIN-Peer Support services can be billed once per calendar month after at least 60 minutes of services is completed.	<ul style="list-style-type: none"> › Conduct a patient-centered interview to understand the patient's life story, strengths, needs, goals, preferences, and desired outcomes, including cultural and linguistic factors › Identify unmet social determinants of health (SDOH) needs › Facilitate patient-driven goal setting and creating an actionable care plan › Provide tailored support to help patients achieve person-centered goals outlined in their treatment plan › Make referrals to connect patients with additional resources and services
G0146	PIN- Peer Support, additional 30 minutes Principal Illness Navigation – Peer Support services for each additional 30 minutes per calendar month.	



PIN codes can be used to help provide reimbursement for the extra time and effort that is spent with patients that are high touch. The reimbursement for these services can be used to help gain additional support staff.



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G0023 and G0024:

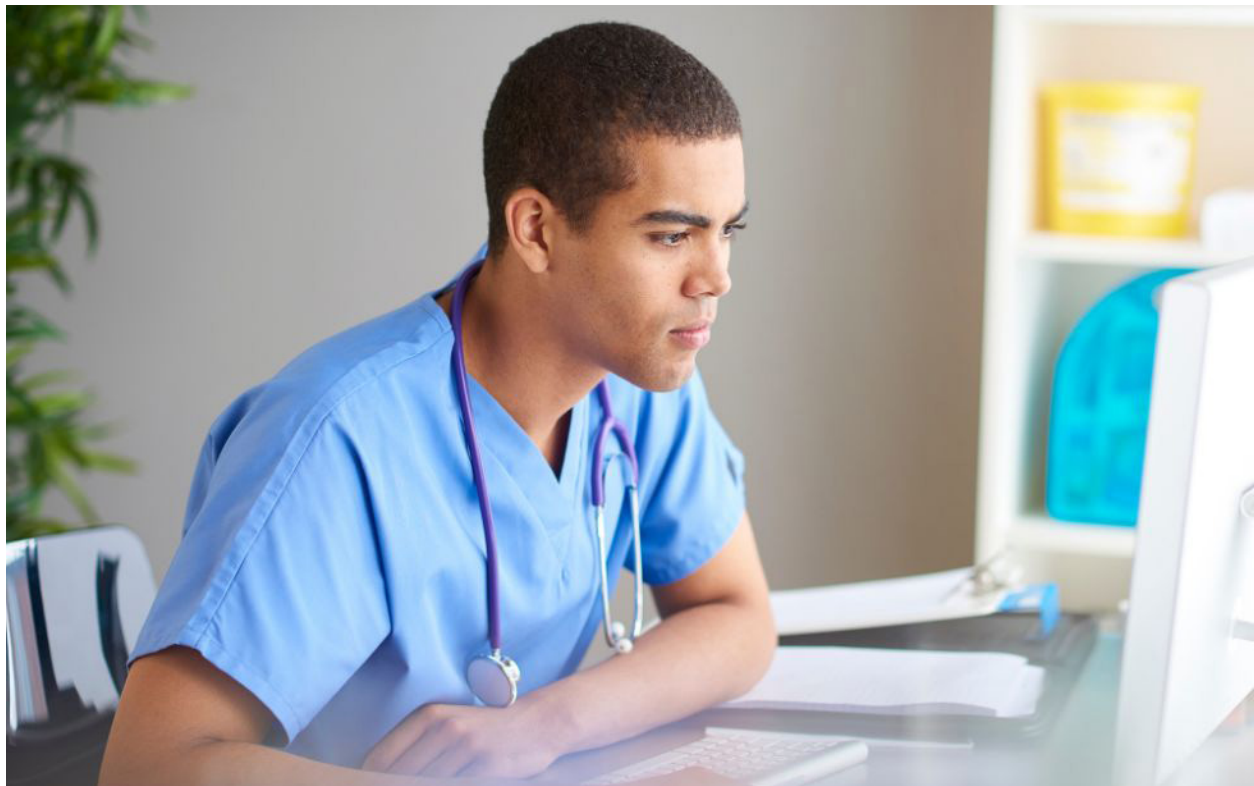
General PIN services provided by professional navigators

G0140 and G0146:

Behavioral Health PIN services provided by Behavioral Health Consult

Documentation of PIN Services

While professional navigators do not submit claims themselves, it is essential that they have a strong understanding of PIN services, including the related standards, qualifications, and billing codes. This knowledge is crucial to ensure proper documentation, which directly supports accurate and successful reimbursement. CMS and Medicare do not provide specific requirements for PIN documentation in patient records. However, to ensure there is appropriate evidence that the intent of the PIN code is met, it is reasonable for the professional navigator to document relevant activities, and the time spent on each service in the medical record, with the billing provider providing attestation.



RELEVANT DOCUMENTATION ELEMENTS INCLUDE:

Initiating visit details:

- » Date and practitioner who conducted the initial visit
- » Patient eligibility: Identification of qualifying patient condition and needs
- » Patient Consent for PIN services
 - » Written or verbal, and must clarify that cost-sharing applies
 - » Must be documented annually

Patient-centered activity (PIN Service) that was provided:

- » Patient Assessment and Planning
- » Care Coordination
- » Education
- » Self-Advocacy Promotion
- » Health System Navigation
- » Behavioral Change Facilitation
- » Social and Emotional Support
- » Community Referrals

Total time spent:

- » Start and stop time of each PIN service or activity

Case Study: Providing Navigation for a Newly Diagnosed Patient with Breast Cancer and Utilization of PIN Codes.

PATIENT PROFILE:

Name: María Gonzáles

Age: 66

Ethnicity: Hispanic, immigrated to the US from Mexico 8 years ago

Diagnosis: Early-stage breast cancer (Stage I)

Language: Spanish (primary language)

Marital Status: Unmarried, no primary caregiver support. One adult child who speaks limited English.



Clinical Background

María Gonzalez, a 66-year-old Hispanic woman, was diagnosed with early-stage breast cancer (Stage I) after feeling a palpable lump in her right breast. She presented with no significant family history of breast cancer and reported feeling generally healthy prior to the diagnosis. María's health care team performed a mammogram and biopsy, confirming the presence of a tumor in her right breast. María's tumor was ER + PR + Her 2 Negative.

Upon receiving the diagnosis, María was overwhelmed with fear, confusion and anxiety. The medical terminology and treatment options presented to her were difficult to understand due to her limited proficiency in English. Furthermore, María lacked a primary care partner to assist her with navigating the complexities of cancer care, leaving her to face the situation mainly on her own. María did not feel she could communicate with her care team and did not fully grasp the situation.

Providing Navigation Services

Upon identifying these challenges, María's oncologist referred her to a patient navigator who could provide personalized support throughout her cancer journey. The bilingual Spanish-speaking patient navigator was trained to address logistical and emotional needs, ensuring that María received the best possible care while minimizing the impact of barriers.

The key interventions provided by the patient navigator are outlined below, demonstrating how these services align with the scope of PIN codes:

Barrier Identified	Nurse Navigation Activity	Alignment with service and PIN	Key Takeaway
Language: Patient is Spanish-speaking; daughter speaks English as a second language.	Arrange for Bilingual Professional Navigator: María was referred to a bilingual professional navigator for her 90-minute intake appointment. During her intake visit, the navigator engaged in therapeutic conversations and planned how to include the appropriate resources to minimize health care barriers.	Patient-Centered Assessment	Billing practitioners must submit a referral for navigation before any PIN services are performed.



Barrier Identified	Nurse Navigation Activity	Alignment with service and PIN	Key Takeaway
Health Literacy: Patient has incomplete understanding of newly diagnosed breast cancer.	Provide Patient Education: The navigator dedicated time to educating Marra about her diagnosis, providing materials and resources to enhance her understanding of both the diagnosis and treatment options, empowering her to make informed decisions about her care.	Health Education Patient Self-Advocacy	Documentation should include details of the appointment, including assessment, history, care plan, barriers addressed and total time spent with the patient.
Emotional and Psychological: Patient is overwhelmed with fear and anxiety related to a new diagnosis.	Provide Mental Health Resources: Recognizing María's heightened anxiety, the navigator took the time to listen to her concerns and provide emotional reassurance. The navigator also connected María to mental health services, including a counselor specializing in supporting patients with cancer, which helped María process her emotions and develop coping strategies.	Social and Emotional Support	Services may happen during one 60-minute session or be divided between multiple sessions. A total of 60 minutes must be met in one month to bill for PIN services. Code G0023 may be used.
Complex Health Care System: Patient's breast cancer treatment involves multiple appointments and requires coordination across various departments and providers.	Schedule and Track Appointments: The patient navigator helped schedule and coordinate timely medical appointments, including consultations with the oncologist, radiologist, and surgeon. The navigator ensured that all appointments were scheduled in accordance with María's treatment plan and followed up with her regularly to remind her of upcoming visits.	Care Coordination	After the first 60 minutes of navigation services are provided, G0024 is used to bill in 30-minute increments within the same calendar month.
Financial: Patient has financial concerns for a patient with Medicare coverage.	Provide Financial Assistance Resources: The navigator worked with María to identify resources that could help alleviate her financial concerns. This included connecting her to financial aid programs, charity foundations assisting patients with cancer, and transportation assistance programs for those undergoing chemotherapy. These resources helped mitigate some of María's financial strain during her treatment.	Health Care System Navigation	Time spent by the navigator working with the patient to complete financial aid applications can be billed toward the total time of navigation.
Cultural Beliefs: Patient is skeptical of US Health care system and strongly subscribes to health care traditions from Mexico.	Providing Culturally Sensitive Care: The patient navigator understood the cultural context of María's situation, including the importance of family and the challenges many Hispanic patients face in the health care system. The navigator ensured that María felt respected and understood, and she facilitated discussions between María and her health care providers to ensure culturally sensitive care.	Patient Self-Advocacy Social and Emotional Support	Providing cultural support can be billable under PIN services by encouraging patients to advocate for their personal and cultural beliefs.



Patient Outcomes

With the support of the patient navigator, María was able to:



Adhere to the Treatment Plan:

She kept up with her chemotherapy sessions and did not miss any appointments. The navigator's proactive approach in ensuring timely appointments and follow-up allowed María to stay on track with her treatment.



Coordinate Transportation and Attend All Appointments:

Having coordinated transportation allowed María to keep all her appointments as scheduled. She did not miss any appointments and was able to complete her treatment plan.



Reduce Emotional Distress:

As measured by the NCCN Distress Thermometer, María's distress level decreased significantly from an 8 (severe distress) to a 3 (mild distress). This was attributed to both the emotional support provided by the navigator and the additional counseling services she received.



Increase Health Literacy:

María reported a much clearer understanding of her diagnosis and treatment options, which helped her feel more empowered in her decision-making.



Access Essential Resources:

María was able to utilize available financial aid, reducing some of the financial burden that came with treatment. This allowed her to focus more on her health rather than worrying about finances.

Case Study Insights

The patient navigator played a pivotal role in improving María's health care experience and outcomes by addressing barriers such as language, emotional stress, limited caregiver support, and financial concerns. With timely appointments, personalized guidance, and culturally competent care, María completed her early-stage breast cancer treatment with greater confidence and less distress. By leveraging PIN codes, the health care system was also able to receive reimbursement for navigation services, helping offset the cost of providing this essential support.



Patients benefit from navigation by receiving personalized care, improved communication amongst the care teams, and increased access to resources. Navigation has been proven to improve treatment compliance & patient outcomes.



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Strategies to Overcome Navigation Reimbursement Challenges

The business case to support patient navigation is well documented. Patient navigation in cancer has been shown to reduce healthcare costs by avoiding unnecessary utilization of health care services, lowering patient visits to emergency departments and preventing hospitalizations.⁷ Despite the value of navigation services, prior to 2024 there was no direct reimbursement, which meant oncology practices often had to absorb the costs themselves, relying on the organization's operational budget or seek external funding to sustain patient navigation programs.

The introduction of Principal Illness Navigation (PIN) billing codes represents a significant step toward integrating navigation services into the reimbursable framework of patient care. However, despite these advancements, challenges remain in implementing reimbursement for navigation services and expanding navigation programs. To date, the adoption of these codes has been limited. Among those using them, there is a recognized need for increased awareness of the PIN codes and guidance on how to effectively implement them to achieve their full potential. Florida Cancer Specialists & Research Institute (FCS), a leading network of cancer treatment centers in Florida, serves as an example of a practice that has successfully operationalized Principal Illness Navigation billing to receive reimbursement for the oncology navigation services provided to patients.

Below are several challenges to operationalizing PIN reimbursement and proposed solutions to ensure navigation programs can fully leverage billing opportunities.



CHALLENGE:

Full Team Engagement

Successfully guiding a patient through their cancer journey requires collaboration across the interprofessional care team. When providers, billing staff, or administrators lack understanding of the navigation process and its value, it can result in missed billing opportunities and gaps in patient care.



POTENTIAL SOLUTIONS:

Establish an Interprofessional Committee

- » Composed of experts with proficiency in provider workflows, patient navigation, documentation, billing, revenue cycle and technology to promote interprofessional collaboration.
- » Lead ongoing team workshops to ensure all team members understand the role and value of patient navigation, the requirements for PIN billing, and shared responsibility in successful implementation.
- » Identify opportunities for process improvement, streamline workflows, and promote consistent, compliant practices across the care team.

FCS Perspective: "Having strong support from our executive and physician champions has made it much easier to get the rest of the team on board. Since we were already providing navigation services to our patients before reimbursement was available, it wasn't difficult to educate the team on the few process adjustments needed to ensure we could be paid for the work we were already doing. Our physicians truly believe in the value of navigation and the positive impact it has on their patients."



CHALLENGE:

Timing of Initial Provider Visit

PIN services cannot be initiated by a professional navigator. Instead, a provider must determine that the patient has a serious, high-risk condition that requires complex care and would benefit from navigation services. However, delays in provider documentation or failure to recognize the need for navigation can result in a missed opportunity to provide and bill for PIN services.



POTENTIAL SOLUTIONS:

Staff Education and Training

Educate providers and care team members on the importance of early navigator involvement and its impact on PIN eligibility and reimbursement.

EMR-Based Automatic Triggers

Implement automated alerts in the electronic medical record (EMR) to prompt providers to assess patient eligibility for navigation services during the initial visit.

Order Integration in Oncology Order Sets

Add a standardized navigation referral option to oncology order sets to streamline the process and ensure timely referrals.

FCS Perspective: FCS created a navigation referral activity within the EMR, allowing physicians to efficiently order navigation services. Additionally, they established a standing order policy for high-risk patients. Collaborating with the informatics and data analytics team, FCS created a dashboard to identify patients with the highest needs.



CHALLENGE:

Lack of Commercial Payer Participation

The limited number of commercial insurers reimbursing for PIN services poses a significant challenge for oncology practices, restricting the ability to be reimbursed for all patients receiving navigation support.



POTENTIAL SOLUTIONS:

Pilot PIN Billing with a Focus on Defined Population

Provide navigation services to a clearly defined patient population, regardless of payer status. Submit billing for all eligible patients and establish a process to track and manage any denials.

Engage with Payers

Open dialogue with commercial insurers to advocate for PIN reimbursement by sharing internal data, national trends, and value-based care models.

Join Advocacy and Industry Groups

Align with professional organizations or coalitions that work to expand payer adoption of PIN codes, thereby contributing to a stronger collective voice.

FCS Perspective: FCS makes every effort to submit for all eligible payments and have a defined process in place to manage and appeal denials. The organization is also committed to collaboration and regularly shares successful strategies and resources with other community oncology practices to help advance best practices across the network.

Leaders from FCS participated in the Community Oncology Alliance (COA) State Advocacy Summit to advocate for policy advancement and reform. As part of the summit, COA encouraged its members to write letters to state Medicaid officials, urging them to support PIN reimbursement.



CHALLENGE:

Patient Consent Requirements, Including Cost-Sharing

According to CMS guidelines, patients must give written or verbal consent before receiving navigation services and be informed of potential cost-sharing responsibilities. Some patients may have financial concerns or hesitate to enroll as PIN services may involve cost-sharing, such as copays or deductibles.



POTENTIAL SOLUTIONS:

Provide Clear, Patient-Friendly Education

Create a brief patient handout explaining PIN services, their benefits, and the cost-sharing process.

Standardize the Consent Process

- » Incorporate PIN consent into intake workflows for all new patients who may be eligible
- » Develop scripts or speaking points to help staff explain PIN services clearly and consistently.

FCS Perspective: FCS developed a patient communication script to clearly inform individuals about their potential cost-sharing responsibilities. FCS also provides access to financial counselors who help patients understand their deductibles and possible out-of-pocket expenses.

Example Script: "Please note that for Medicare beneficiaries, Principal Illness Navigation (PIN) services are now covered (under the new G codes). You may be responsible for standard Medicare copays and coinsurance. We're here to help you understand your coverage and any potential out-of-pocket costs."



CHALLENGE:

Documentation Complexity

Incomplete or inaccurate documentation may lead to claim denials, delays, or underbilling. Without proper documentation of time spent, services provided, and patient eligibility, practices risk losing reimbursement opportunities and reducing the financial sustainability of their navigation programs.



POTENTIAL SOLUTIONS:

Designate an Expert Navigator to Serve as a Documentation Champion

- » Provide targeted training on CMS requirements and time-based billing thresholds
- » Train other navigators on documentation best practices
- » Conduct chart audits and feedback sessions on navigation documentation

Create Standardized PIN Documentation Templates in EMR

- » Integrate PIN doc flowsheets or smart phrases that include:
 - » Patient Consent
 - » Start and end time of each billable interaction
 - » Description of service provided
 - » Identification of qualifying patient conditions and needs

FCS Perspective: FCS updated its Nurse Navigation Initial and Follow-Up Call templates to align with CMS guidelines and ensure all required elements are addressed. FCS developed customized templates and macros, continuously refining them over time to support consistent and compliant documentation.



CHALLENGE:

Coding Complexity

The complexity of PIN code billing can create challenges for oncology practices, such as navigating evolving guidelines, meeting time-based requirements, and ensuring correct code usage, which requires specialized knowledge from individuals proficient in coding and billing practices. Without proper training and standardized processes, coding errors may lead to denied or delayed claims, ultimately reducing reimbursement and creating an administrative burden for staff.



POTENTIAL SOLUTIONS:

Designate an Expert Billing Specialist to Serve as Billing Champion

- » Serve as resource for staff
- » Stay updated on CMS policy changes

Train Coding and Billing Teams

- » Provide targeted training on CMS requirements and time-based billing thresholds
- » Educate billing and coding teams on current PIN codes, required code additions (modifiers) and claim submission protocols.

Conduct Regular Audits

- » Audit PIN claims to ensure accuracy
- » Share audit findings with staff to reinforce best practices and correct common mistakes

FCS Perspective: At FCS, navigation champions conduct monthly chart audits to ensure all billing requirements are met. The EMR system is built to automatically filter out patients who do not meet criteria for time, consent or documentation. Typically, it takes one to two staff members about an hour each month to audit and submit all charges. FCS also provides ongoing education to nurses, sharing documentation tips during monthly huddles to support continuous improvement.

Conclusion

Recognizing navigation services as reimbursable through CMS is an exciting step forward in cancer care. It highlights just how important professional navigators are in supporting patients throughout the continuum of their treatment journey. Through targeted education, care coordination, and patient advocacy, navigators play a crucial role in delivering more streamlined and equitable cancer care.

As the cancer treatment landscape continues to evolve, integrating PIN codes into everyday oncology practice is an exciting opportunity to expand access to high-quality, patient-centered cancer care.

While challenges such as documentation, billing, and workflow integration may exist, they can be overcome through interprofessional collaboration and the development of clear, standardized processes. Through continued education, a commitment to process improvement, and the sharing of best practices, the effective use of PIN codes can unlock the full potential of navigation services—providing meaningful support to more patients when they need it most.



PIN reimbursement provides the tools—but it's the interprofessional team that brings great care to life. Together, we turn challenges into opportunities that truly make a difference for those we serve.



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LEARNING MODULE

ENHANCING ONCOLOGY CARE: THE ROLE OF PRINCIPAL ILLNESS NAVIGATION IN IMPROVING PATIENT OUTCOMES.



Scan the QR code to access the accompanying interactive course on PIN reimbursement, designed to deepen your understanding of the topics introduced here. Explore clinical and nonclinical navigation services, CMS billing requirements, and practical resources to support implementation in real-world settings.



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Notes

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