

The American Cancer Society National Navigation Roundtable (ACS NNRT) conducted a brief survey to gather feedback on the implementation, utilization, and barriers related to navigation reimbursement. The survey inquired about [Principal Illness Navigation \(PIN\)](#) and [Principal Care Management \(PCM\)](#) codes, focusing primarily on PIN reimbursement. A total of 126 responses were included in the final dataset and are summarized below.

PIN Code Implementation

43% of respondents are working towards implementing PIN and/or PCM codes

20% of respondents are currently implementing the codes.

Impact of New Codes on Business Model to Support Navigation Program - Highlight

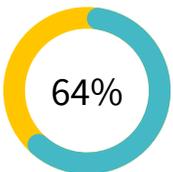
[It] has shown our leadership that Navigators can generate revenue. We did a navigation pilot and it was very successful from a reimbursement and patient satisfaction point of view.

80 respondents are currently implementing or working towards **billing code implementation**. This group provided insight on the expected benefits and challenges (see below).

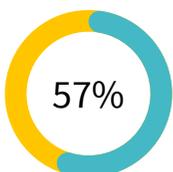
Expected PIN Code Benefits



Return on investment (78%)



Improved patient outcomes (64%)

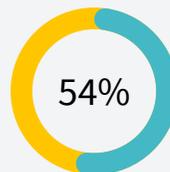


Increased patient & provider satisfaction (57%)

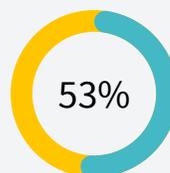
PIN Code Challenges



- Administrative burden of documentation/ billing
- Workflow challenges



- Challenges in integrating into EMR



- Newness of the codes, institution isn't sure of how to begin implementation

Program Plans

Overall, the majority of those implementing or working towards it **plan to use PIN codes to support current programs and/ or their expansion.**

81% support existing navigation program/staff

64% support expansion of existing navigation program

10% create a new navigation program

Additional comments about experience with reimbursement pathways for navigation so far.



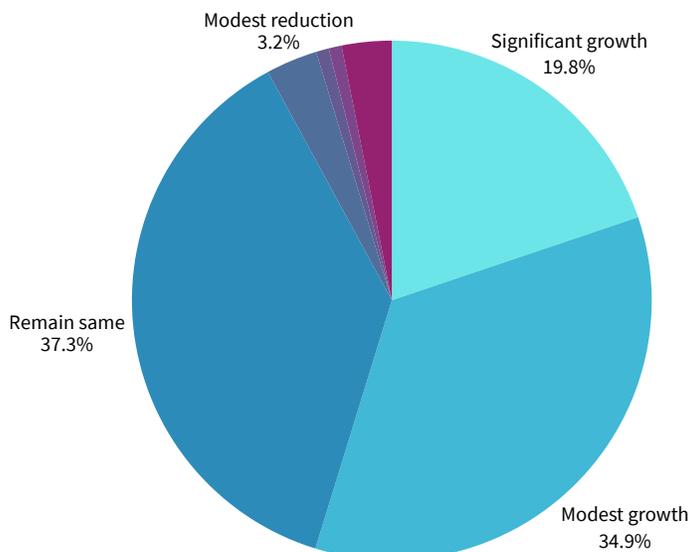
Our program is brand new and the process of working and trying to build has been very challenging and now our financial situation is much worse that we were initially told at this point I feel like I just may need to work as long as I can but this position may go away

So far great and able to provide more individualized care coordination with our patients

The process to establish billing is opaque and confusing for community based organizations; and yet, we are the most likely to have a funding need AND the capacity to serve more patients with better results that navigation programs inside the traditional clinical model.

Program Size

The majority of navigation programs **expanded** (55%) or **remained the same** (37%) since January 2025.



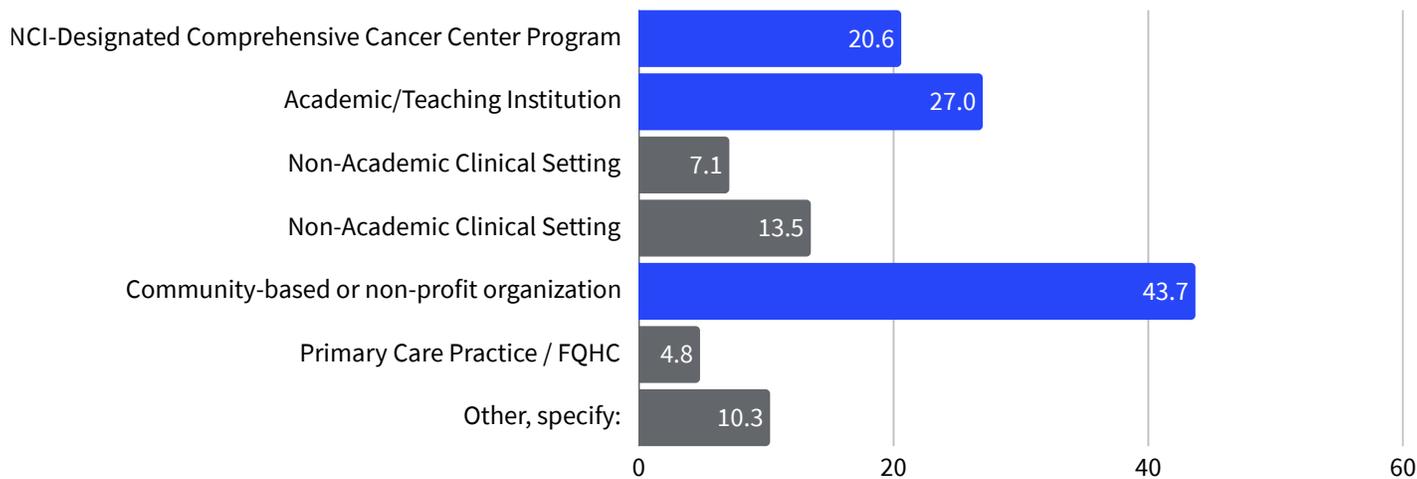
PIN Code Implementation Barriers

32 respondents indicated they are **not implementing reimbursement code strategies.** They selected the following factors that impact their institution's decision to not implement the CMS PIN and/or the CPT PCM codes at this time:

- **Administrative burden of documentation/billing (34%)**
- **Patient out-of-pocket costs (i.e., cost-sharing) (31%)**
- **Challenges in integrating into Electronic Medical Record (EMR) (22%)**
- **Workflow Challenges (25%)**
- **Other (38%)**

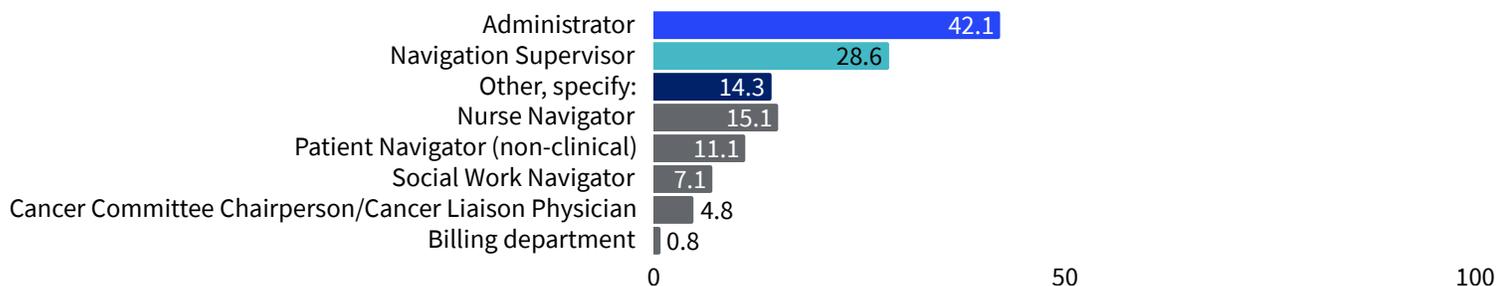
Organization Characteristics

The majority of respondents are **COC accredited institutions** and **community-based or non-profit organizations**.



Respondent Role

Most respondents are **administrators** and **navigation supervisors**.



Dive into additional resources on the [NNRT website](#).