

WEBINAR

2025 ACS NNRT Pulse Survey Trends



March 26, 2026

The American Cancer Society National Navigation Roundtable (ACS NNRT) was established in 2017. The ACS NNRT is a national coalition of 80 member organizations to advance navigation efforts that eliminate barriers to quality care, reduce disparities, and foster ongoing health equity across the cancer continuum. The American Cancer Society provides organizational leadership and expert staff support to the ACS NNRT.



VISION

High quality cancer care for all through evidence-based patient navigation

MISSION

NNRT is a collaboration that advances patient navigation efforts to eliminate barriers for quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.

Revised AIM (2026-2029)

Collective action to sustain oncology patient navigation to achieve access and health equity across the continuum of care

<https://navigationroundtable.org/>

Ground Rules



1 **Nonpartisan Commitment & Discussion Guidelines**

ACS/ACS CAN is a nonprofit, nonpartisan organization. We believe everyone should have a fair and just opportunity to prevent, detect, treat, and survive cancer. We therefore ask that you avoid partisan topics and opinions today.

2 **ACS National Roundtable Rules for Engagement**

Rules for engagement clarify the expectations for participation by members and representatives of the ACS NNRT. Members are expected to respect and comply with these Rules and all other applicable ACS policies.

You can reference the Rules for Engagement anytime on our [website](#).

3 **Confidentiality**

This webinar is being recorded. Please be mindful of our conversation and respectful of others' privacy. Do not identify or discuss specific patients by name.

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Objectives



After our session today, the audience will:

- 1 Understand how Principal Illness Navigation (PIN) Codes were established and how they can be used for reimbursement of services**
- 2 Explain the processes required to offer PIN Services**
- 3 Describe key advocacy activities involved in keeping PIN codes and navigation sustainable**
- 4 Learn the results of the 2025 ACS NNRT PIN code survey and the analysis of any changes from 2024 and 2025.**



Presenters:



Katie Garfield, JD

Director of Whole Person Care
Clinical Instructor, Health Law and Policy Clinic
Center For Health Law Policy Innovation Of Harvard Law School



Gladys Arias, MPA

Principal for Health Equity Policy Analysis
and Legislative Support
American Cancer Society
Cancer Action Network (ACS CAN)



Sarah Long

Project Manager, Survey Administration and Analysis
American Cancer Society
Cancer Action Network (ACS CAN)



Katie Garfield

Director of Whole Person Care

CHLPI

Overview of Principal Illness Navigation (PIN) Codes

Disclosures

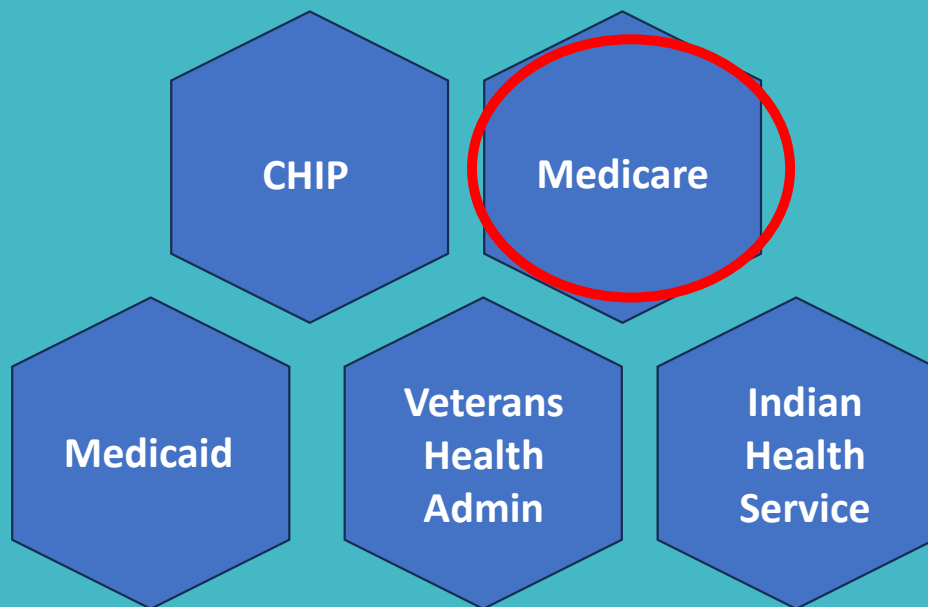


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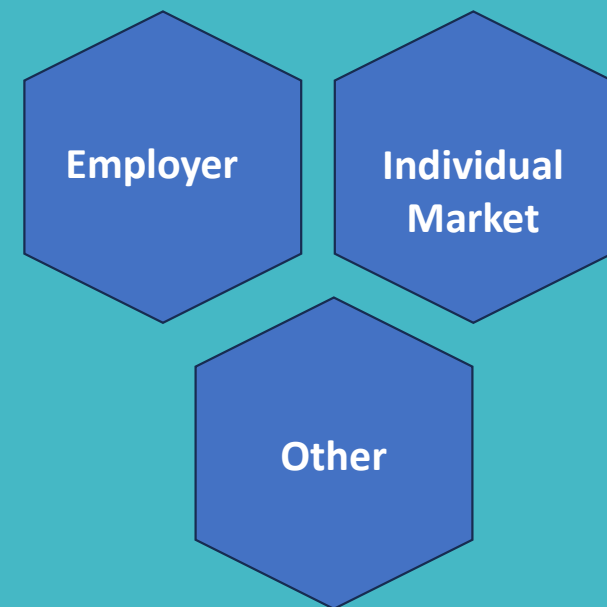
Katie Garfield

U.S. Health Insurance Landscape

Public Health Insurance



Private Health Insurance



Medicare: An Overview

- **Medicare:**
 - Serves individuals aged 65+ or who are living with disabilities or End Stage Renal Disease (ESRD)
- **Broken into 4 Parts:**
 - **Part A:** Hospital Insurance
 - **Part B:** Medical Insurance
 - **Part C:** Medicare Advantage (Private Health Plans)
 - **Part D:** Prescription Drug Coverage

Physician Fee Schedule

Medicare reimburses physicians (and other enrolled health care providers) for services provided under Medicare Part B based on the Physician Fee Schedule

- Lists more than 10,000 unique covered service codes and their payment rates
- Payment policies in the PFS are updated annually via the rulemaking process (i.e., the process used to create new regulations)

CY 2024 PFS – New Navigation Billing Codes

	HCPCS Codes (i.e., billing codes)
Principal Illness Navigation (PIN) Services	G0023: PIN services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator; 60 minutes per calendar month, in the following activities...
	G0024: Principal Illness Navigation services, additional 30 minutes per calendar month
PIN - Peer Support Services	G0140: PIN- 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, in the following activities...
	G0146: PIN - Peer Support, additional 30 minutes per calendar month

Process for Providing PIN Services



Key Resources

- **CMS FAQ Document:** <https://www.cms.gov/files/document/health-related-social-needs-faq.pdf>
- **NNRT FAQ:** https://navigationroundtable.org/wp-content/uploads/NNRT-PIN-PCM-Codes-FAQ_05.23.2024.pdf
- **ASCO: Care Management Services and Patient Navigation Services: A Comparison:** <https://society.asco.org/sites/new-www.asco.org/files/content-files/practice-patients/documents/Care-Management-SDOH-CHI-PIN-Comparison.pdf>



Gladys Arias

Principal for Health Equity Policy
Analysis and Legislative Support



ACS CAN Updates & Resources

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Gladys Arias

Advocacy & the PIN Codes



Reimbursement for Patient Navigation included in CY24 Medicare Physician Fee Schedule

ACS CAN led two sign on letters with the ACS NNRT in Response to Physician Fee Schedule

CY25 Physician Fee Schedule Proposed No Negative Changes to PIN Codes

ACS CAN will continue to advocate for increased access to patient navigation services

Resources



<https://navigationroundtable.org/who-we-are/how-we-work/policy/>

<https://www.fightcancer.org/policy-resources/health-equity/patient-navigation>

Understanding the Impact of New Billing Codes on Patient Navigation: Survey Insights and Recommendations

Sarah Long, ACS CAN
Project Manager, Survey Administration and Analysis



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Sarah Long



- The ACS NNRT fielded a survey to **175 organizations** with patient navigation^{SL1} 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

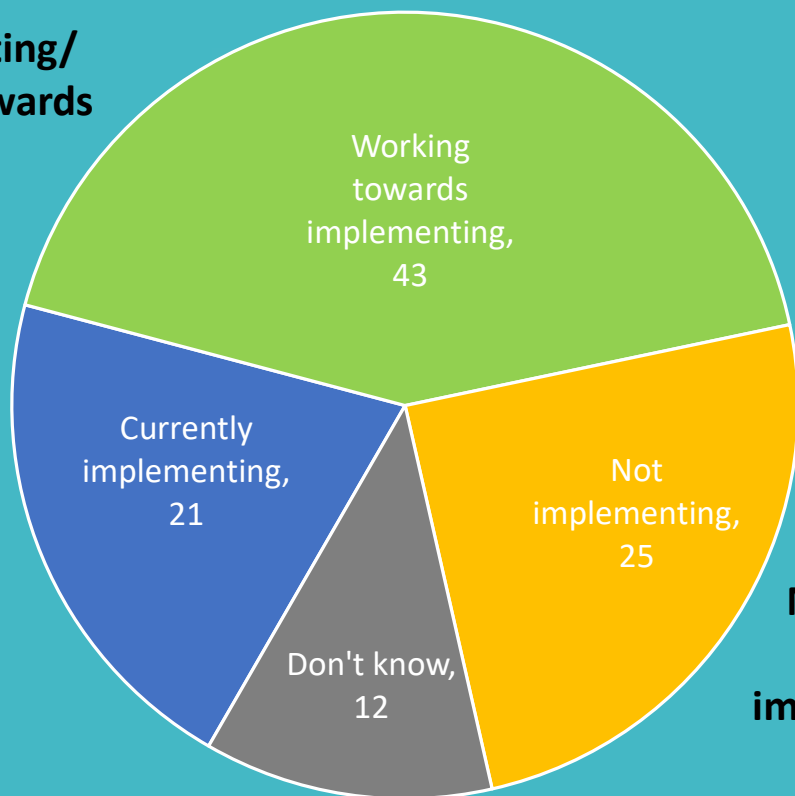
Slide 21

SL1 I believe someone was going to confirm whether the distribution list was 175 orgs again this year. I know the final respondent count was 126.

Sarah Long, 2026-03-19T20:40:34.279

Over 60% are Currently Implementing or Working Toward Implementing Codes

Implementing/
Working towards
64%



Not working
toward
implementation
25%

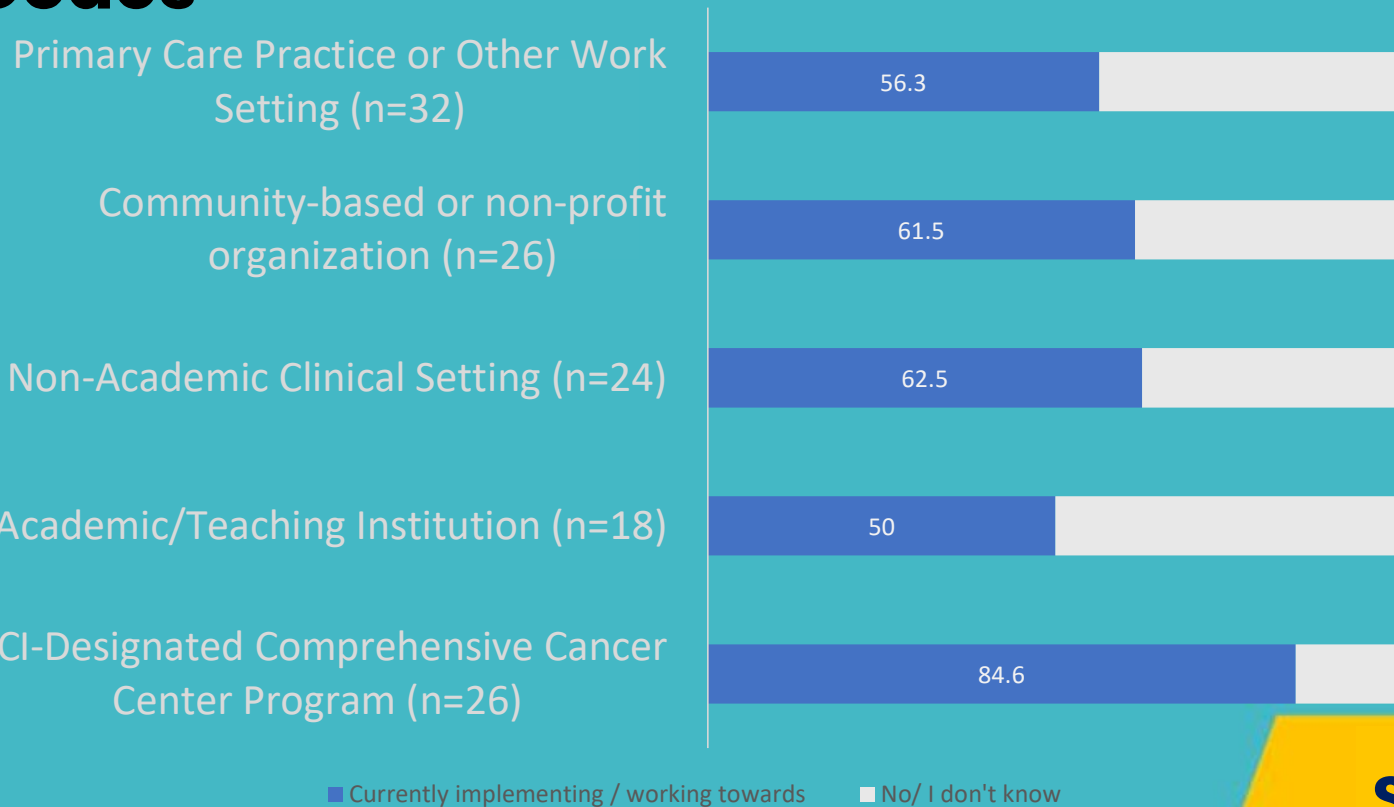
Respondent Quote:

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



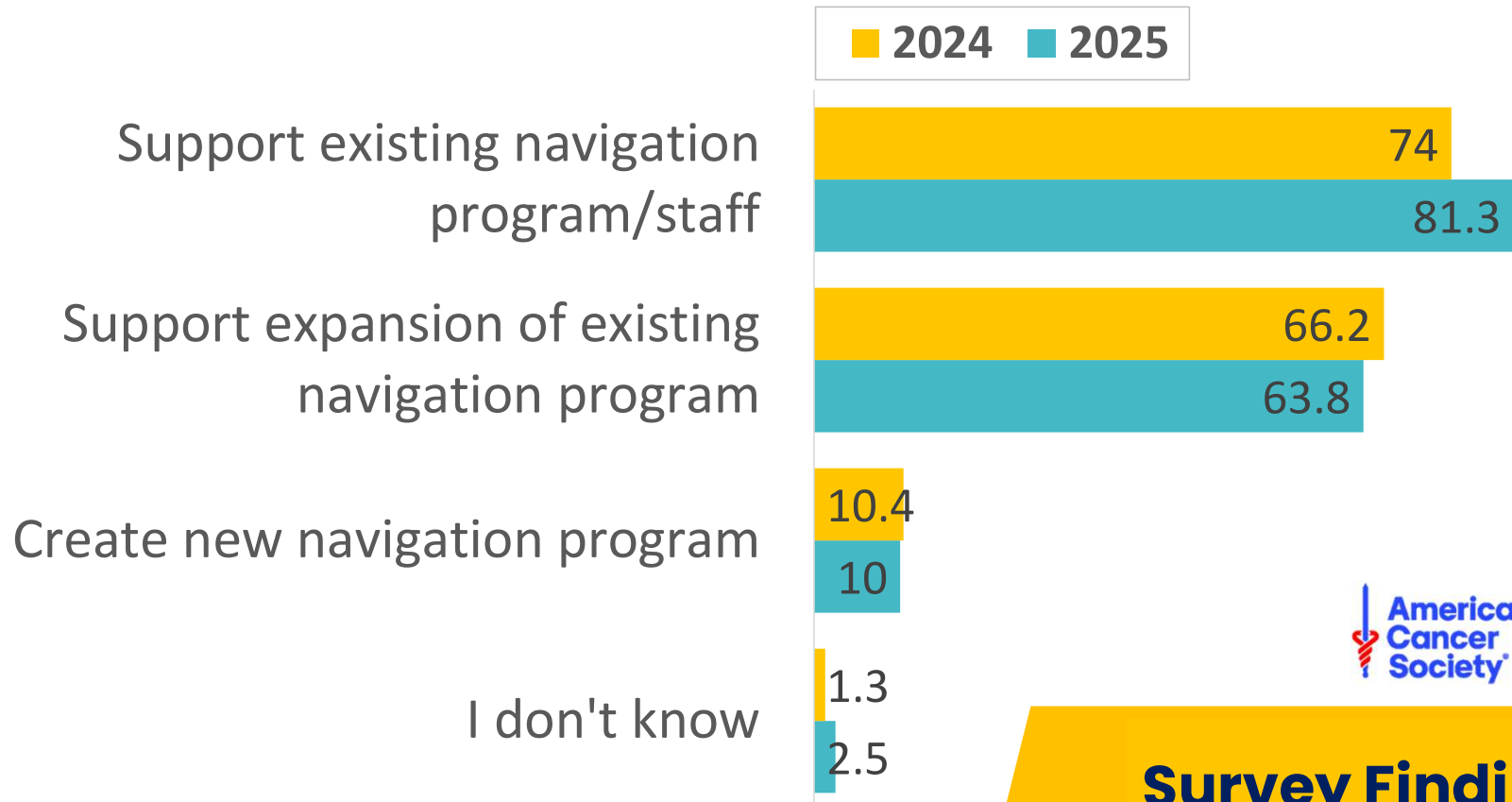
Survey Findings

Most Cancer Center & Clinical Settings are Implementing or Working towards Implementing Codes



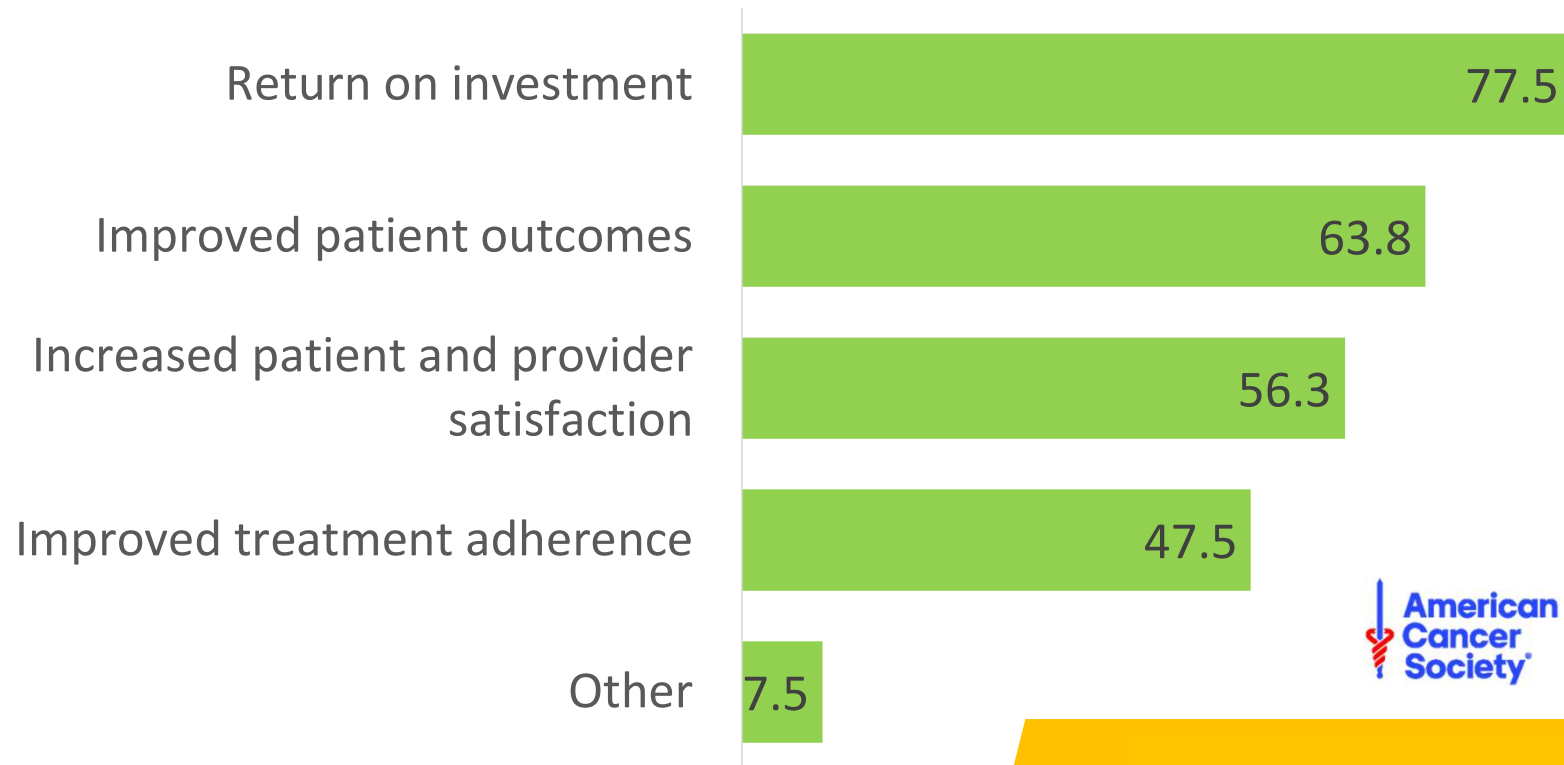
Survey Findings

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



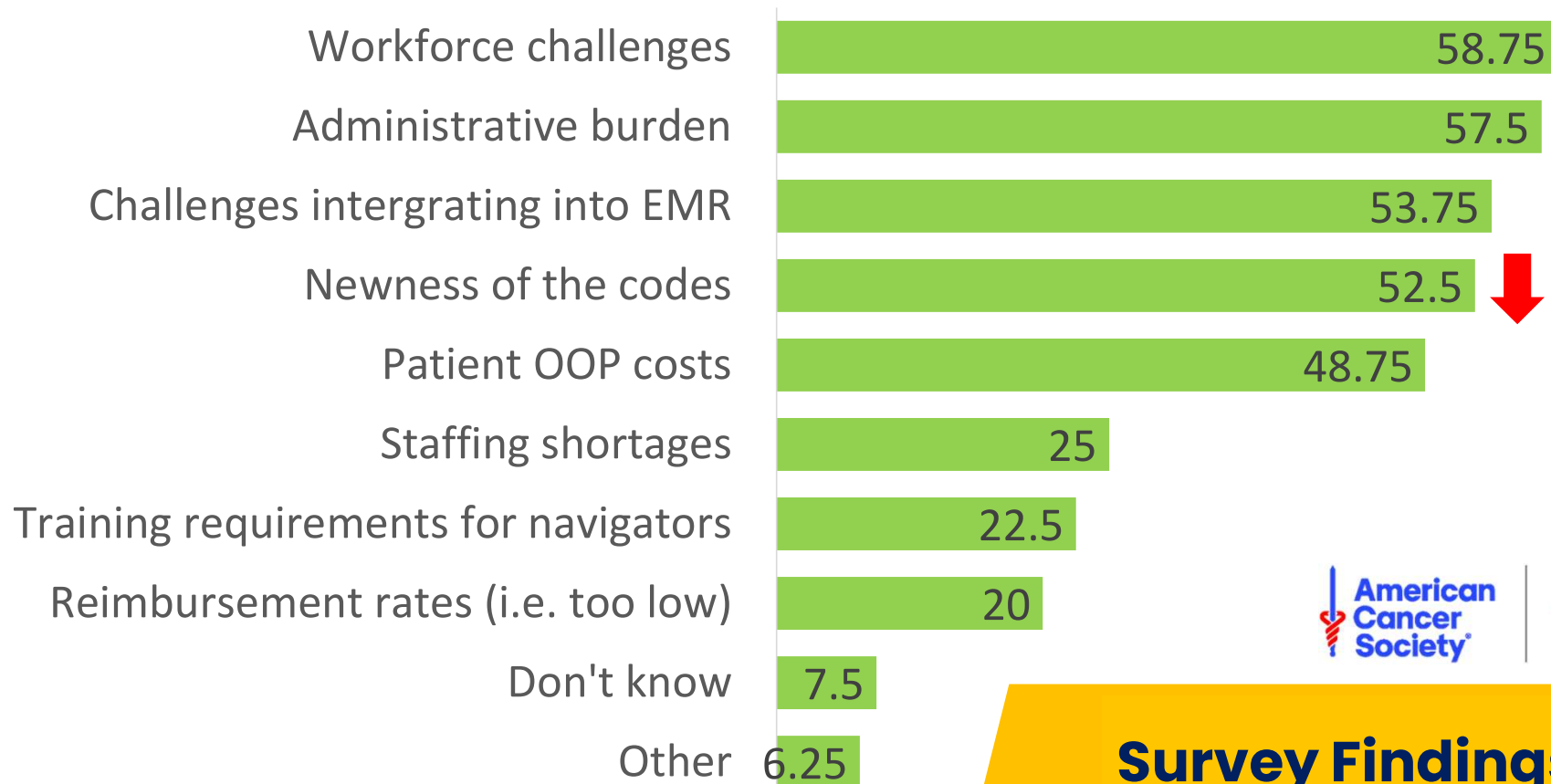
Survey Findings

Anticipated Benefits (Among Those Implementing or Working Towards)



Survey Findings

Greatest Challenges (Among Those Implementing or Working Towards)



Survey Findings

Representative Quotes on the Experience of Those Implementing the Codes:

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

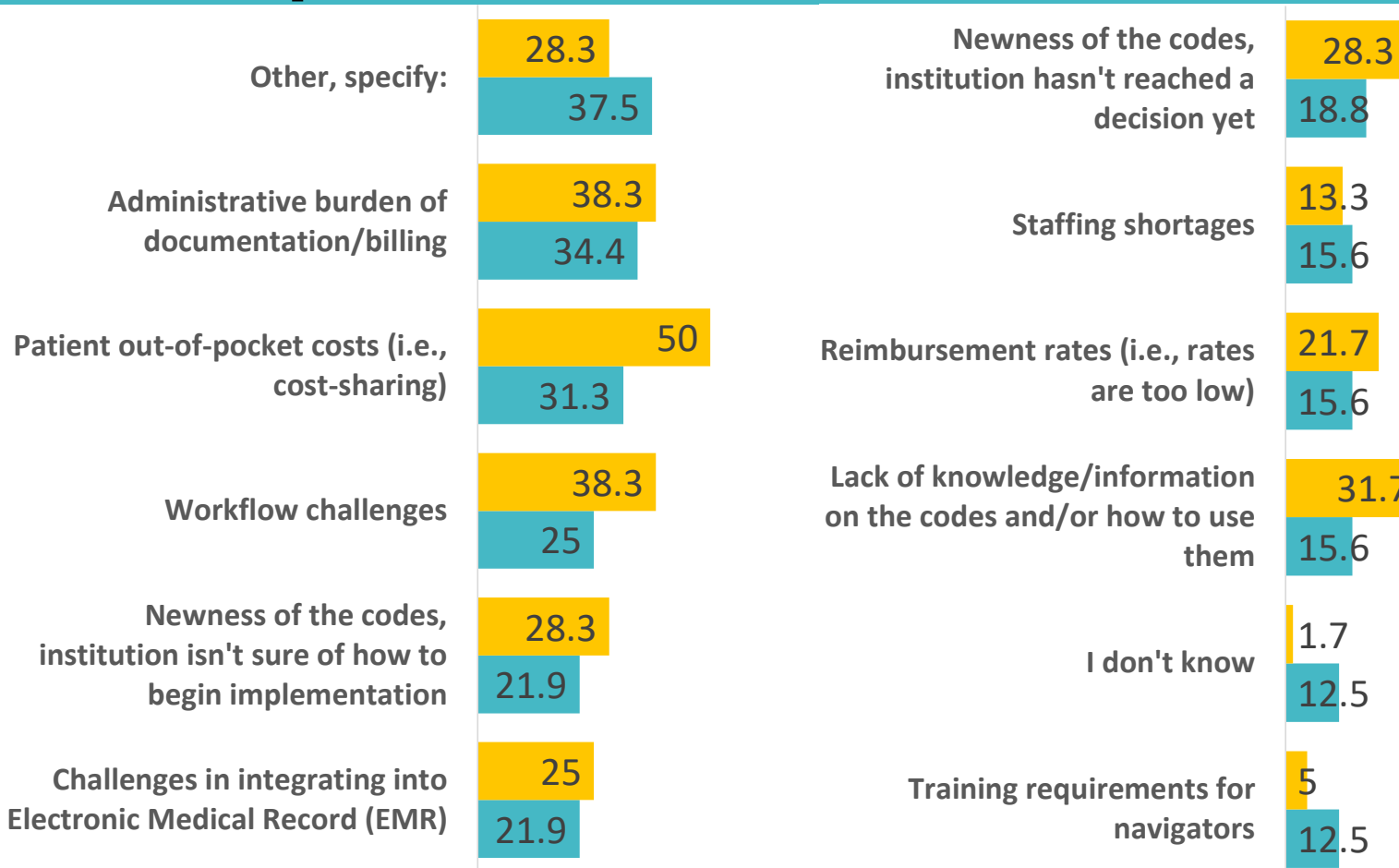
“The process to establish billing is opaque and confusing for community based organizations; and yet, we are the most likely to have a funding need AND the capacity to serve more patients with better results that navigation programs inside the traditional clinical model.”

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

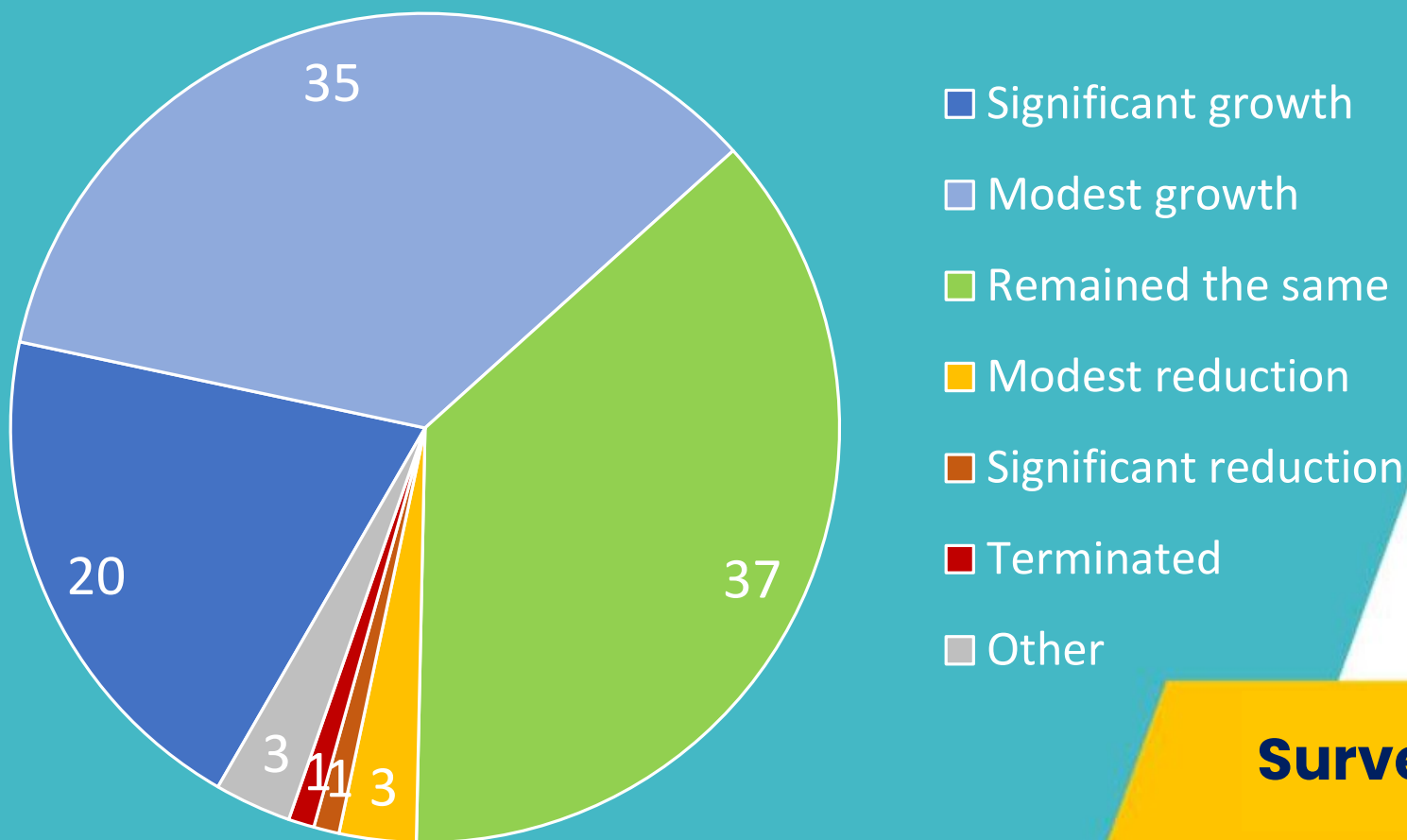


Survey Findings

Factors Influencing Institutions Not Yet Working toward Implementation



Majority of Programs Have Expanded Since Implementation of the Codes



Survey Findings

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Questions



Thank you!