SPECIAL EDITION: November Update

Reporting CPT Codes for Oncology Navigation Services:

The Cancer Moonshot[SM]

The Cancer Moonshot, which was initially launched in 2016 with the goal to speed progress for patients and included funding through the 21st Century Cures Act signed into law that December,[1] is a national effort to end cancer as we know it. In February 2022, President Biden and the First Lady reignited the Cancer Moonshot with two main goals: (1) to cut today's age-adjusted death rate from cancer by at least 50% in the next 25 years, preventing more than 4 million cancer deaths by 2047, and (2) to support and center patients and their caregivers living with and surviving cancer.[2] Increasing the use of effective cancer-navigation services is an important tool not only to boost support for patients but also to reduce cancer disparities and improve health outcomes.

As part of his Unity Agenda, in February 2023, President Biden laid out the goal of making cancer-navigation services—services that help guide individuals, caregivers, and families through cancer screening, diagnosis, treatment, and survivorship—a covered benefit for Americans facing cancer.[3] With the First Lady's leadership, the Cancer Moonshot has worked in close collaboration with the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), commercial payers, the American Cancer Society, and other patient and advocacy organizations to develop and deliver a cancer-navigation strategy that will deliver on President Biden's crucial goal.

The AMA is in full support of the Cancer Moonshot's mission to end cancer. The AMA stands strong with all cancer patients, physicians, and clinicians as it goes forth to ensure medical services can be accurately reported to help increase positive outcomes for cancer patient care. Additional information on the Cancer Moonshot can be found at https://www.whitehouse.gov/cancermoonshot/.

Key to the Cancer Moonshot's navigation efforts is the Oncology Navigation Standards of Professional Practice, which describes the knowledge and practices that cancer navigators should provide to deliver high-quality, competent, and ethical services to people affected by cancer.[4] These services have been designed and may be provided by a variety of health care personnel. This article provides guidance on the appropriate use of Current Procedural Terminology (CPT®) codes in reporting these services.

What Are Oncology Navigation Services?

Per the [Oncology Navigation Standards of Professional Practice](#), two categories of cancer-navigation services are provided to patients[4]:

- **Clinical Navigation Services** focus on clinical care, clinical coordination, and clinical education. These services are typically provided by licensed clinical staff, such as registered nurses or licensed clinical social workers. However, in some care settings, clinical navigation services may be provided by physicians or qualified healthcare professionals (QHP) such as physician assistants or nurse practitioners.

- **Patient Navigation Services** focus on improving access to care related to social determinants of health. Patient navigation-services may be provided by a variety of individuals, including community health workers. A patient navigator may not have clinical training.

In some care settings, nurse navigators may provide both types of navigation services.

Reportable CPT Codes for Oncology Navigation Services

Note: CPT coding guidance for these services uses the terms "qualified health care professional" and "clinical staff." These terms are specifically defined within the CPT code set as indicated in the following definitions:

A "physician or other qualified health care professional" is an individual who is qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice

and independently reports that professional service. These professionals are distinct from '**clinical staff**.' A clinical staff member is a person who works under the supervision of a physician or other qualified health care professional and who is allowed by law, regulation, and facility policy to perform or assist in the performance of a specified professional service but who does not individually report that professional service. Other policies may also affect who may report specific services.

Principal care management (PCM) services codes in the CPT Evaluation and Management (E/M) section are reportable for clinical navigation services, including oncology navigation services. Codes 99424-99427, which were established in 2022, represent services that "focus on the medical and/or psychological needs manifested by a single, complex chronic condition expected to last at least three months and includes establishing, implementing, revising, or monitoring a care plan specific to that single disease," and are not limited to use with oncology patients. Complete information on their intent and use was featured in the January 2022 issue of *CPT Assistant*. These codes are part of the broader care management services group, which also includes chronic care and complex chronic care management services.

PCM services are provided under the direction of a physician or other QHP or may be provided personally by a physician or other QHP to a patient residing at home or in a domiciliary, rest home, or assisted living facility. The physician or other QHP provides or oversees the management and/or coordination of care management services, which include establishing, implementing, revising, or monitoring the care plan; coordinating the care of other professionals and agencies; and educating the patient or caregiver about the patient's condition, care plan, and prognosis.

These services help improve coordination of care, reduce avoidable hospital services, decrease overutilization of services, improve patient engagement, and decrease care fragmentation due to decentralized patient throughput.

Codes 99424 and 99425 may be reported when a physician or other QHP personally provides the service; while codes 99426 and 99427 may be reported when services are provided by clinical staff under the direction of a physician or other QHP.

 # 99424　Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation functional decline, or death,

- the condition requires development, monitoring, or revision of disease-specific care plan,

- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,

- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.

#+ 99425　each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

(Use 99425 in conjunction with 99424)

(Principal care management services of less than 30 minutes duration in a calendar month are not reported separately)

►(Do not report 99424, 99425 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99426, 99427, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491)◄

(Do not report 99424, 99425 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607)

 # 99426   Principal care management services, for a single high-risk disease, with the following required elements:

- one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/ decompensation, functional decline, or death,
- the condition requires development, monitoring, or revision of disease-specific care plan,
- the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities,
- ongoing communication and care coordination between relevant practitioners furnishing care;

first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.

#+ 99427   each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

(Use 99427 in conjunction with 99426)

(Principal care management services of less than 30 minutes duration in a calendar month are not reported separately)

(Do not report 99427 more than twice per calendar month)

►(Do not report 99426, 99427 in the same calendar month with 90951-90970, 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99437, 99439, 99473, 99474, 99487, 99489, 99490, 99491)◄

(Do not report 99426, 99427 for service time reported with 93792, 93793, 98960, 98961, 98962, 98966, 98967, 98968, 98970, 98971, 98972, 99071, 99078, 99080, 99091, 99358, 99359, 99366, 99367, 99368, 99421, 99422, 99423, 99441, 99442, 99443, 99605, 99606, 99607)

CPT PCM Codes: Reporting Frequency

How often can PCM codes be reported? When reporting PCM services, note that each code in this subsection is reported only when a full 30 minutes of time is spent providing the service during a calendar month. It would not be appropriate to report these codes if less than 30 minutes

are spent providing the service. The following table was established in the CPT 2022 code set to illustrate appropriate reporting of these codes. See Table 1 for reporting CPT PCM codes based on total time utilized during a calendar month.

Table 1. Reporting CPT PCM Codes Based on Total Time

Table for Reporting Principal Care Management Services		
Total Duration Principal Care Management Services	**Staff Type**	**Principal Care Management**
Less than 30 minutes	Not separately reported	Not separately reported
30-59 minutes	Physician or other qualified health care professional	99424 X 1
	Clinical staff	99426 X 1
60-89 minutes	Physician or other qualified health care professional	99424 X 1 and 99425 X 1
	Clinical staff	99426 X 1 and 99427 X 1
90-119 minutes	Physician or other qualified health care professional	99424 X 1 and 99425 X 2
	Clinical staff	99426 X 1 and 99427 X 2
120 minutes or more	Physician or other qualified health care professional	99424 X 1 and 99425 X 3, as appropriate (see illustrated reporting examples above)
	Clinical staff	99426 X 1 and 99427 X 2

In addition to Table 1, refer to parenthetical notes, which provide guidance to direct and restrict the reporting of these codes in conjunction with each other or in conjunction with other services

when provided over the same or overlapping time. For example, the phrase "in the same calendar month" in the parenthetical notes indicates that the codes should not be reported together in the same month under any circumstances. Note that PCM services may be reported by multiple clinicians for a given patient in a calendar month, in contrast to chronic care management services, which are limited to one clinician in each calendar month. For more detailed reporting guidelines, refer to the CPT 2024 code set.

Reporting Patient Navigation Services for Non-Clinical Staff Using CMS G-Codes

On November 2, 2023, CMS' Medicare Physician Payment Schedule Final Rule for 2024 introduced four new Healthcare Common Procedure Coding System (HCPCS) G-codes (G0023, G0024, G0140, G0146). Codes G0023 and G0024 were created for principal illness navigation (PIN) services provided by certified or trained auxiliary personnel under the direction of a physician or other practitioner: these personnel may include a patient navigator or certified peer specialist. It is important to note the differences in the required time for reporting G-codes compared to CPT's PCM codes 99425-99427. For example, CPT code 99426 is reported for the first 30 minutes of clinical staff time, while code G0023 is for the first 60 minutes of time. Codes G0140 and G0146 were created specifically to describe PIN services provided by peer support (PS) specialists around behavioral health conditions. PIN services are designed to help patients identify and connect with appropriate clinical and support resources.

These changes will be effective January 1, 2024. Users should review additional details on these changes within the Final Rule on the CMS website at https://www.federalregister.gov/public-inspection/current.

Reporting Summary

To report oncology navigation services using CPT PCM codes and HCPCS PIN codes, see Table 2, which provides a reporting summary of these codes.

Table 2. Summary of CPT PCM and HCPCS PIN Codes

	CPT PCM 99424	CPT PCM 99426	HCPCS PIN G0023	HCPCS PIN G0140
Staff Type	Physician or other QHP	Clinical Staff	Patient navigator/ Certified peer specialist	Peer Specialist
Patient Conditions	1 complex	1 complex	1 serious	Behavioral health
Reporting Time Interval	30 min	30 min	60 min	60 min

References

1. National Cancer Institute. About the Cancer Moonshot. September 11, 2022. Accessed October 19, 2023. https://www.cancer.gov/research/key-initiatives/moonshot-cancer-initiative/about.

2. The White House. The President and first lady's Cancer Moonshot ending cancer as we know it. Accessed October 19, 2023. https://www.whitehouse.gov/cancermoonshot/.

3. The White House. Fact Sheet: In state of the union, President Biden to outline vision to advance progress on Unity Agenda in year ahead. February 7, 2023. Accessed October 19, 2023. https://www.whitehouse.gov/briefing-room/statements-releases/2023/02/07/fact-sheet-in-state-of-the-union-president-biden-to-outline-vision-to-advance-progress-on-unity-agenda-in-year-ahead/.

4. Franklin E et al. Oncology navigation standards of professional practice. *J Oncol.* 2022; 13(3). Accessed October 19, 2023. https://www.jons-online.com/issues/2022/march-2022-vol-13-no-3/4399-oncology-navigation-standards-of-professional-practice.

The *CPT® Assistant Special Edition* information is designed to provide accurate, up-to-date coding information. We continue to make every reasonable effort to ensure the accuracy of the material presented. However, this publication does not replace the CPT® codebook; it serves only as a guide.