



**NM Breast and Cervical Cancer Early Detection (BCC) Program  
Clinic-Based Patient Navigation (PN) Claim Form  
FY24: July 2023 – June 2024**

**INSTRUCTIONS:**

1. Provide the date and name of the person submitting the PN Claim Form.
2. Enter the clinic’s mailing address in “Clinic” box.
3. Enter number of completed clinic-based patient navigation forms in “QUANTITY” box...
4. Multiply quantity by \$35 to calculate total...
5. Attach completed Clinic-Based Patient Navigation (PN) Form(s)...
6. Submit to BCC Program for review and approval...

**Date Submitted:** \_\_\_\_\_ **Person Submitting:** \_\_\_\_\_

**Clinic:**

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_____
_____
_____

**Payer:** NM Department of Health  
Public Health Division, BCCP  
5300 Homestead Road NE, Suite 100  
Albuquerque, NM 87110

CPT Code	QUANTITY	UNIT PRICE	TOTAL
G9012 – Other Specified Case Management Service		\$35.00	\$