

Scalp Cooling During Chemotherapy, DME 249

Table of Content

Description & Definitions

Criteria

Document History

Coding

Policy Approach and Special Notes

References

Keywords

Effective Date 12/1/2025

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Coverage Policy DME 249

Version 4

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual^{*}.

Description & Definitions:

Scalp cooling device to reduce the temperature of the scalp while the individual is receiving chemotherapy treatments. The cap reduces blood flow to the hair follicles reducing chemotherapeutic agents from the same area of vasoconstriction.

Other common names: Cold cap therapy, Hypothermia hair loss prevention, Cryounits, Cooling Device, Scalp Hypothermia, DigniCap Cooling System

Criteria:

Scalp Cooling is medically necessary for **ALL** of the following:

- Individual is 18 years or older
- Currently receiving chemotherapy for solid tumors

Scalp Cooling is **not medically necessary** for **ALL** of the following:

- Central nervous system malignancies (either primary or metastatic)
- Squamous cell carcinoma and small cell carcinoma of the lung
- Skin cancers including melanoma, squamous cell carcinoma, and Merkel cell carcinoma
- Patients who are scheduled for bone marrow ablation chemotherapy
- Patients who are scheduled to undergo skull irradiation or have previously received skull irradiation
- Patients with a history of scalp metastases, or in whom scalp metastases are suspected
- Patients with cold sensitivity, cold agglutinin disease, cryoglobulinemia, cryofibrinogenemia, and post-traumatic cold dystrophy
- Patients with severe liver or renal disease from any etiology who may not be able to metabolize or clear the metabolites of the chemotherapeutic agent
- Patients with hematologic malignancies (leukemia, non-Hodgkin and other generalized lymphomas)

There is insufficient scientific evidence to support the medical necessity of scalp cooling for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

Reviewed Dates:

- 2025: August – Implementation date of December 1, 2025. No changes references updated.
- 2025: July annual review. No changes to criteria. Updated to new format. Effective date 12/1/2025.
- 2024: August – no changes references updated
- 2023: August

Origination Date: Aug 2023

Coding:

Medically **necessary** with criteria:

Coding	Description
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicaid products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy express Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
- **Documentation Requirements** [DME Chapter IV \(updated 5.23.25\) Final.pdf](#) [appendix-b-21-excel-version-with-all-categories-of-appendix-b-july-2025.xlsx](#)
 - All durable medical equipment (DME) and supplies must be ordered by a practitioner on the form: CMN/DMAS-352 (revised 2017) and must be medically necessary to treat a health condition. The CMN/DMAS352 may be completed by the practitioner, DME provider, or other health care professionals, but the practitioner must sign and date the completed Certification of Medical Necessity (CMN).
 - The CMN and any supporting verifiable documentation must be completed (signed and dated by the practitioner) within 60 days.
 - The CMN shall be valid for a maximum period of six (6) months for Medicaid individuals under 21 years of age. The CMN shall be valid for a maximum period of twelve (12) months for Medicaid individuals 21 years and older.
- **Repair vs. Replacement Guidelines**
 - If individual owned equipment needs to be replaced prior to the service limit (Per Appendix B) expiring the provider will be required to justify and obtain service authorization.
 - Documentation for service authorization should include the required information as stated in this manual and the provider shall also include additional documentation as stated below:
 - What equipment the individual is currently using and why that equipment is no longer appropriate for the individual. This description shall include the reason why repairs could not be done or why the option to repair the equipment was not cost effective.
 - The provider shall include a breakdown of what items need to be repaired and include the cost to repair the items to justify why the purchase of new equipment would be more cost effective; and
 - If the item is no longer appropriate due to a change in medical condition, limitations and symptoms, or if the equipment was provided inappropriately, the provider shall give justification to describe the circumstances.
- **Rental vs. Purchase Guideline**
 - When determined to be cost effective by SHP, payment may be made for rental of the equipment in lieu of purchase. (12 VAC 30-50-165)
 - When usage is anticipated to be long-term, and the individual's need or condition is not expected to change, the items must be considered for purchase

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Keywords:

Dignicap, scalp cooling, chemotherapy alopecia