

Scalp Cooling During Chemotherapy, DME 249

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<u>Effective Date</u>	12/1/2025
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<u>Version</u>	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details ^{*}.

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 to criteria. Updated references and to new format
- 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. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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 Commercial products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
 - 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.
 - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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