Sentara® Health Plans

Commercial

Scalp Cooling During Chemotherapy

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Effective Date	10/2023
Next Review Date	08/2024
Coverage Policy	DME 249
Version	1

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

Purpose:

This policy addresses the Scalp Cooling During Chemotherapy.

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 **does not meet the definition of medical necessity**, to include but not limited to:

- 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)

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

Document History:

Revised Dates:

Reviewed Dates:

Effective Date: October 2023

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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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.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.

We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

Keywords:

Dignicap, scalp cooling, chemotherapy alopecia