Whereas, Scalp Cooling (Cold Cap Therapy) has been cleared by the FDA for use during chemotherapy treatment to reduce the likelihood of chemotherapy-induced alopecia in cancer patients with solid tumors such as ovarian, breast, colorectal, bowel, and prostate cancers; and

Whereas, The National Comprehensive Cancer Network® (NCCN) has given Scalp cooling a Category 2A designation indicating uniform NCCN consensus that the intervention is appropriate; and

Whereas, Peer-reviewed studies have shown Scalp Cooling (Cold Cap Therapy) prevented hair loss in 53-66.3% of patients with breast cancer receiving adjuvant chemotherapy, compared to a control group where all patients experienced significant hair loss; and

Whereas, Scalp cooling treatment (Cold Cap Therapy) in peer reviewed studies was well-tolerated with no scalp metastases observed; and

Whereas, Minimizing hair loss during cancer treatment helps patients to preserve personal identity and self-esteem and appear normal as opposed to sick; and

Whereas, Protecting privacy and gaining the ability to choose whether to disclose a cancer diagnosis is significant to many patients; and

Whereas, Scalp cooling can give patients a sense of control in what can be an overwhelming experience; and

Whereas, The American Medical Association (AMA) has issued two (2) separate Category III CPT codes for "mechanical scalp cooling": 0662T and 0663T, effective July 1, 2020; and

Whereas, Aetna, issued a policy statement in 2017 stating that they consider scalp cooling medically necessary as a means to prevent hair loss during chemotherapy but insurance coverage for scalp cooling is not yet standard in the United States; and

Whereas, Reimbursement varies depending on plan, coverage, and location with some insurance companies covering up to $2,000 for wigs but denying coverage for scalp cooling in similar price range ($1,500-$3,000); and

Whereas, Many patients have encountered the circumstance where their health insurance carrier will not provide coverage for scalp cooling therapy, forcing patients to pay out of pocket for this essential therapy; and

Whereas, This significant out of pocket expense puts this treatment out of range for many; and
Whereas, Our AMA advocates for health equity; therefore be it

RESOLVED, That our American Medical Association advocate for and seek through legislation
and/or regulation, universal insurance coverage for Scalp Cooling (Cold Cap) Therapy (Directive
to Take Action); and be it further

RESOLVED, That our AMA work with consumer and advocacy groups to challenge insurers on
medical necessity denials for Scalp Cooling (Cold Cap) Therapy and encourage appeals to
independent third-party reviewers. (Directive to Take Action)

Fiscal Note: Modest - between $1,000 - $5,000

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References
hemotherapy, nutritional support, emotional support, rehabilitation, and the hospice concept. Our AMA actively encourages the implementation of continuing education of the practicing American physician regarding the most effective methodology for meeting the symptomatic, rehabilitative, supportive, and other human needs of the cancer patient.