

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 707
(A-22)

Introduced by: New York

Subject: Insurance Coverage for Scalp Cooling (Cold Cap) Therapy

Referred to: Reference Committee G

1 Whereas, Scalp Cooling (Cold Cap Therapy) has been cleared by the FDA for use during
2 chemotherapy treatment to reduce the likelihood of chemotherapy-induced alopecia in cancer
3 patients with solid tumors such as ovarian, breast, colorectal, bowel, and prostate cancers; and
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5 Whereas, The National Comprehensive Cancer Network® (NCCN) has given Scalp cooling a
6 Category 2A designation indicating uniform NCCN consensus that the intervention is
7 appropriate; and
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9 Whereas, Peer-reviewed studies have shown Scalp Cooling (Cold Cap Therapy) prevented hair
10 loss in 53-66.3% of patients with breast cancer receiving adjuvant chemotherapy, compared to
11 a control group where all patients experienced significant hair loss; and
12
13 Whereas, Scalp cooling treatment (Cold Cap Therapy) in peer reviewed studies was well-
14 tolerated with no scalp metastases observed; and
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16 Whereas, Minimizing hair loss during cancer treatment helps patients to preserve personal
17 identity and self-esteem and appear normal as opposed to sick; and
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19 Whereas, Protecting privacy and gaining the ability to choose whether to disclose a cancer
20 diagnosis is significant to many patients; and
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22 Whereas, Scalp cooling can give patients a sense of control in what can be an overwhelming
23 experience; and
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25 Whereas, The American Medical Association (AMA) has issued two (2) separate Category III
26 CPT codes for "mechanical scalp cooling": 0662T and 0663T, effective July 1, 2020; and
27
28 Whereas, Aetna, issued a policy statement in 2017 stating that they consider scalp cooling
29 medically necessary as a means to prevent hair loss during chemotherapy but insurance
30 coverage for scalp cooling is not yet standard in the United States; and
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32 Whereas, Reimbursement varies depending on plan, coverage, and location with some
33 insurance companies covering up to \$2,000 for wigs but denying coverage for scalp cooling in
34 similar price range (\$1,500-\$3,000); and
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36 Whereas, Many patients have encountered the circumstance where their health insurance
37 carrier will not provide coverage for scalp cooling therapy, forcing patients to pay out of pocket
38 for this essential therapy; and
39
40 Whereas, This significant out of pocket expense puts this treatment out of range for many; and

1 Whereas, Our AMA advocates for health equity; therefore be it
2
3 RESOLVED, That our American Medical Association advocate for and seek through legislation
4 and/or regulation, universal insurance coverage for Scalp Cooling (Cold Cap) Therapy (Directive
5 to Take Action); and be it further
6
7 RESOLVED, That our AMA work with consumer and advocacy groups to challenge insurers on
8 medical necessity denials for Scalp Cooling (Cold Cap) Therapy and encourage appeals to
9 independent third-party reviewers. (Directive to Take Action)

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

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1. NCCN scalp cooling recommendations from the [NCCN Clinical Practice Guidelines in Oncology \(NCCN Guidelines®\)](#). NCCN provides the following recommendations: breast cancer (Version 1.2019), ovarian cancer (Version 1.2020) References

- [1] Trusson D, Pilnick A. The role of hair loss in cancer identity: perceptions of chemotherapy-induced alopecia among women treated for early-stage breast cancer or ductal carcinoma in situ. *Cancer Nurs* 2017;40:E9e16.
- [2] Rugo HS, Melin SA, Voigt J. Scalp cooling with adjuvant/neoadjuvant chemotherapy for breast cancer and the risk of scalp metastases: systematic review and meta-analysis. *Breast Cancer Res Treat* 2017;163:199e205.
- [3] Ludwig E. Classification of the types of androgenetic alopecia (common baldness) occurring in the female sex. *Br J Dermatol* 1977;97:247e54.
- [4] Nangia J, Wang T, Osborne C, Niravath P, Otte K, et al. Effect of a scalp cooling device on alopecia in women undergoing chemotherapy for breast cancer: the SCALP randomized clinical trial. *JAMA* 2017;317:596e605.
- [5] vandenHurkCJ,BreedWP,NortierJW.Shortpost-infusionscalpcoolingtime in the prevention of docetaxel-induced alopecia. *Support Care Cancer* 2012;20:3255e60.
- [6] RugoHS,KleinP,MelinSA,HurvitzSA,MeliskoME,etal.Associationbetween use of a scalp cooling device and alopecia after chemotherapy for breast cancer. *JAMA* 2017;317:606e14.
- [7] Rugo HS, Voigt J. Scalp hypothermia for preventing alopecia during chemo- therapy. A systematic review and meta-analysis of randomized controlled trials. *Clin Breast Cancer* 2018 Feb;18(1):19e28.
- [8] Shin H, Jo SJ, Kim DH, Kwon O, Myung SK. Efficacy of interventions for pre- vention of chemotherapy-induced alopecia: a systematic review and meta- analysis. *Int J Cancer* 2015;136:E442e54.
- [9] van den Hurk CJ, Peerbooms M, van de Poll-Franse LV, Nortier JW, Coebergh JW, et al. Scalp cooling for hair preservation and associated char- acteristics in 1411 chemotherapy patients - results of the Dutch Scalp Cooling Registry. *Acta Oncol* 2012;51:497e504.
- [10] KomenMM,SmorenburgCH,vandenHurkCJ,NortierJW.Factorsinfluencing the effectiveness of scalp cooling in the prevention of chemotherapy-induced alopecia. *Oncologist* 2013;18:885e91.

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Policy Effective Date 10/13/1998

Last Review: 7/1/2021

Aetna considers scalp cooling (i.e., using ice-filled bags/bandages, cryogel packs, or specially designed products (e.g., Chemo Cold Cap, DigniCap, ElastoGel, Paxman Scalp Cooling System and Penguin Cold Cap)) medically necessary as a means to prevent hair loss during chemotherapy.

Note: Cooling caps and other products for scalp cooling are considered incidental to the chemotherapy administration and are not separately reimbursed. Cooling caps and other scalp cooling products purchased by the member are considered supplies that are generally excluded from coverage under plans that exclude supplies. See benefit plan descriptions.

RELEVANT AMA POLICY

Symptomatic and Supportive Care for Patients with Cancer H-55.999

Our AMA recognizes the need to ensure the highest standards of symptomatic, rehabilitative, and supportive care for patients with both cured and advanced cancer. The Association supports clinical research in evaluation of rehabilitative and palliative care procedures for the cancer patient, this to include such areas as pain control, relief of nausea and vomiting, management of complications of surgery, radiation and chemotherapy, appropriate

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.

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