

SUBJECT TO RESOLUTION COMMITTEE REVIEW

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 708
(N-21)

Introduced by: New York

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

Referred to: Reference Committee G

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 CPTcodes 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: Not yet determined

Received: 10/11/21

AUTHORS STATEMENT OF PRIORITY

Whether through personal experience or interactions with patients, physicians understand the devastating diagnosis of cancer. Patients requiring chemotherapy will undoubtedly experience hair loss as a result, adding to their misery. Scalp Cooling Therapy is proven to alleviate hair loss during chemo and would therefore improve a patient's self-image and positive outlook with regard to their cancer treatment. A positive response to chemo is not just about the treatments themselves, equally important is the patient's outlook and expectation that their health is improving from those treatments. Patients will not see (nor feel) improvement if the image in a mirror is one of themselves with no hair. Our sense of self is based in large part on physical appearance. Advocating for insurance coverage of Scalp Cooling Therapy would improve patient response to chemotherapy both physically and mentally. Because routine cancer screenings were in large part ignored during the COVID crisis, the expectation is that once resumed, the diagnoses of cancer will increase. Whereas Medicare and some health insurers will provide coverage for this therapy, other companies do not. An increase in cancer diagnoses makes this issue urgent and one that should be addressed with the insurance industry by the AMA as soon as possible.

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

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- [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.
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- [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 characteristics in 1411 chemotherapy patients - results of the Dutch Scalp Cooling Registry. *Acta Oncol* 2012;51:497e504.
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Number: 0290

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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.

Citation: CSA Rep. H, I-78; Reaffirmed: CLRPD Rep. C, A-89; Reaffirmed: Sunset Report, A-00; Reaffirmed: Sub. Res. 514, I-00; Modified: CSAPH Rep. 1, A-10; Reaffirmed: CSAPH Rep. 01, A-20