

# Payment Policy CPP\_52

## Scalp Cooling (Hypothermia) to Prevent Hair Loss During Chemotherapy

**Origination:** New Policy  
**Last Review:** December 12, 2025  
**Next Review:** December 12, 2027  
**Effective Date:** January 01, 2026 (Adaptive Maintenance)

## Description

This payment policy addresses scalp cooling (hypothermia) to prevent hair loss during chemotherapy.

## Policy & Guidelines

### Policy Statement

Effective dates of service on or after January 01, 2026, Blue Cross and Blue Shield of Vermont (Blue Cross VT) payment for services associated with scalp cooling will be subject to the following: Blue Cross VT considers cooling caps and other products for scalp cooling incidental to the chemotherapy administration and are not separately payable therefore, the member should be held financially harmless.

### Background

Scalp hypothermia using a cooling cap has been proposed for preventing alopecia (hair loss) for individuals undergoing chemotherapy. The rationale is that scalp hypothermia causes cutaneous vasoconstriction which thereby reduces the amount of chemotherapeutic agent delivered to the hair follicles. Cellular uptake by the hair follicle would also be reduced since this occurs more readily at warmer temperatures. It is thought that scalp hypothermia lowers the metabolic rate of the hair follicles and thereby further reduces chemotherapy-induced hair loss.

Scalp hypothermia may be accomplished manually or using a machine-based device. Manual caps include, but are not limited to, the Arctic Cold Cap, Chemo Cold Cap, Penguin Cold Cap Therapy System, Warrior Caps and Wishcaps. Machine-based devices include, but are not limited to the DigniCap® Cooling System and Paxman® Scalp Cooling System.

## Not Eligible

Cooling caps and other scalp cooling products purchased or rented by the member are considered supplies that are not separately payable as they are provided by the facility and worn during the chemotherapy administration.

## Benefit Determination Guidance

Payment for services is determined by the member's benefits. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Eligible services are subject to applicable member cost sharing such as co-payments, co-insurance, and deductible.

**Federal Employee Program (FEP):** Members may have different benefits that apply. For further information, please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits **prior** to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

**Inter Plan Programs (IPP):** In accordance with the Blue Cross and Blue Shield Association's Inter-Plan Programs Policies and Provisions, this payment policy governs billing procedures for goods or services rendered by a Vermont-based provider (Blue Cross VT is the local Plan), including services rendered to out-of-state Blue members. Provider billing practices, payment policy and pricing are a local Plan responsibility that a member's Blue Plan must honor. A member's Blue Plan cannot dictate the type of claim form upon which services must be billed, codes and/or modifiers, place of service or provider type, unless it has its own direct contract with the provider (permitted only in limited situations). A member's Blue Plan cannot apply its local billing practices on claims rendered in another Plan's service area. A member's Blue Plan can only determine whether services rendered to their members are eligible for benefits. To understand if a service is eligible for payment, it is important to verify the member's benefits **prior** to providing services. In certain circumstances, the member may be financially responsible for services beyond the benefit provided for eligible services.

Claims are subject to payment edits that are updated at regular intervals and generally based on Current Procedural Terminology (CPT®), Health Care Procedural Coding System (HCPCS), Internal Classification of Diseases, CMS National Correct Coding Initiative Edits, Specialty Society guidelines, etc.

Medicare Primary Policies: Blue Cross VT Payment policies do not apply to any policies where Medicare is primary.

## Eligible Providers

This policy applies to all providers/facilities contracted with the Plan's Network (participating/in-network) and any non-participating/out-of-network providers/facilities.

## Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure adherence with the guidelines stated in the payment policy. If an audit identifies instances of non-adherence with this payment policy, Blue Cross VT reserves the right to recover all non-adherence payments.

## Legislative and Regulatory Guidelines

N/A

## Related Policies

N/A

## Document Precedence

The Blue Cross VT Payment Policy Manual was developed to provide guidance for providers regarding Blue Cross VT payment practices and facilitates the systematic application of Blue Cross VT member contracts and employer benefit documents, provider contracts, Blue Cross VT corporate medical policies, and Plan's claim editing logic. Document precedence is as follows:

- 1) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the member contracts or employer benefit documents, the member contract or employer benefit document language takes precedence.
- 2) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and provider contract language, the provider contract language takes precedence.
- 3) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and corporate medical policy, the corporate medical policy takes precedence.
- 4) To the extent that there may be any conflict between the Blue Cross VT Payment Policy Manual and the Plan's claim editing solutions, the Plan's claim editing solution takes precedence.

## Policy Implementation/Update Information

This policy was originally implemented on January 01, 2026

Date of Change	Effective Date	Overview of Change
December 12, 2025	January 01, 2026	New policy created during adaptive maintenance cycle effective January 01, 2026. The policy provides guidance surrounding new codes 97007, 97008, 97009.

**Table 1**

Code	Code Description
CPT® codes not covered for indications listed in the payment policy [considered incidental to chemotherapy and not separately payable] and are considered informational.	
<b>97007</b>	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education
<b>97008</b>	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period
<b>97009</b>	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)

Approved by

Update Approved: 12/12/2025

*Tom Weigel, MD*

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Tom Weigel, MD, Chief Medical Officer