

February 10, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8010
Baltimore, MD 21244-1810
Via email: MedicarePhysicianFeeSchedule@cms.hhs.gov

Re: Calendar Year (CY) 2027 Potentially Misvalued Service Nomination for Mechanical Scalp Cooling Described by Current Procedural Terminology (CPT®) Codes 97007, 97008, 97009

Dear Administrator Oz,

Paxman thanks the Centers for Medicare & Medicaid Services (CMS) for the agency's ongoing work to identify and redress potentially misvalued services and, more generally, to set appropriate reimbursement under the Medicare Physician Fee Schedule (PFS). Paxman, the manufacturer of FDA-cleared mechanical scalp cooling systems used in oncology settings, respectfully nominates CPT codes 97007, 97008, and 97009 as potentially misvalued. We request that CMS evaluate these codes in the CY 2027 PFS rulemaking and establish payment based on newly available empirical evidence demonstrating that incorrect assumptions were made in the prior valuation of clinical staff time and practice expense inputs.

New empirical evidence

In August 2024, a comprehensive time and motion study was conducted across 10 U.S. cancer centers, including large academic and community-based oncology practices. The study evaluated real-world clinical workflows and resource utilization associated with the delivery of mechanical scalp cooling services, including pre-service activities, active treatment initiation, and post-service monitoring.

The findings demonstrate that the clinical staff time and practice expense inputs required to furnish services reported under CPT 97007, 97008 and 97009 are materially greater than those reflected in current MPFS valuation. The attached data post-date prior RUC and CMS review processes and were not available at the time of valuation. In particular, the study documents:

- Substantial and continuous involvement of specialized oncology nursing staff
- Extended periods of patient monitoring and active device management
- Workflow complexity and clinical intensity that were not fully captured in prior valuation assumptions

Why revaluation is warranted

Scalp cooling is a Category 2A recommendation under the National Comprehensive Cancer Center Network's (NCCN) Clinical Practice Guidelines to reduce the incidence of chemotherapy-induced alopecia for patients receiving chemotherapy treatments. The number of scalp cooling sessions a patient receives varies depending on the chemotherapy agent prescribed, but averages 5-6 sessions per regimen.

These services represent a maturing clinical pathway that has transitioned from a cash-pay model into broader insurance coverage. The newly available, multi-site time and motion data provide objective evidence of actual resource use in routine clinical practice. Without accurate valuation, physician practices and outpatient clinics may face challenges sustaining access to these services, with downstream implications for beneficiary access and health equity.

Please note that CMS DOC has recently received additional briefing on the clinical workflow and resource intensity associated with mechanical scalp cooling services in outpatient settings, further underscoring the importance of accurate valuation under the PFS.

Code-specific scalp cooling services impacting clinical staff time and practice expense

- 97007 (Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education).
Nursing services provided under this code include:
 1. Initial meeting with RN
 2. Measurement and cap fitting
 3. Patient education
 4. Set treatment expectations

- 97008 (Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period)
Nursing services provided under this code include:
 1. Retrieve device from storage
 2. Set up device
 3. Confirm operating temperature
 4. Patient skin assessment and tolerability screening
 5. Hair and scalp preparation
 6. Provide PRN meds prior to initiating the cooling process
 7. Cap placement and adjustment
 8. Comfort measures - weighted or unweighted blankets, hot packs
 9. Connect patient to the machine
 10. Initiate therapy and monitoring
 11. Continuous nurse presence (first 10–15 minutes)
 12. Assessment of cold tolerance and anxiety
 13. Administration of PRN medications as ordered
 14. Patients may need gauze or surgical cap for comfort
 15. Re-education to the cooling steps
 16. Ongoing comfort measures replacing blankets, heat packs
 17. Adjusting and repositioning the cap as needed

- 97009 (Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure))
Nursing services provided under this code include:
 1. Extended monitoring beyond end of chemo infusion
 2. Ongoing adverse event assessment and management

3. Gradually and gently remove the cap at end of prescribed time period (60 - 180 minutes depending on chemo regimen)
4. Reinforce post treatment education regarding hair care between cycles
5. Final skin and hair assessment
6. Disinfection of device
7. Return device to storage

Request

Based on the time and motion study, Paxman requests total time for 97007 of 103 minutes, 52 minutes for 97008 and 23 minutes for 97009. These services do not overlap with chemotherapy and should be considered as stand-alone services. Practice expense RVUs are requested at 56.35 for 97007, 1.67 for 97008 and 0.97 for 97009 (see attachments for details).

We respectfully request that CMS:

1. Accept CPT codes 97007, 97008 and 97009 for review under the annual potentially misvalued code nomination process; and
2. Consider the attached August 2024 multi-center time and motion study and supporting materials as part of that review.

Thank you for the opportunity to submit this nomination. We would welcome the opportunity to provide any additional information that may be helpful.

Sincerely,



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Attachments:

- August 2024 Multi-Center Time & Motion Study
- Summary slide illustrating clinical workflow and time inputs
- Summary slide illustrating practice expense request

Time & Motion Studies obtained from 10 U.S. Cancer Centers, August 2024

Relevant Code			97007			97008				97009			
Cancer Center	Maintaining system and equipment	Discuss scalp cooling option with patient	Discuss scalp cooling education with patient	Conduct cap-sizing process with patient while reviewing hair prep and fitting	Complete enrollment paperwork with patient and fax to Hub for BI	Prepare system for use	Assist with hair prep to ensure sufficiently ready for cap fitting, then assist patient with cap fitting process	Connect patient cap to system and initiate cooling while administering pre-meds	Chemo infusion initiated - monitoring patient and disconnecting for bathroom breaks as needed	Completion of infusion and initiate post-infusion cooling - monitoring patient and providing bathroom breaks as needed	Disconnection of patient after completing post-cooling, assisting with cold cap removal	Total	
Atlantic Health	15	10	60	30	60	15	30	30	5	15	10	280	
CentraCare	120	5	20	20	20	30	15	5	15	10	10	270	
Comprehensive Cancer Centers of Nevada	60	5	60	15	15	5	0	5	10	5	5	185	
Dana Farber Cancer Institute	30	15	60	20	10	30	25	5	5	5	10	215	
Duke Health	120	5	30	45	20	1	10	10	10	10	5	266	
Massachusetts General Hospital	60	30	30	10	10	35	7	5	10	10	10	217	
Mayo Clinic	120	60	60	40	60	10	30	5	5	10	10	410	
Memorial Sloan Kettering	30	30	30	30	40	10	20	15	5	20	10	240	
Ohio State Spellman	30	45	45	25	17	20	10	5	12	5	10	224	
Penn Medicine	45	20	60	15	60	5	20	5	5	15	20	270	
Average in minutes	63	22.5	45.5	25	31.2	16.1	16.7	9	8.2	10.5	10	257.7	

PE Service Times – Cancer Center Time Studies

Providers surveyed:

1. Atlantic Health
2. CentraCare
3. Comprehensive Cancer Centers of Nevada
4. Dana-Farber Cancer Institute
5. Duke Health
6. Massachusetts General Hospital
7. Mayo Clinic
8. Memorial Sloan Kettering
9. Ohio State University
10. Penn Medicine

In August 2024 surveys were completed by providers to identify resources and time needed to administer scalp cooling. Workflow, Ongoing resources, Pre-Launch and Go Live were assessed.

Oncology Certified Nurse Services*	97007	97008	97009 per 30 minutes
Pre-Service			
Greet patient, gown, medical records verified		2	
Provide education/obtain consent/scalp cooling enrollment	78.34		
Prepare room, equipment and supplies		15.67	
Prepare patient’s hair, set-up scalp cooling system	25	17.44	
Cap measurement/fitting/adjustments, system calibration			
Intra-Service			
Periodic monitoring of patient, skin inspection (7 min per RUC calculation)			11.11
Initiate 30-minute cool down period to within prescribed parameters, administer pre-medications		9.44	
Patient support (disconnect/reconnect for periodic breaks, as needed), conclude/disconnect, skin and hair inspection		7.78	10
Post-Service			
Clean room/equipment			2
Total Time (minutes - rounded)	103	52	23

Time & Motion Studies obtained from 10 U.S. Cancer Centers, August 2024 (Appendix)



MPFS Request – Practice Expense

- Without adequate payment for physician practices, scalp cooling, which is legislatively covered some states, will not be offered and will revert to cash pay, creating significant health equity issues for patients
- Request CMS re-evaluate proposed payment and use the empirical data provided from the time and motion study from 10 cancer centers to assign an adequate payment rate for scalp cooling

Practice Expense	97007		97008		+97009 per 30 min	
	CMS	REQUEST	CMS	REQUEST	CMS	REQUEST
OCN time (per RUC value of x 0.81/minute)		\$83.43		\$42.12		\$18.63
Scalp cooling cap patient kit (1 per patient)		\$1,800				
Scalp Cooling System Supplies (i.e. coolant) (per RUC value of 0.45/minute)				\$13.50		\$13.50
Chair, medical recliner (per RUC value of 0.005988346/minute @ 30 minutes per session)				\$0.18		\$0.18
Requested PE RVUs (Total Costs of Clinic Time, Supplies and Equipment)	(50.86) \$1,699.79	56.35 (\$1,883.43)	0.28 (\$9.36)	1.67 (\$55.80)	0.19 (\$6.35)	0.97 (\$32.31)

