

Your Guide to New Category I CPT Coding and Descriptors

New Category I CPT Coding and Descriptors take effect from January 1, 2026

CPT Code	Range	Summary of Use	Change from Category III Code
97007	Scalp cooling, mechanical; initial measurement and calibration of cap.	Report 97007 once per chemotherapy treatment period. Do not report 97007 for each chemotherapy session.	Direct replacement for 0662T - no change.
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period.	Report 97008 once per chemotherapy session.	For PRE -infusion cooling, once per chemotherapy session. <i>There is no direct replacement for 0663T.</i>
97009	Provided after discontinuation of chemotherapy, each 30 minutes; list separately in addition to code for primary procedure.	Use 97009 in conjunction with 97008. Do not report 97009 for scalp cooling of less than 16 minutes.	For POST -infusion cooling in conjunction with 97008. <i>There is no direct replacement for 0663T.</i>

IMPORTANT REQUIREMENTS



Machine-based scalp cooling is used to reduce chemotherapy-induced alopecia (CIA).



Must be an FDA-defined medical device, used in-office/facility, ordered and performed by trained staff under physician/QHP supervision. Not intended for home use.

97007

Report once per chemotherapy treatment period

97008

Report once per chemotherapy sessions

97009

Report for post-infusion cooling



Codes 97007, 97008, 97009 are not reported if the scalp-cooling device is ordered by a physician or other QHP but self-administered by the patient during chemotherapy administration.

Final Rule for Medicare payments for Calendar Year 2026 (APC and PFS)

Category I CPT codes	APC	MPFS CY 2026 Rates	Example: MPFS rate for 6 scalp cooling treatments
97007 Initial cap fitting and patient education	\$1450.50	\$1,696.77 per patient, per treatment cycle	\$1,696.77
97008 Pre-cooling period	Included in APC	\$10.02 per treatment	\$60.12
+97009 Post-infusion cooling, per each 30 minute period	Included in APC	\$6.35 per unit, per treatment	\$38.10

Billing Guidance

We encourage each partner to review and update its chargemaster to ensure the listed charges for scalp cooling services – including the new 2026 Category I CPT codes – accurately reflect the cost and resources required. Accurate charges are important because Medicare uses that data to set future payment rates.

Please work with your billing/compliance team to verify that your charges for scalp cooling (using the new 2026 codes) are set at appropriate levels in line with the service's value. Ensuring your chargemaster is up to date will help capture the true cost of scalp cooling in claims data, which in turn influences future Medicare payment rates.