

# Billing Explained: Key Steps & Tips

A guide to the billing process

Paxman Insurance-Based Billing Model



PAXMAN<sup>®</sup>



Historically, access to scalp cooling has been limited due to cost, as insurance coverage was not always available. Following the introduction of Category III CPT Codes in 2022, Paxman introduced the **Insurance-based Billing Model (IBBM)**, under which many facilities billed insurance directly for their patients.

Permanent **Category I CPT Codes**, effective January 1, 2026 are a breakthrough in expanding access to scalp cooling, making equitable access a reality for patients.

By integrating scalp cooling into the standard care process through insurance-based billing, more patients can preserve their hair, which can have a significant impact on their emotional well-being and quality of life during treatment.

# Category I CPT Codes effective January 1, 2026

<b>97007</b> Initial cap fitting & education	<b>97008</b> Pre-cooling period	<b>97009</b> Post-infusion cooling period	<b>ICD-10-CM Diagnosis Codes</b>
<p>Scalp cooling, mechanical; initial measurement and calibration of cap.</p> <p><i>Report 97007 once per chemotherapy treatment period. Do not report 97007 for each chemotherapy session.</i></p>	<p>Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period.</p> <p><i>Report 97008 once per chemotherapy session.</i></p>	<p>Provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure).</p> <p><i>Use 97009 in conjunction with 97008. Do not report 97009 for scalp cooling of less than 16 minutes.</i></p>	<p>The Paxman Scalp Cooling System is indicated to reduce the likelihood of chemotherapy-induced alopecia (CIA) in cancer patients with solid tumors. Treatment is contraindicated in head and neck solid tumors. Trials were conducted on adults who had solid tumors, including ovarian, breast, colorectal, and prostate cancers. All diagnosis codes should correspond accurately to the patient's condition and at the full discretion of the patient's physician.</p>

# Pathways to Patient Access



**Insurance**

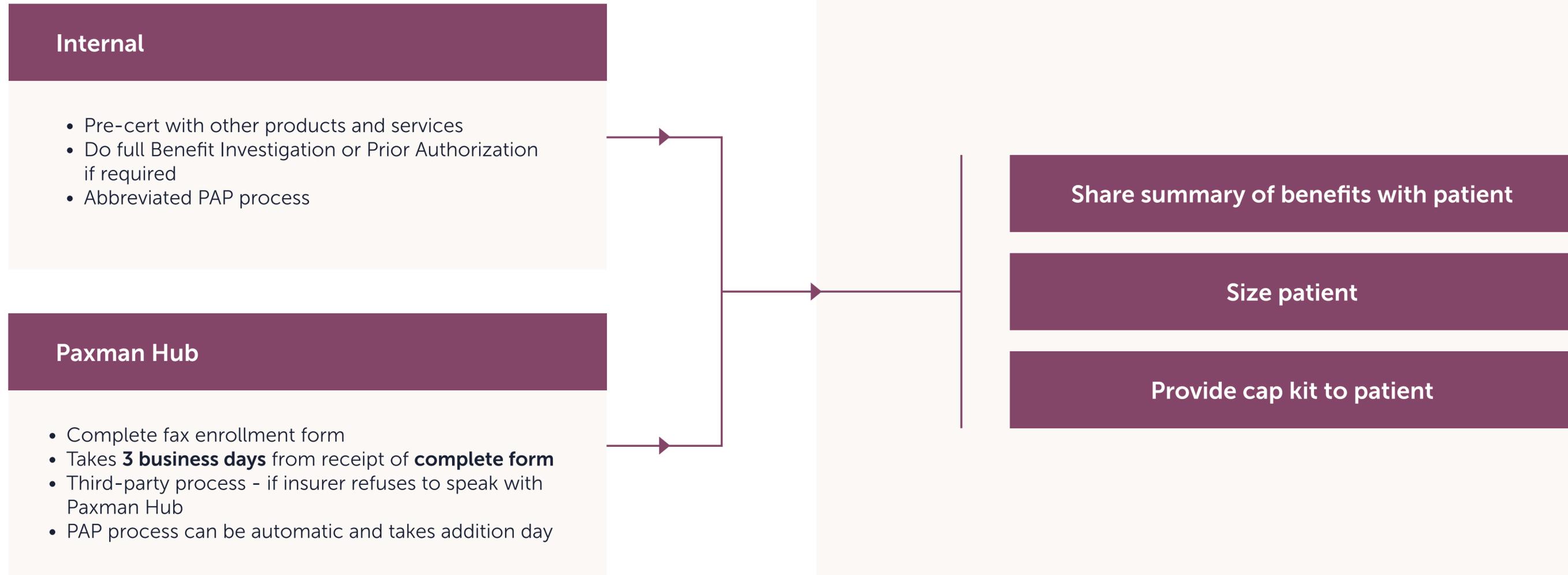


**Patient Assistance Program  
(PAP)**



**Direct Pay**

# Check Benefits - Two Options



# Insurance-Based Billing Steps using **Full Hub Services**

## Step 1

Complete the Paxman Hub Enrollment Form: all steps in Sections 1 and 3

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*(\*If your facility sizes the patient for their cooling cap after receiving benefit investigation results, you may leave the cap size off the enrolment form and write TBD in the margin.)*

## Step 2

Fax the completed Enrollment form to Paxman Hub at 888-358-0410

## Step 3

The provider will receive acknowledgment of receipt for the Enrollment Form.

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When the first patient is enrolled, the provider's office will receive a welcome call from the Paxman Hub to discuss the following:

- Verbal confirmation of enrollment form receipt
- Review the program services and offerings
- Discuss the next steps of the patient's case
- Address any questions the Prescriber may have.

## Step 4

Paxman Hub conducts a benefit investigation (BI) and send summary of benefits (SOB) within 3 business days\* after receipt of a fully completed enrolment form.

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*(\*3 business days starts when all required information is received).*

# Insurance-Based Billing Steps

## Paxman Initiation Documentation:

Patient has elected to complete Paxman Cold Cap therapy enrollment form. This has been ordered by Dr. \*\*\*. Both signatures on form.

Notified patient that a benefits investigation will be started to initiate insurance authorization.

Provided patient with information on likely hair retention using the closest regimen option available on the Paxman Scalp Cooling Outcomes Calculator.

Include patient solid tumor diagnosis in patient record; include statement that chemotherapy is likely to cause alopecia.

# Pre-cert of Benefit Investigation Possible Outcomes

## 1. Insurance Coverage

Insurance coverage with affordable copayment or coinsurance. Proceed with billing insurance.

## 2. No Insurance Coverage

- If your facility utilizes the Paxman Hub, they will **automatically screen your patient for the Patient Assistance Program (PAP) if:**
  - a. your patient has no coverage **and**
  - b. the financial section 3, step 2 of the enrollment form is complete.
- If your facility doesn't use the Paxman Hub, email the abbreviated PAP form to [PAP@PaxmanUSA.com](mailto:PAP@PaxmanUSA.com)

## 3. High Patient Cost

- If your patient has insurance but their copay or coinsurance is unaffordable, you will need to take an extra step. Please write "Patient cannot afford copay/ coinsurance – please screen for PAP" on the original enrollment form and fax it to the Paxman Hub at 888-358-0410
- If your facility doesn't use the Paxman Hub, email the abbreviated PAP form to [PAP@PaxmanUSA.com](mailto:PAP@PaxmanUSA.com)
- If your patient doesn't qualify for patient assistance, you may charge them directly.



## Insurance Coverage

- Charge **97007** initial cap fitting & education.
- Charge **97008** pre-cooling period.
- Charge **97009** post-infusion cooling period.
- If a Prior Authorization is required, your facility must obtain it.

### Standard information required for PAP consideration

- Patient must sign to consent to participation in the program
- Patient must reside in the US
- Patient must have a physical US address
- Patient must have an on-label diagnosis
- Patient must have a valid prescription for the covered product from a licensed Prescriber and patient signature required on the Enrollment Form
- ALL of the above criteria must be met before proceeding

### Automatic qualification into the PAP

If EITHER of these criteria is met, patient automatically qualifies for the PAP:

- Patient has an adjusted gross income of less than or equal to 600% of the Federal Poverty Level based on HHS.

#### **and/or**

- Hardship waiver available if product is >50% of household income

### Conditional qualification into the PAP

- Patient must have no health insurance
- or**
- Patient must have no/not enough coverage (uninsured and underinsured patients)
- or**
- Patient has insurance, but scalp cooling is not covered
- or**
- PA denied with no appeal available, or first level appeal denied



## Patient Assistance Program (PAP)

- Do not charge the patient or insurer for the CPT Codes.
- Paxman will send a replacement cap kit.
- Paxman is sharing the expense with your facility - you are not charging fees but are receiving a free cap kit.



## Direct Pay

- If the patient has no insurance coverage and doesn't qualify for PAP, they will pay your facility directly; your facility may charge them for each code separately or in a lump sum.
- Size the patient for a cap if not previously done.
- Give the patient the cap kit.

# Workflow

## In office

- Size patient
- Complete outcomes calculator: [scalpcoolingstudies.com/outcomes-calculator/](https://scalpcoolingstudies.com/outcomes-calculator/)
- Provide patient with educational folder
- Send MyChart Message or other EMR and/or email to patient with education (details below)

## Send patient message to include

- Outcomes calculator information
- Links from Paxman Website:
  - Help Me Decide
  - I've Decided to Scalp Cool
  - Scalp Cooling Haircare



## Contact us for additional support

Visit our IBBM information page [➤](#)

[reimbursement@paxmanusa.com](mailto:reimbursement@paxmanusa.com) [➤](#)

