



## Ohio Administrative Code

### Rule 5160-10-35 DMEPOS: cranial remolding devices.

Effective: January 1, 2024

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- (A) No particular form or format is specified for the certification of medical necessity.
- (B) Payment may be made only for a cranial remolding device that meets the standards established by the United States food and drug administration for a class II medical device.
- (C) Payment may be made for the purchase of a cranial remolding device to treat any of the following conditions if the associated criteria are met.
- (1) Positional (non-synostotic) plagiocephaly:
- (a) The individual is at least three months old but not older than eighteen months;
  - (b) Any of the following asymmetries is present:
    - (i) A right/left discrepancy in the skull base of at least six millimeters, measured subnasally to the tragus;
    - (ii) A right/left discrepancy in the cranial vault of at least ten millimeters, measured from the frontozygomaticus point to the euryon; or
    - (iii) A right/left discrepancy in the orbitotragial distances of at least four millimeters; and
  - (c) The asymmetry has not substantially improved after two months of conservative cranial repositioning therapy or physical therapy.
- (2) Positional (non-synostotic) brachiocephaly: The cephalic index (the ratio of the maximum width of the head to its maximum length) is greater than ninety-one per cent.



- (3) Positional (non-synostotic) scaphocephaly: The cephalic index is less than seventy-five per cent.
  
- (4) Synostotic deformity:
  - (a) The individual is not older than eighteen months;
  
  - (b) Premature closing of the cranial structures has been documented; and
  
  - (c) Surgery with post-operative remodeling is medically indicated.