SomnoGuard Clinical Workup

*Oral Appliance Therapy is a covered benefit under private insurance.*
As Medical policies vary, the flow chart below is designed to ensure consistent and maximum reimbursement. For assistance, call us directly at 866-720-8080

**Patient Evaluation:**
Obtain comprehensive sleep history, Epworth SS, BMI, airway assessment & bed partner observations if available.

**Sleep Study (Home or In Lab)**
Dx: Obstructive Sleep Apnea?

- **Yes**
  - Begin Insurance-Predetermination
  - Ask: Is Oral Appliance Therapy a covered benefit for DX=OSA(327.23)?

**Treat for Snoring**

- **Yes**
  - Your cash price for SomnoGuard AP: $_______
  - If Not
    - What code is utilized? 21085/E0485/S8262
    - Is precertification required?
    - Reference Provider Medical Policy or consult 1st Line Matrix

- **No**
  - Is it Medically Necessary for (select one below):
    - **Yes**
      - Mild OSA: AHI/RDI 5<15
      - Co morbidities Required?
    - **Yes**
      - Moderate OSA: AHI/RDI 15≥30
      - Refusal or Failure CPAP required?
    - **Yes**
      - Severe OSA: AHI/RDI >30
      - Refusal or Failure of CPAP required?

For specific Medical Policy assistance and Clinical Support contact:

866-720-8080
Hours: 9-6 ET, M-F