**SomnoGuard™ Workflow Protocol**

**SNORING**
(& Undiagnosed OSA)
- Not covered by Insurance
  - Have patient sign: Statement of Financial Responsibility
  - Collect Fee for Service
  - Dispense SomnoGuard

**INDICATION**

**OBSTRUCTIVE SLEEP APNEA**
(Diagnosed)
- Check Eligibility & Benefits
  (E0485 or infrequently 21085)
  - Insured
    - Covered Benefit?
      - Yes
        - Complete and submit:
          - Certificate of Medical Necessity
          - Sleep Study Results
          - Pertinent Office Notes
          - Await results of preauth (can take up to 3 weeks)
          - Whether approved or not we recommend to
            - Have patient sign: Statement of Financial Responsibility
            - Collect Deposit (optional)
            - Dispense SomnoGuard
            - Refund up to full deposit amount upon receipt of remittance
            - Keep deposit for denied or patient responsibility per copay/deductible
      - No
        - Have patient sign: Statement of Financial Responsibility
        - Collect Deposit (recommended)
        - Dispense SomnoGuard
        - Submit Claim with:
          - Certificate of Medical Necessity
          - Sleep Study Results
          - Pertinent Office Notes
        - Refund up to full deposit amount upon receipt of remittance
        - Keep deposit for denied or patient responsibility per copay/deductible
  - Uninsured
    - Collect Fee for Service
    - Dispense SomnoGuard

**Medicare**
- Have patient sign: Advanced Beneficiary Notice Of Noncoverage
  *CMS-R-131
- Dispense SomnoGuard
  OR
- Prescribe SomnoGuard
- Complete Prescription Form
  - Fax to 800-918-7860
- Patient Purchases Directly
  - AP2 $259 (+$7.95 S/H)
  - SPX $279 (+$7.95 S/H)
- Schedule fitting appointment
- Charge office visit for fitting (~99213)

**Commercial Insurer**
- Have patient sign: Statement of Financial Responsibility
- Collect Fee for Service
- Dispense SomnoGuard

Reference resources available at:
1stLineMedical.com
SomnoGuard/Providers/Practice Support Tools
or call 866-720-8080