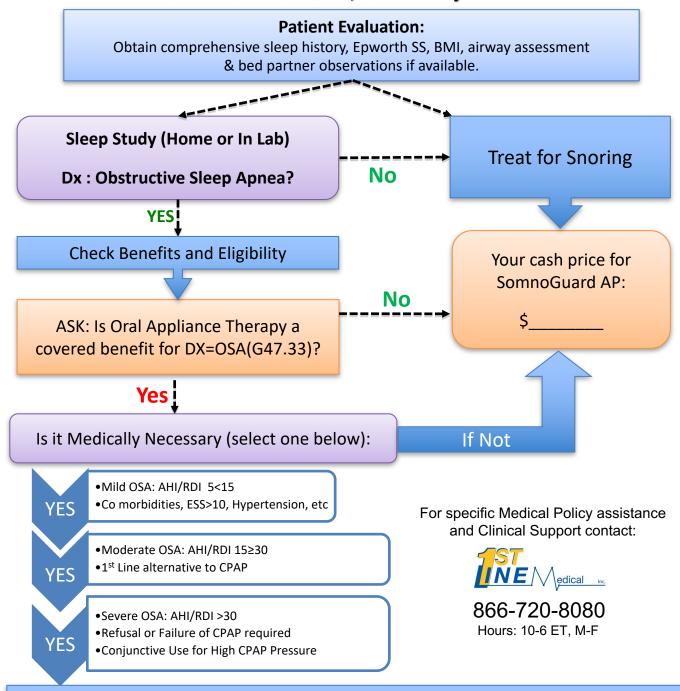
SomnoGuard Clinical Workup

Oral Appliance Therapy is often 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



- •What code is utilized? E0485 or CPT 21085 (only if E0485 not recognized)
 - Is precertification required?
 - ■Reference Provider Medical Policy or consult 1st Line Matrix

Get signed SOFR, Submit Claim/Precert with referenced Code, Charge \$_

SomnoGuard®

Oral Appliance Therapy

- Indications:
 - Snoring
 - Diagnosed Obstructive Sleep Apnea*
 - Mild AHI (≥5 < 15), (concurrent comorbidities)
 - Moderate (≥ 15 < 30)
 - Severe (≥ 30) (failed CPAP or in combination)
- Contra-indications:
 - Central Sleep Apnea
 - Poor Dental Hygiene**
 - Periodontal Disease (inflamed gums)
 - Loose Teeth
 - Gaps of more than one tooth
 - Loose or removable*** Dental Work
 - limited Mandible mobility (<7mm)

[•]Subject to specific insurer Medical Policy for coverage of Obstructive Sleep Apnea. Reference the patient's insurer Website or Provider Relations department to determine specific criteria.

^{**} Referral for a comprehensive dental exam is recommended for patients initiating any Oral Appliance Therapy.

^{***} Removable fixtures may be removed for fitting and use in accordance with limitations.