

# SomnoGuard™ Workflow Protocol

## INDICATION

### SNORING

(& Undiagnosed OSA)

- Not covered by Insurance
- Have patient sign: Statement of Financial Responsibility
- Collect Fee for Service
- Dispense SomnoGuard

### OBSTRUCTIVE SLEEP APNEA

(Diagnosed)

#### Insured

Check Eligibility & Benefits  
(E0485 or infrequently 21085)

Covered Benefit?  
Satisfies Medical Necessity?  
(See Clinical Workup)

Yes

Preauth Required?

Yes

No

- 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

#### Uninsured

- Collect Fee for Service
- Dispense SomnoGuard

No

#### 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](http://1stLineMedical.com)  
SomnoGuard/Providers/  
Practice Support Tools  
or call 866-720-8080

- 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