

 <p>Government of Saskatchewan</p> <p>Drug Plan & Extended Benefits</p>	<p>Section: <i>Universal Benefit Programs</i></p>	<p>Last Amended Date January 2018</p>
<p>HOME OXYGEN PROGRAM</p>		

INTENT

The Home Oxygen Program provides funding towards the cost of prescribed home oxygen therapy for clients who meet the program criteria. The program is delivered through private oxygen suppliers who are contracted by Saskatchewan Health.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

- 1) have oxygen prescribed by a physician or nurse practitioner, and
- 2) meet the medical criteria for either continuous, exertional, or nocturnal oxygen, or
- 3) be assessed by the Saskatchewan Health Authority and meet the criteria for end stage palliative care.

Continuous Oxygen

Criteria:

- In the absence of cor pulmonale or polycythemia, the patient, while at rest after being seated for 10 minutes, must have a PaO₂ ≤ 55 mmHg determined by arterial blood gas or an SaO₂ ≤ 87% determined by oximetry for a minimum of two continuous minutes.
- In the presence of cor pulmonale or polycythemia, the patient, while at rest after being seated for 10 minutes, must have a PaO₂ of ≤ 59 mmHg determined by arterial blood gas or an SaO₂ ≤ 90% determined by oximetry for a minimum of two continuous minutes.
- Testing should be completed within 48 hours prior to initiation of home oxygen therapy.

Coverage:

- Funds a concentrator, regulator and 10 portable oxygen cylinders per month.
- Initial coverage is for four months.

Exertional Oxygen

Criteria:

- Patients must not have been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the 30 days prior to testing.
- Clients will complete a two-part test. Part one is a maximum exercise symptom limited room air test. After being seated for 10 minutes, the patient should use a treadmill, an

exercise bicycle, or walk on the level at a comfortable pace. Stop the test with the onset of symptoms. Record the symptoms, the time of onset, and the distance.

- Part two requires the patient to rest for 10 minutes while receiving 2 litres per minute of oxygen after completing part one. The patient should then repeat the test in part 1 while using oxygen. Oxygen should be adjusted as needed to maintain the saturation at 90% – 92% during exercise. Stop the test with the onset of symptoms. Record the symptoms, the time of onset, and the distance.
- Oximetry on room air must show a pulse oximetry saturation $\leq 87\%$ continuously for a minimum of 20 seconds *and*
- There must be documentation of improvement in exercise capacity of 20% with oxygen use; that is the onset of symptoms is delayed by at least 20%.

Coverage:

- Funds a regulator and 10 portable oxygen cylinders per month.
- Initial coverage is for six months.

Nocturnal Oxygen

Criteria:

- Patients must not have been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the 30 days prior to testing.
- Nocturnal funding applications should only be made for patients whose blood gas or oximetry results do not show qualification for continuous oxygen.
- Nocturnal oximetry testing shall be done both on room air and with supplemental oxygen. Both complete tests and the underlying diagnosis must be included with the application for funding.
- Patients shall demonstrate nocturnal hypoxemia through saturations $\leq 87\%$ on overnight oximetry for a period of more than 30% of the test time. Measured saturation with the application of oxygen therapy should show evidence of significant improvement.
- Oxygen is not recommended as a single intervention for sleep apnea and may not be funded.
- Benefits may be considered on an exceptional basis when prescribed by a respirologist. Documentation of polysomnography results or other supporting evidence must be provided.
- Use of oxygen must show evidence of significant improvement.

Coverage:

- Funds a concentrator.
- Initial coverage is for up to one year.

End Stage Palliative Oxygen

Criteria:

To be eligible for end stage palliative oxygen funding, the client must be enrolled in the Palliative Care Program through the Saskatchewan Health Authority and meet the criteria for end stage palliative care as follows:

- The time frame for end stage care may be measured in terms of days or weeks of active dying. Time frames are difficult to determine, however, in some cases, this end stage may be longer than a few weeks or shorter than a couple of days.
- There are typically day-to-day changes with deterioration proceeding at a dramatic pace. There is usually a sudden drop in the Palliative Performance Rating according to the Palliative Performance scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.
- The end stage may be characterized by increasing intensity of need: increased assistance required for physical or psychological need, family exhaustion and usually a requirement for social work, pastoral care and therapies.
- There is documented clinical progression of disease which may include a combination of symptoms such as dyspnea, crescendo pain, profound weakness, being essentially bed bound, increased nausea or drowsy for extended periods.
- The terminally ill patient must be assessed a Palliative Performance rating of 30% or less according to the palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.

Coverage:

- Funds a concentrator, regulator, 10 portable oxygen cylinders per month and consumable supplies.
- Coverage is short-term only. Funding is extended for a maximum of four months both for initial coverage and for renewals. Only a prescription is required to renew end stage palliative oxygen coverage.

LONG TERM OXYGEN FUNDING

To qualify for long-term oxygen funding, clients must:

- Meet the eligibility criteria for continuous or exertional oxygen as outlined above.
- Have been on short-term oxygen under the same eligibility criteria as the long-term coverage being requested, and
- Be stable, having had no exacerbation, hospital admission or change of treatment within the previous 30 days at the time of testing.

Clients approved for long-term funding receive coverage for one year. Renewal requires a prescription only (no tests are required).

Long-term clients may apply for optional coverage through their oxygen supplier. Optional coverage allows the client to use equivalent funding towards an alternate oxygen system (such as liquid oxygen, an oxygen conserving device, a transfill system or portable concentrator) that may better suit their needs. Any additional cost related to these systems is the responsibility of the user.

CHOICE OF OXYGEN SUPPLIER

- As user costs, delivery schedules and services vary among oxygen suppliers, the choice of an oxygen supplier remains solely with the oxygen user.
- Requests for a change of supplier are considered only if directed by the oxygen user.

NON-BENEFIT ITEMS

- additional cylinders in excess of those approved by SAIL
- consumable supplies (unless the client has Supplementary Health coverage or meets the end stage palliative criteria)
- power costs related to running the concentrator
- additional costs related to alternate systems approved under optional coverage

PROCEDURE

Application

A physician or nurse practitioner must submit an *Application for Initial SAIL Oxygen Funding* form along with supporting test results on behalf of the client. For end stage palliative applications, both a health region case manager and a physician or nurse practitioner must complete a *Saskatchewan Health Authority Request for End Stage Palliative Oxygen Benefits* form, which is submitted on behalf of the client. Clients are notified in writing if their application has been approved or rejected. Approval letters outline the benefits available and dates of coverage.

Billing Process

Oxygen suppliers invoice SAIL directly for eligible benefits based on approved coverage. Non-benefit items, and items in excess of covered amounts are the responsibility of the client and suppliers invoice the client directly for those items.