

# FNIH HOME OXYGEN PROGRAM

## Request For Home Oxygen

**When it is determined that an FNIH client requires oxygen (as prescribed by a physician) and that the client meets FNIH's eligibility criteria (see reverse), the following steps must be taken:**

- 1.** Contact Careica at 1-855-672-6262.
- 2.** Careica will fax you two forms:
  - NIHB Oxygen Therapy and Respiratory Therapy Prior Approval form.
  - Request for Home Oxygen Service form (Careica referral form).
  - Please complete both of these forms and fax them back to the Careica office at 1-204-822-3852.
- 3.** The Prior Approval Form must be accompanied by:
  - A physician's prescription for oxygen (including: date, physician's signature, prescribed flow rate/use).
  - Current room air arterial blood gas (ABG) results.
  - If an ABG cannot be drawn, the reason must be documented.
  - If ABG results are not available, oximetry will be required (for locations that do not have access to an oximeter with printout capabilities, instructions for oximetry recording are available from Careica).
- 4.** If resting PaO<sub>2</sub> on room air is above 55 mmHg, additional supporting test results and/or documents will be required to support qualification (see reverse: FNIH's Eligibility Criteria - items c through f).
- 5.** Fax all completed supporting documents to Careica.
- 6.** Once Careica receives all of the required documents, as described above, Careica will submit the request to FNIH for their prior approval.
- 7.** Once approval from FNIH is received by Careica, the client or applicable party (e.g. family, hospital or home care staff) will be contacted regarding the set-up of equipment. Depending in the location of the client, equipment will either be installed by a Careica Home Oxygen Technician or shipped to the client's location.

## Approval Renewal Process (Please follow steps 2-6 above)

### 3 MONTH APPROVAL

The first FNIH approval is valid for a maximum period of 3 months at which time a second approval must be obtained.

### 9 MONTH APPROVAL

The second approval is valid for an additional 9 month period (one year since the initial approval), at which time annual approval must be obtained.

### ANNUAL APPROVAL

Is required every year thereafter.

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## Eligibility Criteria <sup>1</sup>

**The applicant's condition must be stabilized and the treatment regimen optimized before long-term oxygen therapy is considered.**

Qualifying medical indications are as follows:

- a)** A resting PaO<sub>2</sub> on room air less than or equal to 55 mmHg.
- b)** A resting PaO<sub>2</sub> on room air between 56 and 59 mmHg, when there is evidence of:
  - Cor pulmonale
  - Pulmonary hypertension
  - Secondary polycythemia
- c)** Exercise limitation due to hypoxemia with significantly greater exercise capability and/or significantly decreased shortness of breath on oxygen compared to room air (confirmed by objective data).
- d)** Nocturnal hypoxemia when nocturnal oxygen desaturation is less than 88% for 30% of the night in spite of appropriate CPAP or Bi-Level therapy.
- e)** New York Heart Association Stage IV Heart Disease with a confirmed diagnosis by a cardiologist and relevant symptomatology and test results.
- f)** Palliative care (prognosis of less than 3 months) with a clinical assessment by a physician demonstrating symptomatic benefit.

An arterial blood gas on room air (or for medical conditions c, d, e and f above, an oximetry test is required for both the 3 month and 9 month approval.

**WE MUST SUBMIT EVIDENCE THAT A CLIENT QUALIFIES UNDER THE ABOVE MEDICAL INDICATIONS OR FNIH WILL NOT AUTHORIZE APPROVAL (INITIAL OR RENEWAL) FOR OXYGEN BENEFITS.**

<sup>1</sup> NIHB MS&E Provider Information Kit, July 2003.