

Home Oxygen Therapy Policy and Administration Manual

Assistive Devices Program
Ministry Of Health & Long-Term Care

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Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

Section	Change	Date
100.01	Updated to add Nurse Practitioner	April 1, 2014
110	Update to add Nurse Practitioner and Prescriber	April 1, 2014
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Table of Contents

Table of Amendments	2
Table of Contents	3
Part 1: Introduction to Home Oxygen Therapy Policy and Administration Manual	8
100 Purpose of the Manual.....	8
105 Protecting Personal Health Information.....	9
110 Definitions.....	9
115 Roles and Responsibilities.....	12
Part 2: Devices Covered	20
200 Devices Covered.....	20
205 Low Flow Oxygen Systems.....	21
210 Oxygen Equipment and Services Not Funded by the ADP.....	22
215 Travel.....	23
Part 3: Applicant Eligibility Criteria for Home Oxygen Therapy	26
300 Prescriber	26
305 Applicant Identified as Ineligible by ADP	27
310 Medical Eligibility Criteria	27
315 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Resting Hypoxemia and Long-Term Oxygen Therapy for Children	27

320	Medical Eligibility Criteria for Long-Term Oxygen Therapy for Exertional Hypoxemia.....	29
325	Infants with Bronchopulmonary Dysplasia	31
330	Medical Eligibility Criteria for Oxygen Therapy for Palliative Care	31
335	Medical Eligibility Criteria for Short-Term Oxygen Therapy.....	33
340	Re-assessment of Home Oxygen Therapy	34
345	Discontinuation of Home Oxygen Therapy	34
350	Ineligible Individuals.....	34
355	Procedure for Special Authorization	35
Part 4: Confirmation of Eligibility for Equipment Required.....		37
400	Registered Respiratory Therapists	37
405	Acceptable Evidence of Medical Eligibility: Applicants 18 Years of Age or Younger.....	38
410	Acceptable Evidence of Medical Eligibility: Applicants 19 Years of Age or Older	38
415	Arterial Blood Gas (ABG) Test	41
420	Oximetry Studies.....	42
Part 5: Funding Periods.....		47
500	Funding Periods: Long-Term Oxygen Therapy	47
505	Funding Period: Long-Term Oxygen Therapy for Children	49
510	Funding Period: Oxygen Therapy for Palliative Care	50
515	Funding Periods: Short-Term Oxygen Therapy	50
520	Discontinuation of Home Oxygen Therapy	51

Part 6: Funding and Payment	53
600 Funding Amount for ADP Clients.....	53
605 Eligibility for 100 Percent Funding	53
610 Eligibility for 75 Percent Funding	53
615 Gap in Funding	54
620 Stale-dated Policy	55
625 Hospitalization	55
630 Change in Vendor of Record.....	55
635 Request for a Change in Oxygen Supply System.....	56
640 Update of Client Data.....	57
Part 7: Invoicing Procedures	59
700 Invoice Processing.....	59
705 ADP Processing Errors.....	59
710 Long-Term Oxygen Therapy/Children Funding Invoicing Procedures.....	59
715 Palliative Care Invoicing Procedures	60
720 Short-Term Oxygen Therapy Invoicing Procedures	61
725 Northern and Southern Designation	62
Part 8: Vendors of Record	64
800 Vendor of Record Status.....	64
805 General Vendor of Record Policies	64
810 Safety and Education	65
815 Staff Training and Education Program.....	66

820	Infection Prevention and Control	66
825	Client Record Keeping	67
830	Staff Screening.....	68
835	Sub-Contracting.....	68
Part 9: Contact Information		71
900	Program Addresses	71

Introduction

1

Part 1: Introduction to Home Oxygen Therapy Policy and Administration Manual

100 Purpose of the Manual

The purpose of the Policy and Administration Manual is to present in one document the policies and procedures for funding home oxygen therapy.

The ADP intends the Policy and Administration Manual to complement the ADP Manual.

This Manual forms part of the agreement between the Ministry of Health and Long-Term Care and the Vendor of Record. The Ministry reserves the right to revise this Manual.

100.01 Intended Target Audience

The Assistive Devices Program (ADP) intends the following to use the Policy and Administration Manual:

- Physicians or Nurse Practitioners who prescribe home oxygen therapy;
- Regulated Health Professionals involved in the assessment of individuals requiring home oxygen therapy; and
- Vendors of Record.

100.02 Goal

The goal of funding home oxygen therapy is to correct or minimize Hypoxemia, resulting in improved health and increased participation in the activities of daily living.

105 Protecting Personal Health Information

Vendors of Record must comply with all applicable privacy laws governing information regarding their Clients.

See the ADP Manual, Policy 700, Protection of Personal Information and Personal Health Information.

110 Definitions

Capitalized terms used in this Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below.

- 110.01 Aboriginal Health Access Centre (AHAC) means an Aboriginal-led, primary health care organization that provides a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis and Inuit Communities.
- 110.02 Arterial Blood Gas (ABG) means a blood test to determine the partial pressure of oxygen.
- 110.03 Community Care Access Centre (CCAC) means a local agency established by the Ministry of Health and Long-Term Care to coordinate services for seniors, people with disabilities or people who need health care services to live independently in their community.
- 110.04 Community Health Centre (CHC) means a non-profit organization that provides primary health and health promotion programs for individuals, families and communities. Each health centre is established and governed by a community-elected board of directors.
- 110.05 Desaturation means a fall in level of oxygen bound to the hemoglobin. For purposes of this Manual, this term refers to saturation level of less than or equal to 88% in arterial blood.

- 110.06 End of Life Care means Palliative Care preceding death.
- 110.07 Exercise Assessment means a walk test to measure exercise capacity and improvement in exercise tolerance with oxygen therapy.
- 110.08 Family Health Team (FHT) means a primary health organization that includes a team of family Physicians, Nurse Practitioners and other health care professionals who work together to provide primary health care to their community.
- 110.09 First Time Applicant means one of the following:
- an Applicant who is accessing funding for the first time:
 - an Applicant whose previous funding was stopped because the Prescriber discontinued home oxygen therapy; or
 - a gap in funding greater than 90 days between the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date, and the expiry date of the previous funding period.
- 110.10 Hypoxemia means a low level of oxygen in the blood. For the purposes of this Manual, the term refers to arterial blood.
- 110.11 Independent Exercise Assessment means an Exercise Assessment performed at an Independent Health Facility or at a hospital-based pulmonary function laboratory.
- 110.12 Independent Health Facility means a pulmonary function laboratory licensed under the Independent Health Facilities Act.
- 110.13 Infant means a child under the age of 1 year.
- 110.14 Joint Venture means a relationship between a vendor of home oxygen therapy and a hospital that have entered into an agreement to carry on a business adventure together to provide home oxygen therapy to ADP-funded Clients.
- 110.15 Long Term Care Home means an institution that provides extended and residential care for people.

- 110.16 Medical Eligibility Criteria means the medical conditions that determine eligibility, including laboratory evidence of the presence of chronic Hypoxemia.
- 110.17 Nurse Practitioner means a professional who holds a valid certificate of registration from the College of Nurses of Ontario (CNO) as a Registered Nurse in the Extended Class and entitled to practice in Ontario.
- 110.18 Nurse Practitioner-Led Clinic (NPLC) means a primary health care organization that provides comprehensive, accessible, person-centred and co-ordinated primary care services to people of all ages.
- 110.19 Oximeter means a non-invasive instrument used for continuous measurement of oxygen saturation of arterial blood. For the purposes of this Manual, the term "Oximeter" refers to a pulse Oximeter.
- 110.20 Oximetry Study means the measurement of arterial oxygen saturation (SpO₂) using an Oximeter, for a defined activity.
- 110.21 Oxygen Delivery System means a concentrator (portable or stationary), compressed gas (cylinders), compressed gas (cylinders) with oxygen conserving devices (OCDs), liquid systems and transfill systems.
- 110.22 Oxygen Supply System means an Oxygen Delivery System or systems for use inside the house or place of primary residence, for use outside the home or place of primary residence, and a backup system to be used in case of equipment malfunction or power failure.
- 110.23 Palliative Care means interdisciplinary care for the terminally ill, that aims to comfort and support the individual and family through the process of dying by addressing the range of physical, psychological, social, spiritual and economic needs.
- 110.24 Physician means a member of the College of Physicians and Surgeons of Ontario who is qualified to practice medicine in Ontario under the Medicine Act, 1991, S.O. 1991, c. 30 or any successor legislation thereto.
- 110.25 Prescriber means a Physician, a Physician who is a respirologist or internist with an expertise in respiratory medicine, or a Nurse Practitioner.

- 110.26 Registered Respiratory Therapists means a Regulated Health Professional who holds a valid certificate of registration from the College of Respiratory Therapists of Ontario and is entitled to practice in Ontario.
- 110.27 Regulated Health Professional means, for the purpose of this Manual, a health professional holding a valid certificate with a regulatory college specified by the Regulated Health Professions Act, 1991 (RHPA), who have assessment skills within their scope of practice.
- 110.28 Vendor of Record means any person or business that has met all registration requirements and holds an executed Vendor of Record Agreement with the Ministry.
- 110.29 Vendor of Record Agreement means the document that outlines the terms and conditions to which Vendors of Record must adhere. The Vendor of Record Agreement, the Request for Proposal (# 2009-051) and the Manuals constitute the contract between the Program and the Vendor of Record.

For more definitions, see the ADP Manual, Policy 110, Definitions.

115 Roles and Responsibilities

In the process of confirming eligibility for funding, the Applicant/Client, the Registered Respiratory Therapist and the Vendor of Record have specific roles and certain rights and responsibilities.

The Request for Proposal (# 2009-051), the ADP Manual and the Vendor of Record Agreement provide additional information.

115.01 Roles and Responsibilities of the Applicant/Client

Has the right to choose from the list of Vendors of Record, any Vendor of Record in their community working in the private or public sectors.

Should carefully review all the information in Section 3 (Applicant Consent and Signature) on the Application Form prior to signing.

Is responsible for paying the Vendor of Record directly for his/her 25 per cent portion of the Approved Price for the Oxygen Supply System.

Is responsible for the full costs of the Oxygen Supply System if ADP denies the Application Form.

Is responsible for notifying the Vendor of Record if there are any changes to his/her personal information or their funding status. This includes the following:

- change in benefit coverage;
- admission to the hospital;
- discharge from the hospital;
- change of address;
- discontinuation of home oxygen therapy by a Prescriber; and
- death.

115.02 Roles and Responsibilities of the Registered Respiratory Therapists

Must be employed at an acute or chronic care hospital, a CCAC, a FHT, a NPLC or an AHAC.

Must abide by the ADP Conflict of Interest Policy.

Must notify the College of Respiratory Therapists of Ontario of any or all changes in his/her employment that would affect their ability to complete the Application Form.

Must remain in good standing with his/her regulatory college.

Must provide First Time Applicants with accurate information about the policies and procedures of the ADP, and the Medical Eligibility Criteria for funding home oxygen therapy.

Will provide the First Time Applicant with the applicant information sheet.

Complete the Application Form only for First Time Applicants whom the Registered Respiratory Therapist has assessed in person and determined eligible for funding based on ADP criteria.

Complete the Application Form for First Time Applicants (90-day long-term oxygen therapy, 60-day short-term oxygen therapy and 12-month long-term oxygen therapy for children).

When completing the Application Form will:

- transcribe the First Time Applicant's diagnosis;
- certify the First Time Applicant has tried other treatment measures without success; and
- certify that oxygen therapy is medically indicated, and is reasonable and necessary.

Will provide the completed Application Form to the First Time Applicant and instruct them to give the Application Form to the Vendor of Record they have selected.

Provide First Time Applicants with a list of Vendors of Record serving the Applicant's community and advise them to consider more than one Vendor of Record.

115.03 Roles and Responsibilities of the Vendor of Record

Will have in their inventory, Oxygen Supply Systems that meet their Client's needs for the following:

- mobility, so the Client can carry out the activities of daily living;
- prescribed litre flow; and
- providing a backup Oxygen Supply System in the event the Client experiences a power failure or equipment malfunction.

Will provide the Client with an Oxygen Supply System that meets the Client's medical needs and allows the Client to increase their participation in the activities of daily living.

Will have on staff employees knowledgeable in the administration of home oxygen therapy and Oxygen Supply Systems to teach the Client and/or the caregiver the operation, care and safe handling of the Oxygen Supply System.

Will have on staff a Regulated Health Professional.

Will have a Regulated Health Professional available during regular business hours.

Will ensure that all employees, who provide oxygen services to Clients, have received the appropriate training in the operation and safe handling of Oxygen Supply Systems.

115.04 Visit by a Regulated Health Professional: Initiation of Home Oxygen Therapy

A Regulated Health Professional will see the Client within 3 business days from the date the Vendor of Record initiated home oxygen therapy in the Client's home.

On the initial visit, the Regulated Health Professional will:

- assess the Client's medical needs and determine if the Client has the appropriate Oxygen Supply System;
- if necessary, arrange for the delivery of the Oxygen Supply System that meets the Client's medical needs; and
- provide the necessary training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Supply System;
 2. how to use home oxygen therapy and the Oxygen Supply System in a safe manner; and

3. how to avoid the risks from improper use of home oxygen therapy and the Oxygen Supply System.

For Clients receiving a northern reimbursement rate, a Regulated Health Professional will see the Client within 10 business days from the date the Vendor of Record initiated home oxygen therapy in the Client's home.

115.05 Visit by a Regulated Health Professional: Follow-up and Assessment

A Regulated Health Professional will see the Client if it has been determined that a follow-up visit or assessment is required.

115.06 Visit by a Regulated Health Professional: End of 90-Day Funding Period

A Regulated Health Professional will see the Client at the end of the 90-day funding period.

On the renewal visit, the Regulated Health Professional will:

- perform an Oximetry Study or Exercise Assessment for the purpose of confirming Medical Eligibility Criteria;
- assess if the Client's Oxygen Supply System continues to meet their medical needs or if a change in Oxygen Supply System is required; and
- if necessary provide additional training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Supply System;
 2. how to use home oxygen therapy and the Oxygen Supply System in a safe manner; and
 3. how to avoid the risks from improper use of home oxygen therapy and the Oxygen Supply System.

115.07 Visit by a Regulated Health Professional: End of the 9-Month Funding Period

A Regulated Health Professional will see the Client at the end of the 9-month funding period.

On the renewal visit, the Regulated Health Professional will:

- perform an Oximetry Study for the purpose of confirming Medical Eligibility Criteria for long-term oxygen therapy for Hypoxemia at rest;
- assess if the Client's Oxygen Supply System continues to meet their medical needs or if a change in Oxygen Supply System is required; and
- if necessary provide additional training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Supply System;
 2. how to use home oxygen therapy and the Oxygen Supply System in a safe manner; and
 3. how to avoid the risks from improper use of home oxygen therapy and the Oxygen Supply System.

115.08 Visit by a Regulated Health Professional: Annual Re-assessment

A Regulated Health Professional will see the Client annually. On the annual visit, the Regulated Health Professional will:

- perform an Oximetry Study;
- assess if the Client's Oxygen Supply System continues to meet their medical needs or if a change in Oxygen Supply System is required; and
- if necessary provide additional training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Supply System;
 2. how to use home oxygen therapy and the Oxygen Supply System in a safe manner; and

3. how to avoid the risks from improper use of home oxygen therapy and the Oxygen Supply System.

115.09 Other Services Provided by the Vendor of Record

The Vendor of Record will provide 24-hour emergency service.

The Vendor of Record must return a telephone call from a Client within an hour. If the Vendor of Record cannot solve the problem over the telephone, the Vendor of Record will have an employee attend the Client's home within three (3) hours, unless the Client agrees that attendance is not necessary.

The Vendor of Record will provide a basic home Oxygen Supply System for the Client to use.

Along with the basic home Oxygen Supply System, the Vendor of Record will provide the following:

- delivery, setup and pickup of oxygen;
- inspection of the Client's home to determine whether it is safe for the use of home oxygen therapy;
- instruction to the Client in the operation, care and safe handling of all home oxygen therapy equipment and supplies;
- education and follow-up by a Regulated Health Professional who is accessible during all regular business hours and who visits the Client at home, as required;
- notification to a Prescriber if any clinically significant changes occur in the Client's respiratory status; and
- regular, documented maintenance and repair of the Oxygen Supply System as per manufacturer's specifications and replacement of defective units at no additional cost to the Client.

The Vendor of Record must continue to meet all requirements and conditions specified in the Request for Proposal (# 2009-051), ADP Manual and the Vendor of Record Agreement.

Devices Covered

2

Part 2: Devices Covered

200 Devices Covered

200.01 The ADP provides funding for a basic Oxygen Supply System and the related services.

200.02 The Oxygen Supply System is determined by the Prescriber in consultation with the Client, and if necessary another Regulated Health Professional.

Regulated Health Professionals considering the appropriateness of a particular Oxygen Supply System should take into account the Client's oxygen prescription, mobility needs and the cost effectiveness of the modality.

200.03 When determining the appropriate Oxygen Supply System required, the Vendor of Record must provide their Client with an Oxygen Supply System that meets the Client's need for the following:

- mobility so the Client can carry out the activities of daily living;
- provides the prescribed litre flow; and
- provides a backup system in the event of power or equipment failure.

200.04 Oxygen Delivery Systems

Concentrators (Portable or Stationary) are electrically or battery operated Oxygen Supply Systems.

Liquid Oxygen Systems store oxygen in liquid form. The liquid is kept in a large stationary container called a reservoir. The Client can fill a portable unit from the reservoir for travel or use outside the home. The liquid turns to gas before it leaves the reservoir and it remains in the gaseous state when the Client inhales. The Client must use extreme caution when filling a portable unit from a liquid unit.

Cylinder Systems refer to tanks of compressed gaseous oxygen. The Client uses large tanks inside the home, and small tanks for outings or travel. Infants with low flow requirements often use large tanks. Special flow meters, calibrated to deliver less than 0.5 lpm, are used.

For safety, large cylinders (M or H) must be properly secured in stands.

Transfill Oxygen Systems are concentrators capable of transfilling a small, lightweight cylinder.

205 Low Flow Oxygen Systems

205.01 Infants with bronchopulmonary dysplasia (BPD) may require oxygen administered at very low flow rates for at least the first 2 years of life.

Special low flow flowmeters can be used with compressed gas cylinders when the flow rate is 0.5 lpm or less.

The ADP recognizes that there are additional costs for specialized equipment and provides a higher rate per cylinder for low flow oxygen systems.

205.02 When low flowrates of 0.5 lpm or less are prescribed and special low flow flowmeters are utilized with compressed gas cylinders, the Vendor of Record may use special billing codes (HPPED1; HPPED2).

205.03 Because of the low flow rates used, Clients use a small number of cylinders per month. The ADP limits the quantities of low flow cylinders to a maximum of 4 small cylinders (size "E" or smaller) and 2 stationary cylinders (larger than "E") per Client per month.

205.04 Vendors of Record using the Low Flow codes must install both stationary and portable cylinders and must not supply more than the maximum quantity per Client per month.

205.05 Once low flow codes have been approved Vendors of Record cannot use the regular cylinder codes.

Therefore, Vendors of Record must carefully assess the Client's oxygen requirements to determine the number of cylinders the Client will use.

- 205.06 For Clients who require more than the maximum allowed low flow quantities per month, Vendors of Record must use the regular cylinder code (HPGAS1; HPGAS2) to invoice, upon approval.
- 205.07 Vendors of Record who find that Clients have surpassed the monthly-approved quantities must credit the ADP for any HPPED payments against the application before requesting a switch to HPGAS codes.

210 Oxygen Equipment and Services Not Funded by the ADP

- 210.01 The Approved Price includes oxygen conserving devices and certain standard disposable items necessary to administer oxygen such as tubing, masks, humidifiers, etc.
- 210.02 When oxygen equipment not funded by the ADP is prescribed by the Prescriber or requested by the Client, the Vendor of Record may charge the Client directly for the equipment.
- 210.03 When the Client incurs costs, the Vendor of Record must explain all costs in detail.
- 210.04 The Vendor of Record may bill the Client directly, without the prior written consent of the ADP, for transtracheal cannula and supplies.

210.05 Duplicate Systems

Clients provided with the same Oxygen Delivery System, e.g., 2 concentrators or 2 liquid oxygen systems, have duplicate systems.

The ADP does not provide funding for duplicate Oxygen Delivery Systems. If a Client requests a duplicate Oxygen Delivery System for convenience, whether for home use or travel, the Vendor of Record may seek reimbursement directly from the Client for the duplicate system

210.06 Multiple Systems

To meet the Client's need for mobility, litre flow and a backup system in case of power or equipment failure, the Vendor of Record may provide a combination of Oxygen Delivery Systems, e.g., concentrator and liquid oxygen, or liquid oxygen and cylinders.

It is not necessary to inform the ADP; however, the Vendor of Record may not charge the Client for the second Oxygen Delivery System.

210.07 Unsafe Environment

The Vendor of Record is not required to supply an Oxygen Supply System where, in the opinion of the Regulated Health Professional inspecting the Client's premises, the provision of an Oxygen Supply System will create an unsafe environment.

In this instance, the Vendor of Record must inform the Client's Prescriber and the ADP immediately of the decision by telephone, with a follow-up in writing.

215 Travel

215.01 Temporary Change in Vendor of Record within Ontario

When there is a temporary change in the Vendor of Record (e.g., vacationing client), the Vendor of Record accepting the Client temporarily should reach an agreement with the Client's home Vendor of Record regarding financial arrangements (e.g. sharing the monthly reimbursement rate).

215.02 Temporary Travel - Out-of-Province/Country

Clients out-of-province/country for a period of 6 months or less, are eligible to continue to receive funding.

The Vendor of Record should arrange with the out-of-province/country vendor to provide an Oxygen Supply System to the Client.

If the cost exceeds the Approved Price, the Client will be responsible for the additional cost.

The Vendor of Record cannot charge the Client for the administrative costs associated with arranging for out-of-province/country service.

215.03 In-Flight Oxygen

Clients traveling by air are not eligible for reimbursement for any costs incurred during the flight.

Applicant Eligibility Criteria for Home Oxygen Therapy

3

Part 3: Applicant Eligibility Criteria for Home Oxygen Therapy

300 Prescriber

The ADP provides funding for the following:

- long-term oxygen therapy for resting Hypoxemia;
- long-term oxygen therapy for exertional Hypoxemia;
- long-term oxygen therapy for children;
- oxygen therapy for Palliative Care; and
- short-term oxygen therapy.

An Applicant, who wishes to access funding for one of the following, must have their oxygen needs assessed by a Physician or Nurse Practitioner:

- long-term oxygen therapy for resting Hypoxemia;
- long-term oxygen therapy for children;
- oxygen therapy for Palliative Care; or
- short-term oxygen therapy.

An Applicant who wishes to access funding for the following, must have their oxygen needs assessed by a Physician who is a respirologist or an internist with an expertise in respiratory medicine:

- long-term oxygen therapy for exertional Hypoxemia.

It is the Prescriber's responsibility to ensure that he/she obtains the necessary consent to disclose confidential Client information to the Ministry and the Vendor of Record.

305 Applicant Identified as Ineligible by ADP

The ADP may deem an Applicant ineligible if the Applicant does not meet the Medical Eligibility Criteria or where information supplied in connection with an Application Form, incomplete and/or inaccurate.

In cases of denial, the ADP will advise the Vendor of Record, the Applicant and the Prescriber of the reason.

310 Medical Eligibility Criteria

There are specific Medical Eligibility Criteria for each of the following:

- long-term oxygen therapy for resting Hypoxemia (see 315);
- long-term oxygen therapy for exertional Hypoxemia (see 320);
- long-term oxygen therapy for children (see 315);
- oxygen therapy for Palliative Care (330); and
- short-term oxygen therapy (see 335).

315 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Resting

Hypoxemia and Long-Term Oxygen Therapy for Children

- 315.01 The Applicant's medical condition must be stabilized and treatment regimen optimized before home oxygen therapy is considered. Optimum treatment includes smoking cessation.
- 315.02 The Applicant must meet the one of the following:
1. Individual must have chronic Hypoxemia at rest. Hypoxemia at rest is defined as an arterial oxygen blood gas value (PaO₂) of **LESS THAN OR EQUAL TO 55 mmHg** or an arterial oxygen saturation (SaO₂) of **LESS THAN OR EQUAL TO 88%**.
 2. Individual with a PaO₂ consistently in the range of 56 to 60 mmHg (SaO₂ of 89 to 90%) on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
 3. Individual with a PaO₂ consistently in the range of 56 to 60 mmHg (SaO₂ of 89 to 90%) on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SaO₂ ≤ 88%) and documented to improve with supplemental oxygen; or
 - nocturnal Hypoxemia.

320 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Exertional Hypoxemia

320.01 Home oxygen therapy, for individuals who exhibit Hypoxemia on exercise is only recommended when exercise tolerance is restricted due to severe breathlessness and for those who are motivated to improve their daily activity level using oxygen therapy. Severe breathlessness is defined as Grade 4 or greater on the Medical Resource Council Dyspnea Scale (see Canadian Thoracic Society COPD Guidelines).

320.02 Funding for individuals who exhibit Hypoxemia on exercise is available only to those who do not qualify under the Medical Eligibility Criteria for Hypoxemia at rest (**see 315**).

Documentation that the individual does not exhibit Hypoxemia at rest must be included with the Application Form.

Documentation may include ABG results or a resting Oximetry Study. If a resting Oximetry Study is provided, a hardcopy of the study must be submitted.

320.03 The ADP will only provide funding to individuals, who exhibit Hypoxemia on exercise and improved exercise tolerance with oxygen.

320.04 The ADP defines Hypoxemia on exercise as an exertional saturation less than or equal to 88%.

320.05 The ADP defines improved exercise tolerance as one of the following.

1. The individual Desaturates to < 80% on walking, regardless of dyspnea or distance walked.
2. The individual walks for 5 minutes or more on room air, they must demonstrate an objective measured improvement in their walking performance on oxygen compared to room air, so that the time walked increases by 25%, along with an improvement of at least one unit in the BORG score at the end-exercise point of the shortest test.

Example: If an individual walks for 7 minutes on room air and 10 minutes on oxygen, the BORG score is recorded at the 7-minute mark for both room air and oxygen and the BORG score must improve by at least one unit.

3. The individual walks for less than 5 minutes on room air, they must demonstrate an objective measured improvement in their walking performance on oxygen compared to room air, so that the time walked increases by a minimum of 2 minutes, along with an improvement of at least one unit in the BORG score at the end- exercise point of the shortest test.

Example: If an individual walks for 3 minutes on room air and 6 minutes on oxygen, the BORG score is recorded at the 3-minute mark for both room air and oxygen and the BORG score must improve by at least one unit.

320.06 If the individual is unable to walk for reasons unrelated to dyspnea or arterial saturation, they do not qualify for funding based on Hypoxemia on exercise.

320.07 90-Day Funding Period and 12-Month Funding Period

A respirologist or an internist with an expertise in respiratory medicine must assess the Applicant to determine if they exhibit Hypoxemia on exercise and improved exercise tolerance with oxygen.

The Exercise Assessment must be performed at an Independent Health Facility or a hospital-based laboratory by a health care professional experienced in performing Exercise Assessments.

This may be a Registered Respiratory Therapist, a Physiotherapist or a Registered Nurse with experience in respiratory assessment or a Pulmonary Function Technologist, who the Medical Director of the Independent Health Facility has delegated to carry out Exercise Assessments.

The Independent Exercise Assessment must be a single-blinded air versus oxygen test.

A list of Independent Health Facilities can be obtained by calling the Ministry's Independent Health Facilities Program.

320.08 9 Month Funding Period

A Regulated Health Care Professional employed by a Vendor of Record can carry out the Exercise Assessment for the 9-month funding period.

A single blinded air versus oxygen test is not required.

325 Infants with Bronchopulmonary Dysplasia

Infants with bronchopulmonary dysplasia (BPD) who are unable to tolerate room air testing are eligible for funding. The Prescriber must submit Oximetry Study results. If oxygen is used during the Oximetry Study, the flow rate must be documented on the Oximetry Study.

330 Medical Eligibility Criteria for Oxygen Therapy for Palliative Care

- 330.01 For compassionate reasons, the ADP allows funding for individuals who are at the end stage of a terminal illness (i.e. life expectancy < 3 months), are receiving End of Life Care and require home oxygen therapy.
- 330.02 The ADP does not intend this funding be used for people who are receiving treatment for short-term reversible conditions or to circumvent the Medical Eligibility Criteria for Hypoxemia at rest or Hypoxemia on exercise.
- 330.03 The ADP provides funding for oxygen therapy for Palliative Care for a maximum period of 90 days.
- 330.04 Within their lifetime, individuals are entitled to receive funding for **one** 90-day Palliative Care funding period. This includes Clients who have previously accessed funding due to long-term oxygen therapy for Hypoxemia at rest,

long-term oxygen therapy for Hypoxemia on exercise or short-term oxygen therapy.

- 330.05 Funding for individuals receiving oxygen therapy for Palliative Care is available only to individuals who do not meet the Medical Eligibility Criteria for long term oxygen therapy for Hypoxemia at rest (**see 315**), long term oxygen therapy for Hypoxemia on exercise (**see 320**) or short term oxygen therapy (**see 335**).
- 330.06 The start date of the coverage will be based on the date oxygen therapy was initiated.
- 330.07 Prescribers ordering home oxygen therapy for individuals receiving Palliative Care must indicate the diagnosis on the Application Form under "Other".
- The diagnosis must be specific to the individual's terminal condition. The term "cancer" alone is not acceptable. As well, the Prescriber must indicate "Palliative".
- 330.08 The ADP will not provide funding for individuals receiving oxygen therapy for Palliative Care if the Prescriber has indicated a diagnosis of Obstructive Lung Disease or Restrictive Lung Disease
- 330.09 The ADP will not extend funding for Clients receiving oxygen therapy for Palliative Care beyond the 90-day funding period.
- 330.10 If funding is required after the 90-day funding period, the Client must submit a new Application Form and must meet the Medical Eligibility Criteria for Hypoxemia at rest or Hypoxemia on exercise.
- 330.11 If the Client has Hypoxemia at rest, the Application Form must include an Oximetry Study demonstrating that the Client meets the Medical Eligibility Criteria for long-term oxygen therapy for Hypoxemia at rest.
- 330.12 If the Client has Hypoxemia on exercise, the Application Form must include an Independent Exercise Assessment demonstrating that the Client meets the Medical Eligibility Criteria for long-term oxygen therapy for Hypoxemia on exercise.
- 330.13 If the Client does not meet the Medical Eligibility Criteria, the Prescriber may request special authorization (**see 350**).

335 Medical Eligibility Criteria for Short-Term Oxygen Therapy

335.01 The ADP provides funding for short-term oxygen therapy for Applicants whose medical condition is not stabilized and treatment regimen is not optimized.

The Applicant must:

- be an inpatient in an acute care hospital and required home oxygen therapy to be discharged; or
- be in the emergency department and required home oxygen therapy to be discharged.

335.02 The Applicant must meet the one of the following.

1. Individual must have Hypoxemia at rest. Hypoxemia at rest is defined as an arterial oxygen blood gas value (PaO_2) of **LESS THAN OR EQUAL TO 55 mmHg** or an arterial oxygen saturation (SaO_2) of **LESS THAN OR EQUAL TO 88%**.
2. Individual with a PaO_2 consistently in the range of 56 to 60 mmHg (SaO_2 of 89 to 90%) on room air may be considered a candidate for Funding if one of the following medical conditions is present:
 - cor pulmonale;
 - pulmonary Hypertension; or
 - persistent Erythrocytosis.
3. Individual with a PaO_2 consistently in the range of 56 to 60 mmHg (SaO_2 of 89 to 90%) on room air may be considered a candidate for Funding if one of the following occurs:
 - exercise limited by Hypoxemia ($\text{SaO}_2 < 88\%$) and documented to improve with supplemental oxygen; or

- nocturnal Hypoxemia.

340 Re-assessment of Home Oxygen Therapy

- 340.01 A Prescriber must re-assess the Client's continued need for home oxygen therapy annually.
- 340.02 The Prescriber bases his/her decision to continue with home oxygen therapy on a re- assessment of the Client's clinical needs. The re- assessment by the Prescriber must include an assessment of the Client's oxygenation status.

345 Discontinuation of Home Oxygen Therapy

- 345.01 Based on his/her assessment of the Client's clinical needs, the Prescriber will make the decision on whether to discontinue a Client's home oxygen therapy.
- 345.02 If based on the assessment the Prescriber determines that home oxygen therapy is no longer required the Prescriber must provide the Vendor of Record with a written prescription to discontinue home oxygen therapy, which the Vendor of Record must retain in the Client's record or file.

350 Ineligible Individuals

- 350.01 Individuals are not eligible for funding if they reside in an acute, chronic care or psychiatric hospital.

- 350.02 Individuals must not be receiving or be eligible to receive the same benefits from the Workplace Safety and Insurance Board (WSIB), or from Veterans Affairs Canada (VAC), Group A.
- 350.03 The ADP does not provide funding for home oxygen therapy when prescribed for psychological support or for breathlessness unsupported by evidence of Hypoxemia.
- 350.04 The ADP does not provide funding for home oxygen therapy when used solely on an emergency or stand-by basis or for pain relief (e.g. cluster headaches).
- 350.05 ADP does not provide funding for individuals who need home oxygen therapy who are temporarily (e.g. weekend pass) discharge from an acute or chronic care hospitals.
- 350.06 At the initial set-up of the home oxygen therapy, the staff of the Vendor of Record must explain to the individual that, in the event that the ADP denies the Application Form, the individual is responsible for the full costs of the home oxygen therapy.

355 Procedure for Special Authorization

- 355.01 The ADP will consider, on a case-by-case basis, requests for special authorization for individuals who do not meet the Medical Eligibility Criteria.

The Prescriber may submit a letter outlining the pertinent clinical information.

NOTE: The ADP will not accept a letter prepared by, or submitted by, staff of the Vendor of Record.

- 355.02 On receipt of the letter from the Prescriber, the ADP will review the information and make a Funding decision.

Confirmation of Eligibility for Equipment Required

4

Part 4: Confirmation of Eligibility for Equipment Required

400 Registered Respiratory Therapists

A Registered Respiratory Therapist **may** complete the Application Form in place of the Prescriber, for the following:

- First Time Applicants applying for 90-day funding period for long-term oxygen therapy (resting Hypoxemia or exertional Hypoxemia);
- home oxygen therapy for Palliative Care;
- long-term oxygen therapy for children; and
- First Time Applicants applying for 60-day funding period for short-term oxygen therapy.

The Registered Respiratory Therapist **must be employed** by one of the following:

- an acute or chronic care hospital;
- a Community Care Access Centre (CCAC);
- a Family Health Team (FHT);
- a Community Health Centre (CHC);
- a Nurse Practitioner-Led Centre (NPLC); or
- an Aboriginal Health Access Centre (AHAC).

A Registered Respiratory Therapist employed by a Vendor of Record **may not** complete the Application Form in place of the Prescriber. This includes

Registered Respiratory Therapists who are employed by both a Vendor of Record, and an acute or chronic care hospital, a CCAC, a FHT, a CHC, a NPLC or an AHAC.

In completing the application, the Registered Respiratory Therapist will be:

- transcribing the First Time Applicant's diagnosis;
- confirming the First Time Applicant has tried other treatments measures without success; and
- confirming that oxygen therapy is medically indicated, and is reasonable and necessary.

405 Acceptable Evidence of Medical Eligibility: Applicants 18 Years of Age or Younger

Results from an Oximetry Study are required for an Applicant, 18 years of age or younger, who is applying for long-term oxygen therapy.

The Oximetry Study must be performed within 30 days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application Form.

The Oximetry Study must demonstrate that the Applicant meets the Medical Eligibility Criteria for long-term oxygen therapy for children (**see 315**).

410 Acceptable Evidence of Medical Eligibility: Applicants 19 Years of Age or Older

410.01 90-Day Funding Period: Long-Term Oxygen Therapy

ABG measurements or the results from an Independent Exercise Assessment are required for individuals who are applying for the 90-day funding period.

For First Time Applicants, the ABG test or the Independent Exercise Assessment must be performed within 30 days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application Form.

For Clients renewing their funding following a 60-day or 30-day funding period for short-term oxygen therapy, the ABG test or the Independent Exercise Assessment must be performed within the 10-day re-assessment period. Day 1 of the 10-day re-assessment period begins on the expiry date of the previous funding period.

For Clients renewing their funding following a 90-day funding period for Palliative Care, the Oximetry Study must be performed within the 30-day re-assessment window. Day 1 of the 30-day re-assessment window begins on the expiry date of the previous funding period.

If the Prescriber's prescription date is prior to the re-assessment period, the ADP will not accept the test results.

The ABG measurements, the results from the Independent Exercise Assessment or the Oximetry Study must demonstrate that the Applicant meets the Medical Eligibility Criteria.

410.02 9-Month Funding Period: Long-Term Oxygen Therapy

Results from an Oximetry Study or an Exercise Assessment are required for Clients who are renewing their funding following the 90-day funding period.

The Oximetry Study or the Exercise Assessment must be performed within the 45- day re-assessment period. Day 1 of the 45-day re-assessment period begins on the expiry date of the 90-day funding period.

The ADP will not accept test results performed prior to the end date of the 90-day funding period.

The Oximetry Study or the Exercise Assessment must demonstrate that the Client continues to meet the Medical Eligibility Criteria.

410.03 12-Month Application: Long-Term Oxygen Therapy

Results from an Oximetry Study or Independent Exercise Assessment are required for Clients who are renewing their funding following the 9-month funding period.

The Oximetry Study or the Independent Exercise Assessment must be performed during the last 2 months of the 9-month funding period.

If the Prescriber's prescription date is prior to the 2-month re-assessment period, the ADP will not accept the test results.

The Oximetry Study or the Independent Exercise Assessment must demonstrate that the Client continues to meet the Medical Eligibility Criteria.

410.04 Annual Re-assessment

Results from an Oximetry Study are required for Clients who are completing their annual re-assessment.

410.05 60-Day Funding Period: Short-Term Oxygen Therapy

ABG measurements are required for individuals who are applying for the 60-day funding period.

The ABG results must be performed within 3 days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application Form.

The ABG results must demonstrate that the Applicant meets the Medical Eligibility Criteria.

410.06 30-day Funding Period: Short-Term Oxygen Therapy

Results from an Oximetry Study are required for Clients who are renewing their funding following the 60-day funding period.

The Oximetry Study must be performed within the 10-day re-assessment period. Day 1 of the 10-day re-assessment period begins on the expiry date of the 60-day funding period.

If the Prescriber's prescription date is prior to the 10-day re-assessment period, the ADP will not accept the test results.

The Oximetry Study must demonstrate that the Client continues to meet the Medical Eligibility Criteria.

415 Arterial Blood Gas (ABG) Test

If requested by the ADP, the Vendor of Record must provide a hard copy of the ABG laboratory report to confirm the test results written on the Application Form.

The ADP **does not accept** capillary gases as a method of determining if the Applicant meets the Medical Eligibility Criteria.

The ADP **does not accept** ABG tests analyzed in the Applicant's home, using a portable blood gas analyzer.

415.01 Applicants in Northern Ontario

Applicants in northern Ontario, residing 100 km or more from a licensed ABG testing facility, are exempt from ABG testing.

For these Applicants, the ADP will accept an Oximetry Study that demonstrates the Applicant meets the Medical Eligibility Criteria, if the Oximetry Study is performed within the time allowed for ABG testing.

The Application Form completed by the Prescriber or the Respiratory Therapists, should include a statement that ABG testing facilities are not accessible.

This exception is available to individuals living in rural northern Ontario whose postal code begins with the first alpha character of "P" and the first numeric code of "0".

415.02 Applicants in Long-Term Care Homes (LTCH)

Applicants who reside in a LTCH closed due to an outbreak of Influenza are exempted from ABG testing.

For these Applicants, the ADP will accept an Oximetry Study that demonstrates the Applicant meets the Medical Eligibility Criteria, if the Oximetry Study is performed within the time allowed for ABG testing.

On the Application Form, the Prescriber should include a statement that the LTCH has been closed due Influenza. ABG testing is required for the 9-month funding period.

420 Oximetry Studies

420.01 Steady State Oximetry Study

When Oximetry Studies are used to confirm Medical Eligibility Criteria, Prescribers are required to submit an original printout of the Oximetry Study with the Application Form.

For daytime resting Oximetry Studies, each printout must record at least 5 **continuous** minutes of **room air at rest** monitoring and must indicate at least 2 continuous minutes of sustained Desaturation during the 5 minutes of **room air at rest** Oximetry Study.

Improvement of the Applicant's condition with the use of oxygen must also be documented.

When using Oximetry Studies as a guideline, it is important to note that oximetry values can deviate from ABG results.

When results are questionable or inconsistent on an Oximetry Study, then an ABG sample is considered more accurate and preferable.

420.02 Minimal Requirements for Oximetry Studies Performed on Room Air

A baseline Oximetry Study at rest must be done before an exertional study is performed.

Whenever possible, the study must be done with the individual breathing room air.

Room air studies should not be performed immediately following discontinuation of supplemental oxygen. At the time of the study, a suitable interval must be allowed for stabilization of the oxygen saturation before the room air study is started.

If the Oximetry Study must be discontinued before obtaining 2 minutes of consistent **room air at rest** Desaturation, the Regulated Health Professional may, in consultation with the Prescriber, submit the results with an explanation of the circumstances.

420.03 Minimal Requirements for Oximetry Printouts Performed with Supplemental Oxygen

In some exceptional circumstances, the removal of supplemental oxygen to perform an Oximetry Study may be contraindicated.

The Regulated Health Professional may, in consultation with the Prescriber, perform the Oximetry Study and indicate the oxygen flow rate used during the study on the printout.

In some cases, individuals may require testing in a controlled environment, for example, a laboratory setting.

It is not intended that the requirement for Oximetry Studies jeopardize the well-being of Applicants. It is expected that the Regulated Health Professional performing an Oximetry Study will discuss all concerns regarding the Applicant's condition with the Physician. Regulated Health Professionals should perform an Oximetry Study as part of an overall respiratory assessment.

420.04 Procedure for Submitting Oximetry Printouts

With the exception of Oximetry Studies performed in a hospital, all Oximetry Studies must be originals. Copies are not acceptable.

The Oximetry Study must contain the following:

- the name of the Applicant;
- date and time the Oximetry Study was performed;
- name and professional designation of the Regulated Health Professional performing the Oximetry Study, for example a Registered Respiratory Therapist (RRT); and
- signature of the Regulated Health Professional.

Only Regulated Health Professionals holding valid certificates with a regulatory college specified by the *Regulated Health Professions Act, 1991* (RHPA), who have assessment skills within their scope of practice, may perform Oximetry Studies submitted to the ADP.

In instances where an "unregulated" health care worker performs an Oximetry Study, i.e., Pulmonary Function Technologists, the person performing the Oximetry Study must sign and date the strip.

The strip must also be co-signed and dated by a Regulated Health Professional, for example a Physician, RRT, RRCP or RN.

Oximetry Studies must be submitted intact. The ADP will not accept Oximetry Studies that have been cut and pasted.

The ADP may require a repeat Oximetry Study if there is evidence that an oximetry strip have been cut.

420.05 Exception for Public Hospitals and Independent Health Facilities

When the Oximetry Study is performed in hospital, a copy of the study is acceptable. The *Public Hospitals Act* requires that the original study be retained for the hospital records. The name of the facility retaining the original

records must be noted on the copy. Independent Health Facilities (IHF) must also follow the same procedure.

Funding Periods

5

Part 5: Funding Periods

500 Funding Periods: Long-Term Oxygen Therapy

The designated funding periods for long-term oxygen therapy are:

- 90-day funding period;
- 9-month funding period;
- 12-month funding period; and
- annual re-assessment.

500.01 90-Day Funding Period

On receipt and approval of a fully completed Application Form, the Client will receive funding for 90 days.

First Time Applicants

Day 1 of the 90-day funding period is based on the date oxygen therapy was initiated, unless the date oxygen therapy was initiated is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

If the prescription or authorization date is before the date oxygen therapy was initiated, day 1 of the 90-day funding period will be based on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

Renewal Applicants: Following Short-Term Oxygen Therapy or Oxygen Therapy for Palliative Care

Day 1 of the 90-day funding period is based on the expiry date of the previous funding period.

500.02 9-Month Funding Period

On receipt and approval of a fully completed Application Form that follows a 90-day funding period for long-term oxygen therapy, the Client will receive funding for 9 months.

Day 1 of the 9-month funding period is based on the expiry date of the previous (90-day) funding period.

500.03 12-Month Funding Period or Long Term Funding

On receipt and approval of a fully completed Application for Home Oxygen Program that follows a 9-month funding period for long-term oxygen therapy, the Client will continue to receive funding.

Day 1 of the 12-month funding period is based on the expiry date of the previous (9-month) funding period.

500.04 Annual Re-Assessment

The Prescriber must re-assess the Client's continued need for home Oxygen therapy annually. The re-assessment can include an Oximetry Study performed by the Vendor of Record.

The Prescriber completes the Home Oxygen Therapy Funding Renewal Letter confirming the Client:

- continues to need home oxygen therapy; or
- no longer needs home oxygen therapy.

If the Prescriber confirms on the renewal letter that home oxygen therapy is **no longer** required, the effective date for the discontinuation of home oxygen therapy will be based on the expiry date of the previous claim, unless otherwise indicated by the Prescriber.

505 Funding Period: Long-Term Oxygen Therapy for Children

On receipt and approval of a fully completed Application Form, the Client will receive funding.

Day 1 of the 12-month funding period is based on the day oxygen therapy was initiated, unless the date oxygen therapy was initiated is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, Day 1 of the 12-month funding period will be based on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

505.02 Annual Re-Assessment

The Prescriber must re-assess the Client's continued need for home Oxygen therapy annually. The re-assessment can include an Oximetry Study performed by the Vendor of Record.

The Prescriber completes the Home Oxygen Therapy Funding Renewal Letter confirming the Client:

- continues to need home oxygen therapy; or
- no longer needs home oxygen therapy.

If the Prescriber confirms on the renewal letter that home oxygen therapy is no longer required, the effective date for the discontinuation of home oxygen therapy would be based on the expiry date of the previous claim, unless otherwise indicated by the Prescriber.

510 Funding Period: Oxygen Therapy for Palliative Care

On receipt and approval of a fully completed Application Form, the Client will receive funding for 90 days.

Day 1 of the 90-day funding period is based on the date oxygen therapy was initiated, unless the date oxygen therapy was initiated is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, Day 1 of the 90-day funding period will be based on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

515 Funding Periods: Short-Term Oxygen Therapy

The designated funding periods for short-term oxygen therapy are:

- 60-day funding period; and
- 30-day funding period.

515.01 60-Day Funding Period

On receipt and approval of a fully completed Application Form, the Client will receive funding for 60 days.

Day 1 of the 60-day funding period is based on the date home oxygen therapy was initiated, unless the date oxygen therapy was initiated is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, Day 1 of the 60-day funding period will be based on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

At the end of the initial 60-day funding period, a Client who continues to meet the Medical Eligibility Criteria can apply for one of the following:

- 30-day funding period for short-term oxygen therapy; or
- 90-day funding period for long-term oxygen therapy.

515.02 30-Day Funding Period

On receipt and approval of a fully completed Application Form, the Client will receive funding for 30 days.

Day 1 of the 30-day funding period is based on the expiry date of the previous (60-day) funding period.

520 Discontinuation of Home Oxygen Therapy

520.01 Notification of Discontinuation of Home Oxygen Therapy

If the Prescriber discontinues home oxygen therapy, the Vendor of Record will notify the ADP using the electronic update submission process.

520.02 Effective Date

The ADP will base the effective date for the discontinuation of home oxygen therapy on the Prescriber's prescription date for discontinuation.

Funding and Payment

6

Part 6: Funding and Payment

600 Funding Amount for ADP Clients

The ADP reimburses the Vendor of Record based a monthly reimbursement rate for providing the Client with home oxygen therapy.

605 Eligibility for 100 Percent Funding

The ADP will pay 100 percent of the monthly reimbursement rate if the Client is:

- a. 65 years of age or over; or
- b. 64 years of age or younger and meets one of the following criteria:
 - is a resident of a Long Term Care Home;
 - is receiving social assistance through Ontario Works, Ontario Disability Support Program or Assistance to Children with Severe Disabilities; or
 - is receiving professional services through the CCAC.

610 Eligibility for 75 Percent Funding

The ADP will pay 75 percent of the monthly reimbursement rate if the Client is 64 years of age or younger and does not meet one of the criteria listed above.

615 Gap in Funding

615.01 At the end of each designated funding period, the Client must be re-assessed to determine if they continue to meet the Medical Eligibility Criteria.

If the re-assessment is carried out after the designated re- assessment period, there will be a gap in funding.

615.02 The designated re-assessment periods are:

Funding Period Ending	Re-assessment Period
90-day funding period (LTOT)	45-day re-assessment period
9-month funding period (LTOT)	2-month re-assessment period
90-day funding period (Palliative)	30-day re-assessment period
60-day funding period (STOT)	10-day re-assessment period
30-day funding period (STOT)	10-day re-assessment period

615.03 Depending on the funding period, the ADP will use the following to determine if the re-assessment was carried out within the designated re- assessment period:

- the date the Vendor of Record completed the Oximetry Study or the Exercise Assessment; or
- the Prescriber’s prescription date.

615.04 If the date the Vendor of Record carried out the Oximetry Study or Exercise Assessment, or the Prescriber’s prescription date are 90 days or more from the end date of the previous claim, the ADP will consider the Application Form an initial application and ABG results will be required.

Upon approval, the ADP will provide funding for 90 days. The 90-day funding period is based on the Prescriber’s prescription date.

620 Stale-dated Policy

The Application Form is stale-dated when the Program receives the Application Form more than 6 months after the Prescriber's authorization date noted on the Application Form.

625 Hospitalization

The Vendor of Record must notify the ADP when a Client, receiving funding for long-term oxygen therapy or short-term oxygen therapy, is admitted to an acute care hospital for 15 days or more. The ADP does not provide funding during hospital admissions that are greater than 15 days.

The Vendor of Record must notify the ADP when a Client, receiving funding for oxygen therapy for Palliative Care, is admitted to an acute care hospital regardless of the length of stay. The ADP does not provide funding during a hospital admission.

The Vendor of Record must notify the ADP when the Client is discharged from the hospital.

A new Application Form is required if the gap in funding, due to hospitalization, is greater than 90 days.

630 Change in Vendor of Record

Clients have the right to change their Vendor of Record if the original Vendor of Record is not meeting their needs.

When a change in the Vendor of Record occurs, the Client, the current Vendor of Record and the new Vendor of Record must complete the Request for Change in Vendor form.

When a Client changes their Vendor of Record, the Client is responsible for arranging for pick-up of the outgoing equipment. The Client may delegate this task to their new Vendor of Record.

Where the change in the Vendor of Record occurs during the calendar month, there may be an overlap in the provision of the Oxygen Supply System by the two Vendors of Record. The first Vendor of Record may bill for the overlap day.

Example:

Vendor of Record “A” receives a call from the client requesting the equipment be picked up on September 13. Vendor of Record “B” drops off a concentrator on September 13. Vendor of Record “A” picks up their concentrator later the same day.

Billing Period:

Vendor of Record “A” - Sept 1 - Sept 13 Vendor of Record “B” - Sept 14 - Sept 3

635 Request for a Change in Oxygen Supply System

When a change in modality occurs, for example from cylinders to a complete Oxygen Supply System, the Vendor of Record must notify the ADP, using the electronic update submission process.

Supporting documentation from the Prescriber may be required.

The ADP may deny a request for a more costly system if a less expensive system will meet the Client’s clinical needs.

If approved, the ADP will notify the Vendor of Record of the effective date of the change on the Status of Application Report.

The Vendor of Record must not charge the Client or the ADP more than the Approved Price. The Vendor of Record may charge less.

The ADP does not backdate requests.

640 Update of Client Data

The Vendor of Record must notify the ADP, using the electronic update submission process, of any change to the Client data.

Changes in Client data include the following:

- change in Oxygen Supply System;
- change in benefit coverage;
- admission to a hospital;
- discharge from hospital;
- discontinuation of home oxygen therapy; and
- date of death.

The Vendor of Record must inform the ADP of a change of Client address by email to the following email address: adp@ontario.ca.

Invoicing Procedures

7

Part 7: Invoicing Procedures

700 Invoice Processing

Refer to the ADP Manual, Part 9, Invoice Processing and Payment for details.

705 ADP Processing Errors

In the event of an ADP processing error being identified following payment of an invoice, the ADP will cooperate with the Vendor of Record and the Client to make the necessary changes.

The Vendor of Record must notify the ADP in writing of the error(s), along with a request for the approval to be amended.

710 Long-Term Oxygen Therapy/Children Funding Invoicing Procedures

The ADP provides funding based on the monthly Approved Price, when the Vendor of Record provides equipment and services for the full month.

If the Vendor of Record provides equipment and services for less than a full month, the ADP provides funding based on the daily Approved Price times the number of days of actual service.

The Vendor of Record may submit an invoice:

- at the end of the service month; and
- when the the Client dies.

715 Palliative Care Invoicing Procedures

The ADP provides funding based on the daily Approved Price.

Note: daily Approved Price = monthly Approved Price/ 30 days)

The Vendor of Record may submit 1 invoice only. The invoice may be submitted when:

- the 90-day funding period expires;
- the Client dies;
- home oxygen therapy is discontinued due to hospitalization or the Prescriber discontinues therapy.

If within the first 30 days of the 90-day funding period, the Client dies or funding is discontinued due to discontinuation of therapy or admission to hospital, the Vendor of Record will receive payment for 30 days, regardless of the number of days the service was provided.

For these Clients, the start and end date of the service period, is the actual service dates but the quantity is 30.

If the Client dies after the first 30 days of the 90-day funding period or funding is discontinued due to discontinuation of therapy or admission to the hospital, the Vendor of Record will receive payment based on the number of service delivery days.

The Vendor of Record may bill the daily rate for the actual number of days the service was provided.

If a Client changes Vendor of Record and 2 Vendors of Record (or more) have provided service, each Vendor of Record must bill the daily rate for the total number of days each Vendor of Record provided the service.

In this instance, the ADP will allow the Vendors of Record to submit more than 1 invoice for the Client.

720 Short-Term Oxygen Therapy Invoicing Procedures

The ADP provides funding based on the daily Approved Price.

Note: daily Approved Price = monthly Approved Price/ 30 days)

The Vendor of Record may submit 1 invoice for the 60-day funding period and 1 invoice for the 30-day funding period.

The invoice may be submitted when:

- the 60-day or 30-day funding period expires; and
- the Client dies.

If the Client is hospitalized or therapy is discontinued, the Vendor of Record will use the electronic update submission process to notify the ADP.

The Vendor of Record may bill the daily rate for the actual number of days the service was provided.

If a Client changes Vendor of Record and 2 Vendors of Record (or more) have provided service, each Vendor of Record must bill the daily rate for the total number of days each Vendor of Record provided the service.

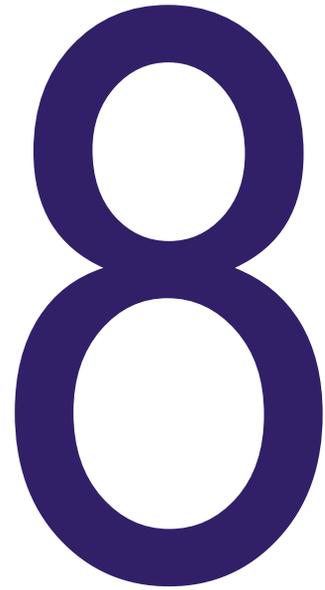
In this instance, the ADP will allow the Vendors of Record to submit more than 1 invoice for the Client.

725 Northern and Southern Designation

The ADP will reimburse Vendors of Record who provide service in northern Ontario at a higher monthly flat rate than Vendors of Record who provide service in southern Ontario.

The Vendor of Record is entitled to the higher reimbursement rate for services provided in northern Ontario only when both the Vendor of Record and the Client have a postal code beginning with the letter "P".

Vendors of Record



Part 8: Vendors of Record

800 Vendor of Record Status

Vendors wishing to submit a request for funding for home oxygen therapy must be listed as a Vendor of Record for Home Oxygen Services.

800.01 Joint Ventures as a Vendor of Record

As per section 615 in the ADP Manual, a Joint Venture can be listed as a Vendor of Record for Home Oxygen Therapy.

ADP must approve a Joint Venture as a Vendor of Record for Home Oxygen Services, before the Joint Venture can submit a request for funding for home oxygen therapy.

805 General Vendor of Record Policies

Detailed information about Vendor registration and policies and procedures is found in the ADP Manual in the following areas:

- Part 4, General Authorizer and Vendor Policies;
- Part 6, Vendors;
- Part 7, Personal Health Information; and
- Part 9, Invoice Processing and Payment.

Note in Particular:

- Policy 405, Conflict of Interest;

- Policy 415, Advertising;
- Policy 615, Relationships of Hospitals and Vendors;
- Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes;
- Policy 640, Informing Persons of the Program;
- Policy 660, Refusal to Supply for Safety Reasons;
- Policy 700, Protection of Personal and Personal Health Information; and
- Policy 905, Rebates.

The ADP Manual is available on the [ADP website](#).

810 Safety and Education

It is the responsibility of the Prescriber to initiate or change therapy, to ensure that all Clients are educated in the use of home oxygen therapy, and to oversee the effectiveness of home oxygen therapy.

To prevent possible medical/operational risks due to improper use of home oxygen therapy, the Vendor of Record must conduct regular Client follow-up.

The Vendor of Record should inform the Client of the safety related hazards associated with home oxygen therapy.

The Vendor of Record must establish smoking status of the Client and all members of the household before the Vendor of Record provides home oxygen therapy.

The Prescriber and Regulated Health Professional should inform these individuals that smoking is not only a health hazard but is also a serious fire hazard.

"No Smoking" signs must be posted in the appropriate areas of the Client's residence.

Smoking is not allowed in the same room as the Client on oxygen or where oxygen tanks are stored.

Where municipal by-laws indicate, the Client or the Vendor of Record must notify the local fire department that the Client is using home oxygen therapy.

The Vendor of Record must observe all federal and provincial standards when transporting or handling hazardous materials.

815 Staff Training and Education Program

Vendors of Record will have in place a Staff Training and Education Program that includes the following.

1. All staff involved in the transportation and storage of hazardous materials will receive the appropriate training to ensure compliance with provincial and federal regulations.
2. All staff who has contact with Clients will receive appropriate training on identifying risk, the policies and procedures of the ADP and maintaining up to date and accurate Client files. The ADP defines contact as any communication by phone, in person or in writing.
3. All staff with in-person contact with Clients or with their equipment will receive appropriate training in the prevention and control of infection.

820 Infection Prevention and Control

Vendors of Record will have written policies and procedures for infection prevention and control.

The policies and procedures will adhere to all provincial and federal guidelines for infection prevention and control.

Vendors of Record will ensure that all staff are trained and educated in the policies and procedures for infection prevention and control.

Vendors of Record will ensure that along with appropriate training and education the staff demonstrate competency.

Vendors of Record will ensure that all staff receive updated training on these policies and procedures and continue to demonstrate competency every 2 years.

825 Client Record Keeping

Vendors of Record will maintain and update Client files. Each Client file will contain the following documentation.

- A copy of the prescription from the Prescriber for home oxygen therapy, including any changes to the prescription.
- A copy of the prescription to discontinue home oxygen therapy, if applicable.
- The appropriate documentation that confirms the specific medical risk to the procurement of ABGs, if applicable. This may include a letter of support from the Prescriber or a copy of the Client's medical records that document the medical risks.
- The required correspondence and/or documentation if home oxygen therapy is discontinued without a Prescriber's prescription due to any of the following:
 - an unsafe environment;
 - Client refuses therapy; or
 - Client no longer meets the Medical Eligibility Criteria and is refusing to reimburse the Vendor of Record for equipment and services provided.
- A copy of all Application Forms and renewal forms, including all supporting documentation that accompanies the Application Form and a copy of the Oximetry Study, if applicable.

- A copy of the Exercise Assessment or Independent Exercise Assessment, if applicable.
- A written record of all Client visits by the Regulated Health Professional. This will include any supporting documentation associated with the visit such as Oximetry Studies, progress notes, Client care plans.
- A Record of any incident reports, if applicable.
- A record of all Client complaints and their resolution, if applicable.

The Client file will also contain the following information unless the Vendor of Record has developed an alternative system that allows for the easy retrieval of client information and the ADP has approved the alternative system:

- all signed Proof of Delivery Statements;
- a repair and maintenance record for the Oxygen Supply System using equipment serial numbers; and
- record of any Oxygen Supply System removed from the Client's home due to routine maintenance or repairs.

830 Staff Screening

Employees of Vendors of Record who provide service in the home of Clients will undergo a Vulnerable Sector Screening every five years.

835 Sub-Contracting

The Vendor of Record should have the necessary personnel, equipment and other resources, without having to sub-contract, assign, or enter into a joint venture with any other person, business or health facility.

The Vendor of Record either considering, or who have entered into sub-contracting, partnerships or joint ventures must inform the ADP Registration Unit, in writing, of the circumstances, financial arrangements and names of the business, health facility and persons involved.

The ADP will review the information provided and in some circumstances, may approve the arrangement (e.g., in remote areas of the province where accessibility is difficult).

When an individual is traveling outside the primary service area (e.g., vacation) or where there is an unexpected event (e.g., delivery truck breaks down) that results in having to make alternate arrangements quickly, prior written consent for sub-contracting from the ADP is not necessary.

Contact Information



Part 9: Contact Information

900 Program Addresses

900.01 Assistive Devices Program

Assistive Devices Program
Ministry of Health and Long-Term Care
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Email: adp@ontario.ca

Telephone: Toronto area (416) 327-8804
Toll free: 1-800-268-6021
TTY: 1-800-387-5559
Fax: (416) 327-8192 or (416) 327-8963

Public Website
<http://www.health.gov.on.ca/adp>

Health Professionals Website:
<http://www.health.gov.on.ca/en/pro/programs/adp>

900.02 Financial Management Branch

Ministry of Health and Long-Term Care
Financial Management Branch, Program Payments Unit
P.O. Box 48
49 Place d'Armes, 2nd Floor
Kingston Ontario K7L 5J3

Telephone: In Kingston (613) 548-6477
Toll free: 1-800-267-9458
Fax: (613) 548-6514