ALBERTA AIDS TO DAILY LIVING

RESPIRATORY
POLICIES & PROCEDURES

Government of Alberta ■

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RESPIRATORY BENEFITS
BACKGROUND

A physician who is a member in good standing with the College of Physicians & Surgeons of Alberta must prescribe respiratory benefits in writing. It remains the responsibility of the client's physician to initiate, terminate or change therapy and to oversee the effectiveness of respiratory therapy. Clients must meet general AADL criteria and specific clinical eligibility criteria for AADL respiratory benefits. Clients always have the choice to discontinue therapy with, or without a physician's order.

Clinical eligibility criteria for respiratory benefits will be reviewed and updated as necessary to reflect current medical science and the advice of the members of the Respiratory Medical Advisory Committee.

AADL respiratory authorizations/reauthorizations and claims are completed on-line.

APPROVED RESPIRATORY BENEFITS

Policy Statement:

AADL respiratory benefits available to eligible clients include:

1. Oxygen therapy
2. Humidity therapy
3. Suction therapy
4. Tracheostomy tubes
5. Home ventilators
6. Home BPAP
7. Resuscitator/bagging units for tracheostomy patients

AADL respiratory benefits, including oxygen are **not provided** in long term care facilities, or for clients on day/weekend passes from hospitals, as they are considered part of the care component funded to these facilities.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

RESPIRATORY MEDICAL ADVISORY COMMITTEE

Policy Statement:

The AADL program's eligibility criteria are designed to protect client safety and are based on international standards and best practice. The eligibility criteria have been developed under the guidance of the Respiratory Medical Advisory Committee. The Committee is comprised of the following members:

Dr. Paul Easton, Co-Chair, AADL Medical Advisory Committee; FRCPC Internal Medicine, Respiratory Medicine, Sleep Medicine; Associate Professor, Critical Care Medicine, University of Calgary

Marianne Baird, Administrative Co-Chair, AADL Medical Advisory Committee; Director, AADL Program

Dr. Ruth Collins-Nakai, Member, AADL Medical Advisory Committee; FRCPC Pediatric and Adult Congential Cardiology; Chair, Out of Province Health Services Appeal Panel

Dr. Valerie Kirk, Member, AADL Medical Advisory Committee; FRCPC Pediatric Respiratory Medicine, Pediatric Sleep Medicine; Associate Professor, Department of Pediatrics, University of Calgary; Medical Director, Pediatric Sleep Service, Alberta Children's Hospital

Dr. G. Fred MacDonald, Member, AADL Medical Advisory Committee; FRCPC Internal Medicine, Respiratory Medicine; Medical Director, Caritas Centre for Lung Health; Clinical Professor, Division of General Internal Medicine, University of Alberta

Dr. Irvin Mayers, Member, AADL Medical Advisory Committee; FRCPC Internal Medicine, Respiratory Medicine; Professor and Head, Division of Pulmonary Medicine, University of Alberta

Dr. Eric Wilde, Member, AADL Medical Advisory Committee; FRCPC Internal Medicine, Respiratory Medicine; Director, Lethbridge Sleep Clinic

Ex Officio Members: AADL respiratory benefit area staff.

Effective Date	Revision Date	Approved by (Original Signed):
August 23, 2011		Marianne Baird

AADL RESPIRATORY ASSESSORS

Policy Statement:

Respiratory Assessors shall be responsible for assessing, initiating therapy and following the client's progress.

NOTE: With the introduction of e-business the title Respiratory Authorizer has been replaced with Respiratory Assessor. This is usually a Specialty Supplier respiratory therapist who is initiating the therapy and will be following the client's progress. AADL is the authorizer of all respiratory benefits.

Procedure:

Assessors:

1. Ensure the client:
   a) Has a valid Personal Health Number (PHN).
   b) Signs the Client Declaration Form.
   c) Is provided with follow-up assessments as needed and required by AADL.
   d) Is directed to contact AADL for Specialty Supplier changes.
2. Confirm:
   a) The client meets the current respiratory eligibility criteria by reviewing the necessary data.
   b) Cost-share status and provide Application for Cost-Share Exemption form as required.
3. Ensure the appropriate generic prescription is dated and signed by a physician. Home oxygen prescriptions must include:
   a) O_2 flow and hours per day ("palliative oxygen" is not an acceptable prescription) OR
   b) Therapist Driven Prescription (TDP).
4. Contact the AADL Respiratory Unit regarding appeals, concerns, questions, prior approvals and unusual requests. If a client's eligibility is uncertain, do not initiate an on-line authorization.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

AADL RESPIRATORY SPECIALTY SUPPLIERS ROLES AND RESPONSIBLITIES

Policy Statement:

All respiratory Specialty Suppliers shall be responsible for providing quality respiratory benefits and services to eligible AADL clients.

Procedure:

Respiratory Specialty Suppliers**:**

1. Assess clients who are palliative, have a long-term disability or chronic illness that requires home oxygen.
2. Ensure:
   a) 24-hour emergency service.
   b) Phone calls are returned to AADL clients within 1 hour of notification of client problems.
   c) Problems are resolved by agreeing to have an employee attend the client's home for equipment failure within a reasonable time, unless the client agrees attendance is not required.
   d) A respiratory therapist is available during all regular business hours.
   e) Client's Personal Health Numbers (PHNs) are valid.
   f) Clients meet the respiratory eligibility criteria.
   g) Clients are advised of their responsibilities related to program benefits including the expiry date of their oxygen authorization.
   h) Clients sign the Client Declaration form.
   i) All tests are valid and completed within 2 days prior to the set-up for a new oxygen start. The oximetry must be readable with a printout date and time.
      i. AADL will not pay for oxygen rental if the set-up is done prior to the testing date.
      ii. Testing for oxygen reauthorization must be done within 3 weeks prior to the authorization expiry date.
      iii. Any exceptions to the dates noted above will only be accepted if **prior approval** has been confirmed by the AADL Respiratory Unit.

j) Follow-up assessments are done at a minimum of once every 6 months or as requested by the AADL Respiratory Unit.
   i. Assessments may be conducted in collaboration with Alberta Health Services respiratory therapists.
   ii. All assessments must be retained on the Specialty Supplier file.
   iii. All re-authorization documentation, including the prescription and testing data is collected prior to the authorization expiry date. Failure to provide this information before the authorization expiry date will result in a gap in funding. This applies to all oxygen authorizations including long-term oxygen clients.

3. Advise clients and/or caregivers to inform the Specialty Supplier or AADL when they are admitted to a hospital or long term care facility.
4. Suspend oxygen billing for the period when the client is hospitalized or traveling outside the Province of Alberta.
5. Advise clients to contact the AADL Respiratory Unit for Specialty Supplier changes.
6. Obtain an appropriate generic, signed physician's prescription with date. Home oxygen prescriptions must include:
   a) O_2 flow and hours per day ("palliative oxygen" is not an acceptable prescription) OR
   b) Therapist Driven Prescription (TDP).
7. Conduct a respiratory assessment at time of set up which includes:
   a) Oximetry on room air at rest and on exertion.
   b) Oximetry on oxygen at rest and on exertion; if applicable, history, medication regime and chest auscultation.
8. Determine the appropriate equipment to best meet the client's needs.
9. Confirm cost-share status and provide Application for Cost Share Exemption form to clients as required.
10. Obtain the required test data, e.g. ABGs, hard copy oximetry, spirometry, initial set-up assessments, etc. and retain on the Specialty Supplier file.
11. Complete the on-line authorization as outlined in the On-Line Training Manual for Respiratory Benefits within 20 business days of the set up. Failure to adhere to the time frame will result in a gap in funding.
12. Bill the per diem rate for oxygen rental if the client is discontinued, deceased or started on oxygen part way through a month.
13. Contact the AADL Respiratory Unit with concerns, questions, **prior approvals**, and unusual requests. If a client's eligibility is uncertain, an authorization must not be done.

14. Adhere to the AADL Specialty Supplier Agreement and both the general AADL and Respiratory Policies and Procedures.
15. Resolve all errors relating to the assessment of a client's benefits, eligibility status and billing concerns. This includes correcting claims and resubmitting as required. Unresolved errors may result in loss of funding to the Specialty Supplier.
16. Provide assistance to clients and physicians in arranging tests for benefit authorization and re-authorization.
17. Provide AADL with a discontinued/deceased client list every month. Failure to provide this information will result in disciplinary action.
18. Provide clients with information and answers regarding AADL eligibility criteria.
19. Submit information, when required, for **prior approval** to the AADL Respiratory Unit.
20. Adhere to all Federal and Provincial safety standards for the transportation and handling of hazardous materials.
21. Inform AADL if there is a change of ownership. Clients will be provided a written notification from AADL informing them of the option to change Specialty Suppliers if they wish.

FIRE SAFETY

Policy Statement:

All clients using home oxygen therapy shall be advised of fire hazards and safety guidelines.

Procedure:

Assessors/Specialty Suppliers:

1. Advise clients not to smoke when using oxygen.
2. Provide “No Smoking” signs.
3. Advise families/others who smoke to keep lit cigarettes a minimum of five (5) feet away from clients who are using oxygen.
4. Follow fire safety guidelines.
5. May discontinue supply of therapy if smoking habit endangers the safety of self or others. This must be documented on the file and the client’s physician informed.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2010	Marianne Baird

AADL CLIENTS ROLES AND RESPONSIBILITIES

Policy Statement:

Clients receiving respiratory benefits shall meet the current AADL respiratory eligibility criteria for the benefits they are receiving and will acknowledge their roles and responsibilities.

Procedure:

Clients:

1. Clients will agree to:
   a) Pay the Specialty Supplier:
      i. The cost share portion of the equipment if not exempt from cost sharing.
      ii. For disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. These items are not covered by AADL.
   b) Notify AADL and the Specialty Supplier if:
      i. Moving to a different address,
      ii. Equipment is no longer required,
      iii. Relocating outside of the province,
      iv. Moving to a long-term care facility,
      v. There is a change in family physician.
   c) Notify the Specialty Supplier:
      i. When traveling out of the province, including the dates and the destination.
      ii. Who may assist with oxygen arrangements. Submit all out of Province oxygen receipts indicating full payment to the AADL Respiratory Unit. If the currency used is not Canadian dollars, submit the currency exchange rate at the time of travel. Full coverage clients will be reimbursed at the maximum daily rate of $10.88/$11.90 for urban/rural locations, only if the Specialty Supplier has stopped billing during the travel dates. For cost share clients, the maximum daily rate of reimbursement is $8.16/$8.93 for urban/rural locations.
      iii. When admitted to hospital.
   d) Contact the AADL Respiratory Unit if the client wishes to change Specialty Suppliers.

e) Collaborate in their care by taking tests arranged by the Specialty Supplier or physician to determine the continuation of oxygen funding. Failure to complete required testing prior to the oxygen authorization expiry date may result in an invoice from the Specialty Supplier that you may be required to pay.
f) Take good care of the equipment supplied. Clients are responsible to replace any equipment that is lost, stolen or damaged.
g) Comply with Specialty Supplier policies regarding abuse-free environments. Failure to comply may result in the supplier removing their equipment and services.
h) Follow the fire safety guidelines if on oxygen.
i) Sign the AADL Client Responsibility Form (attached).

AADL AUTHORIZATION

Policy Statement:

An on-line authorization must be completed for a new start or re-start.

1. All oxygen authorizations must be completed separately, i.e. do not combine oxygen authorizations with non-oxygen benefit (e.g. suction catheter) authorizations.
2. All non-oxygen benefits shall be combined onto one (1) authorization form and are given a 2-year expiry date.

Procedure:

Assessors/Specialty Suppliers:

1. Complete eligible on-line authorizations as outlined in the On-Line Training Manual for Respiratory Benefits within twenty (20) business days of the set-up.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

AADL HARD COPY REQUIREMENT

Policy Statement:

A hard copy of diagnostic tests shall be provided to AADL upon request and/or when required to meet eligibility criteria. A hard copy is a direct instrument printout, or laboratory computer report where there is direct instrument interface.

Handwritten diagnostic test results will not be accepted.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain a hard copy of all diagnostic tests.
2. File in client's record and submit to AADL when required.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

AUTHORIZATION CORRECTIONS

Policy Statement:

Specialty Suppliers shall maintain up-to-date client information.

Procedure:

Assessors/Specialty Suppliers:

1. Update authorizations when there is a change in the client's:
   a) Oxygen authorization expiry date and/or authorization type (reauthorization/extension of benefit). The expiry date is the number of determined months from the last expiry date. If the client is discontinued from the oxygen therapy, change the expiry date on-line to reflect the discontinued date.
   b) The prescribing physician.
   c) Oxygen flow (unless the prescription is a Therapist Driven Prescription (TDP)).
   d) Catalogue number (e.g. moved from rural to urban setting).
   e) Address.
   f) Equipment. Request for quantity changes need to be submitted using the QFR process outlined in the AADL Program Manual, general Policies and Procedures. If approved they will be changed by AADL and the Specialty Supplier will receive written confirmation.
2. Maintain and file new prescriptions, ABGs and/or other applicable documentation.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

SPECIALTY SUPPLIER CHANGES

Policy Statement:

Clients have the right to request a change in their Specialty Supplier. AADL must be contacted before a Specialty Supplier change can be done.

Procedure:

AADL:

1. Receives telephone call from the client requesting a change in supplier.
2. Discusses/resolves issues with the client and current supplier.
3. Files an AADL complaint if requested by the client.
4. Notifies both Specialty Suppliers regarding the change and the reason.
5. Approves the changeover date to be the first day of the following month. Exceptions can be made for urgent and unusual circumstances.
6. Completes the Specialty Supplier Change form (attached).
7. Faxes Specialty Supplier Change form to the current and new supplier.

Clients:

8. Once approved, contact the new supplier regarding set-up time and date.
9. Contact the current supplier to pick up equipment.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2010	Marianne Baird

REVIEW OF DECISION

Policy Statement:

Requests to review a funding decision made by an AADL Respiratory Consultant may be submitted by fax only at (780) 638-3254.

Procedure:

Prescribing Physician/Specialty Supplier:

1. Receives AADL decision on funding of respiratory benefits.
2. Identifies any new information about the client that may be pertinent to the funding decision, and submits the new information with a letter requesting review of the funding decision, by fax to (780) 638-3254.

AADL:

3. Receives the request to review a decision.
4. Reviews the client file and collects any pertinent new information submitted about the decision.
5. May forward the information to the AADL Medical Consultant for review.
6. Responds to the request and provides explanation/further information on the decision or changes the decision.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

GENERAL HOME OXYGEN ELIGIBILITY CRITERIA

Policy Statement:

Health professionals who assess clients requiring home oxygen therapy shall have specialized training in cardiopulmonary assessment, auscultation, modalities of oxygen therapy, interpretation of arterial blood gases and pulse oximetry. However, a physician must establish the diagnosis.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain a physician's prescription and hardcopy proof of client eligibility for oxygen therapy.
2. Enter authorization on e-business.
3. Obtain assessment data for oxygen eligibility from:
   a) Facilities within the province of Alberta.
   b) Physician testing, or
   c) Testing done by Registered Respiratory Therapists.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

HOME OXYGEN THERAPY CLINICAL ELIGIBILITY: DOCUMENTED HYPOXEMIA CRITERIA

Policy Statement:

Home oxygen therapy shall be provided to clients who have documented severe lung disease. It may also be provided in exceptional cases as adjunctive treatment with ventilatory support, or as palliative treatment in end of life care whether there is documented need for oxygen. Clients may be eligible for home oxygen therapy if they have:

1. Resting Hypoxemia
2. Paediatric Hypoxemia
3. Nocturnal Desaturation
4. Exertional Desaturation
5. Hypoventilation syndrome on ventilatory support
6. Palliative - General
7. Cardiac Palliative

Procedures:

1. Refer to Procedures R-110-20 to 70 below for specific clinical criteria.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

CLINICAL ELIGIBILITY CRITERIA: ADULT RESTING HYPOXEMIA

Procedure – establishing clinical eligibility:

At the start of the oxygen coverage, the specialty supplier will:

- Do an initial respiratory assessment by RRT within 2 days from the qualifying ABG testing date. The assessment includes room air and oxygen titration oximetry (oximetry must have printout date and time);
- Obtain an oxygen prescription (must be written on a script without a specialty supplier logo) from the physician that is signed and dated (must be dated before or on the oxygen setup date), and
- Obtain hard copy of the ABG record (i.e. a direct instrument printout; hand written results are not acceptable).

In addition to the above, the requirements of Part 1 **or** Part 2 must be met:

Part 1

1. An arterial blood gas (ABG) which shows $PaO_2 < 60$ mmHg on room air at rest
   (a) Maximum authorization term is 3 months
   (b) Authorization type is RE2 (if $PaO_2 = 56\text{-}59$) or RH1 (if $PaO_2 \leq 55$)
   (c) No prior approval is required. Specialty supplier can create authorization on-line if all the above requirements are met.

2. Second ABG done within 3 weeks of the oxygen authorization expiry date confirming resting hypoxemia, $PaO_2 \leq 55$ mmHg on room air at rest, and a full pulmonary function test (PFT) with interpretation (done within a year from the start of the oxygen coverage) including body mass index (BMI) must be submitted to AADL.
   (a) Complete "Request for AADL O_2 Funding: RH4 or RH2" form (If client is on CPAP/BPAP, provide when, where and how the device was received)
   (b) Prior approval is required

(c) Once approved:
- (i) Maximum term is 9 months from the authorization last expiry date
- (ii) Authorization type is RH4

Prior to the end of the 9-month term (or RH4 expiry) if the client still has resting hypoxemia, AADL's Respiratory Consultant may request one or more of the following to be submitted by the specialty supplier:

- (i) Level 1 or Level 3 sleep study with interpretation
- (ii) Recent follow-up respiratory assessment
- (iii) Internist or Pulmonologist consultation report
- (iv) Medication list
- (v) CPAP/BPAP compliance confirmed by the machine download
  - Submit only 1-2 page summary of the compliance report
  - Client is expected to use the CPAP/BPAP nightly with a minimum of 4 hours/night

AADL will also fax the request to the client's physician as specified by the specialty supplier on the "Request for AADL O_2 Funding: RH4 or RH2" form.

3. Third ABG done within 3 weeks of the RH4 oxygen authorization expiry date confirming resting hypoxemia, $PaO_2 \le 55$ mmHg on room air at rest

   (a) Submit ABG record and recent respiratory assessment
   (b) Submit all other test results or documentation requested by AADL's Respiratory Consultant in the previous approval. (e.g. if a Level 1 sleep study with interpretation was requested when the RH4 authorization was completed, this must be submitted before the end of the RH4 authorization expiry date)
   (c) Complete "Request for AADL O_2 Funding RH6 or RH5" form
   (d) Prior approval is required
   (e) Long-term funding may be approved if the client:
   - (i) Has severe primary lung disease, including airway obstruction or restrictive lung disease
     OR
   - (ii) Has optimal treatment and/or exclusion of other causes of hypoxemia including sleep disordered breathing, obesity hypoventilation or medication ingestion; and
   - (iii) Is compliant to the prescribed oxygen including CPAP/BPAP treatment (if applicable)

   (f) If the above requirements are met, authorization type RH6 will be approved. The term is 12 months from the authorization last expiry date. The expiry date is set to the last day of the month for ease of billing.

(g) If long-term funding (RH6) is NOT approved, the authorization is usually terminated. In exceptional cases, subject to prior approval, an RH5 authorization extension may be granted. The maximum term is 12 months **(NO further extension)**. AADL's Respiratory Consultant may request one or more of the following to be submitted by the specialty supplier:
   - (i) Repeat ABG
   - (ii) Recent follow-up respiratory assessment
   - (iii) Level 1 sleep study with interpretation
   - (iv) Internist or respirologist consult report
   - (v) Other testing

AADL will also fax the request to the client's physician as specified by the specialty supplier on the "Request for AADL O_2 Funding: RH6 or RH5" form.

The authorization term specified in the resting hypoxemia criteria can be altered or terminated by AADL at any time if continued provision puts the client's safety at risk.

Long-term oxygen clients (RH6) have to be reassessed by the specialty supplier RRT at least once every 6 months for oxygen funding to continue.

- Once this requirement for assessment is met, the specialty supplier can do the reauthorization within 3 months from the authorization expiry date. The new authorization term is 12 months from the last authorization expiry date.
- The reauthorization process is considered to be complete if the specialty supplier documents the last assessment date on the AADL system under the Oxygen Note.

Funding for AADL home oxygen is subject to clients using the oxygen therapy. If clients are NOT compliant to the oxygen therapy, AADL will discontinue funding.

Clients who previously received AADL oxygen funding, can be restarted with a new authorization based on an ABG with a PaO_2 of 56-59 mmHg if the restart date and the ABG date is greater than 3 months from the last authorization expiry date.

- Prior authorization is not required
- Authorization type is RE2
- Maximum term is 3 months

The above scenario DOES NOT apply to clients who have been prescribed CPAP/BPAP and are requesting to use oxygen alone.

Part 2

1. An arterial blood gas (ABG) which shows PaO_2 < 60 mmHg on room air at rest and with the diagnosis of **cor pulmonale**, or **secondary polycythemia** or **pulmonary hypertension** (see below)**:**

   (a) Maximum authorization term is 3 months
   (b) Authorization type is RE2 (if PaO_2 = 56-59) or RH1 (if $PaO_2 \leq 55$)
   (c) No prior approval is required. The Specialty Supplier can create the authorization on-line if all the above requirements are met.

2. Second ABG done within 3 weeks of the oxygen authorization expiry date confirming resting hypoxemia, PaO_2 < 60 mmHg on room air at rest, and a full pulmonary function test (PFT) with interpretation (done within a year from the start of the oxygen coverage) including body mass index (BMI) must be submitted to AADL.

   (a) Submit evidence to support diagnosis of cor pulmonale, or secondary polycythemia or pulmonary hypertension (see below):

      (i) P-pulmonale ECG pattern, increase in P-wave amplitude (> 2 mm) in leads II, III and AVF; jugular venous distension; hepatomegaly, peripheral edema; or
      (ii) Erythrocytosis with a hematocrit > 55%; or
      (iii) Documentation of pulmonary hypertension with evidence of pulmonary artery pressure or ultrasound indicating pulmonary artery pressure

   (b) Complete “Request for AADL O_2 Funding: RH4 or RH2” form (If client is on CPAP/BPAP, provide when, where and how the device was received)
   (c) Prior approval is required
   (d) Once approved:

      (i) Maximum term is 9 months from the authorization last expiry date
      (ii) Authorization type is RH2

Prior to the end of the 9-month term (or RH2 expiry) if the client still has resting hypoxemia, AADL's Respiratory Consultant may request one or more of the following to be submitted by the specialty supplier:

- (i) Level 1 or Level 3 sleep study with interpretation
- (ii) Recent follow-up respiratory assessment
- (iii) Internist or Pulmonologist consultation report
- (iv) Medication list
- (v) CPAP/BPAP compliance confirmed by the machine download
  - Submit only 1-2 page summary of the compliance report
  - Client is expected to use the CPAP/BPAP nightly with a minimum of 4 hours/night

AADL will also fax the request to the client's physician as specified by the specialty supplier on the "Request for AADL O_2 Funding: RH4 or RH2" form.

3. Third ABG done within 3 weeks of the RH4 oxygen authorization expiry date confirming resting hypoxemia, PaO_2 < 60 mmHg on room air at rest

(a) Submit ABG record and recent respiratory assessment
(b) Submit all other test results or documentation requested by AADL's Respiratory Consultant to be completed before expiry of the previous approval.
(c) Complete "Request for AADL O_2 Funding RH6 or RH5" form
(d) Prior approval is required
(e) Long-term funding may be approved if the client:

- (i) Has severe primary lung disease, including airway obstruction or restrictive lung disease.
  OR
- (ii) Has optimal treatment and/or exclusion of other causes of hypoxemia including sleep disordered breathing, obesity hypoventilation or medication ingestion; and
- (iii) Is compliant to the prescribed oxygen including CPAP/BPAP treatment (if applicable)

(f) If the above requirements are met, authorization type RH6 will be approved. The term is 12 months from the authorization last expiry date. The new authorization expiry date is set to the last day of the month.

(g) If long-term funding (RH6) is NOT approved, authorization is usually terminated. In exceptional cases, subject to prior approval, a RH5 authorization extension may be granted. The maximum term is 12 months **(NO further extension)**. AADL's Respiratory Consultant may request one or more of the following to be submitted by the specialty supplier:

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(i) Repeat ABG
(ii) Recent follow-up respiratory assessment
(iii) Level 1 sleep study with interpretation
(iv) Internist or respirologist consult report
(v) Other testing

AADL will also fax the request to the client's physician as specified by the specialty supplier on the "Request for AADL O_2 Funding: RH6 or RH5" form.

The authorization term specified in the resting hypoxemia criteria can be altered or terminated by AADL at any time when continued used puts the client's safety at risk.

Long-term oxygen clients (RH6) have to be reassessed by the specialty supplier RRT at least once every 6 months for oxygen funding to continue.

- Once this requirement is met, the specialty supplier can do the reauthorization within 3 months from the authorization expiry date. The term is 12 months from the authorization last expiry date.
- The reauthorization process is considered to be complete if the specialty supplier documents the last assessment date on the AADL system under the Oxygen Note.

Funding for AADL home oxygen is subject to clients using the oxygen therapy. If clients are NOT compliant to the oxygen therapy, AADL will discontinue the home oxygen funding.

Exceptions to the Resting Hypoxemia Criteria:

1. ABG was attempted but unsuccessful, or negative Allen's test:
   (a) Submit room air oximetry with $SpO_2 \leq 89\%$ for 3 continuous minutes at rest
   (b) Hard copy of oximetry including printout date and time must be provided
   (c) BMI < 37
   (d) Prior approval is required
   (e) Maximum authorization term is 3 months (NO further extension)
   (f) Authorization type is RE1
   (g) Require repeat ABG or at a different puncture site (e.g. brachial or femoral artery if applicable) prior to the authorization term expiry

2. Non palliative clients who are bedridden, unable to leave home for ABG:
   (a) Submit room air oximetry with $SpO_2 \leq 89\%$ for 3 continuous minutes at rest
   (b) Hard copy of oximetry including printout date and time must be provided
   (c) BMI < 37
   (d) Prior approval is required
   (e) Maximum authorization term is 3 months
   (f) Authorization type is RE1
   (g) Require ABG prior to the authorization term expiry

3. Clients are recently (within 60 days from the application date) discharged from the hospital and do not qualify for oxygen funding based on resting hypoxemia criteria. However, clients desaturate to ≤ 79% on exertion and body mass index (BMI) < 37:
   (a) Submit room air oximetry at rest and on exertion (walking on level ground)
   (b) Hard copy of oximetry including printout date and time must be provided
   (c) Prior approval is required
   (d) Maximum authorization term is 3 months
   (e) Authorization type is RE1
   (f) Assess if client is eligible to challenge Walk Test prior to the authorization term expiry

RESTING HYPOXEMIA CRITERIA PART 1 AT A GLANCE
(FOR CLIENTS WITH SEVERE LUNG DISEASE)

ABG Results Within Same Authorization	Documentation Required	Prior Approval Required	Auth Type	Max Auth Term
1st PaO_2 = 56-59	1. Setup Assessment 2. O_2 Prescription 3. ABG Record	No	RE2	3 Months
1st $PaO_2 \leq 55$			RH1	
2nd $PaO_2 \leq 55$	1. Interpreted Full PFT & BMI 2. ABG Record 3. Request for AADL O_2 Funding: RH4 or RH2 Form	**Yes**	RH4	9 Months
3rd $PaO_2 \leq 55$	1. Follow-up Assessment 2. ABG Record 3. Request for AADL O_2 Funding: RH6 or RH5 Form	**Yes**	RH6	12 Months

RESTING HYPOXEMIA CRITERIA PART 1 AT A GLANCE
(FOR CLIENTS WITHOUT SEVERE LUNG DISEASE)

ABG Results Within Same Authorization	Documentation Required	Prior Approval Required	Auth Type	Max Auth Term
1st PaO_2 = 56-59	1. Setup Assessment 2. O_2 Prescription 3. ABG Record	No	RE2	3 Months
1st $PaO_2 \leq 55$			RH1	
2nd $PaO_2 \leq 55$	1.Interpreted Full PFT & BMI 2. ABG Record 3. Request for AADL O_2 Funding: RH4 or RH2 Form	**Yes**	RH4	9 Months
3rd $PaO_2 \leq 55$	1. ABG Record 2. Test Result/Documentation Requested by AADL 3. Request for AADL O_2 Funding: RH6 or RH5 Form	**Yes**	RH6	12 Months
			RH5	12 Months
			Authorization Terminated	

RESTING HYPOXEMIA CRITERIA PART 2 AT A GLANCE
(FOR CLIENTS WITH SEVERE LUNG DISEASE)
Diagnosis includes cor pulmonale, or secondary polycythemia or pulmonary hypertension.

ABG Results Within Same Authorization	PFT & BMI Required	Prior Approval Required	Auth Type	Max Auth Term
1st PaO_2 = 56-59	1. Setup Assessment 2. O_2 Prescription 3. ABG Record	No	RE2	3 Months
1st $PaO_2 \leq 55$			RH1	
2nd $PaO_2 < 60$	1. Full PFT & BMI 2. Evidence Confirming Diagnosis 3. ABG Record 4. Request for AADL O_2 Funding: RH4 or RH2 Form	**Yes**	RH2	9 Months
3rd $PaO_2 < 60$	1. Follow-up Assessment 2. ABG Record 3. Request for AADL O_2 Funding: RH6 or RH5 Form	**Yes**	RH6	12 Months

RESTING HYPOXEMIA CRITERIA PART 2 AT A GLANCE
(FOR CLIENTS WITHOUT SEVERE LUNG DISEASE)
Diagnosis includes cor pulmonale, or secondary polycythemia or pulmonary hypertension.

ABG Results Within Same Authorization	PFT & BMI Required	Prior Approval Required	Auth Type	Max Auth Term
1st PaO_2 = 56-59	1. Setup Assessment 2. O_2 Prescription 3. ABG Record	No	RE2	3 Months
1st $PaO_2 \leq 55$			RH1	
2nd $PaO_2 < 60$	1. Full PFT & BMI 2. Evidence Confirming Diagnosis 3. ABG Record 4. Request for AADL O_2 Funding: RH4 or RH2 Form	**Yes**	RH2	9 Months
3rd $PaO_2 < 60$	1. ABG Record 2. Test Result/Documentation Requested by AADL 3. Request for AADL O_2 Funding: RH6 or RH5 Form	**Yes**	RH6	12 Months
			RH5	12 Months
			Authorization Terminated	

Adult Resting Hypoxemia Part 1 Flowchart

1st ABG, $PaO_2 \leq 55$?
- No → 1st ABG, $PaO_2 < 60$?
  - No → Does NOT qualify for funding
  - Yes → Authorize on-line, RE2 max 3 months funding
- Yes → Authorize on-line, RH1 max 3 months funding

2nd ABG, $PaO_2 \leq 55$?
- No → 2nd ABG, $PaO_2 < 60$?
  - No → Does NOT qualify for funding
  - yes → Go to Resting Hypoxemia Part 2 Flowchart
- Yes → Specialty Suppliers:
  1 Submit full PFT & BMI
  2 Submit ABG record
  3 Complete Request for AADL O_2 Funding: RH4/RH2 form

Yes → Has severe 1° lung disease?
- No → Prior Approved, RH4 Term of funding specified by AADL → Specialty Supplier obtains documentation and/or test results requested by AADL → 3rd ABG, $PaO_2 \leq 55$?
  - No → Does NOT qualify for funding
  - Yes → Specialty Suppliers:
    1 Submit ABG record
    2 Submit requested test results and/or documentation
    3 Complete Request for AADL O_2 Funding: RH6/RH5 form
  - → Has optimal tx or exclusion of other causes of hypoxemia?
    - No → Is further testing or documentation required?
      - No → Does NOT qualify for funding
      - Yes → Prior approved short-term funding (RH5). Term specified by AADL → Specialty Suppliers:
        1 Submit requested additional information
        2 Complete Request for AADL O_2 Funding: RH6/RH5 form
        → (return to: Has optimal tx or exclusion of other causes of hypoxemia?)
    - Yes → ABG results valid & client compliant to O_2 therapy?
- Yes → Prior approved, RH4 max 9 months funding → 3rd ABG, $PaO_2 \leq 55$?
  - No → Does NOT qualify for funding
  - Yes → Specialty Suppliers:
    1 Submit recent respiratory assessment
    2 Submit ABG record
    3 Complete Request for AADL O_2 Funding: RH6/RH5 form

ABG results valid & client compliant to O_2 therapy?
- No → Does NOT qualify for funding
- Yes → Prior approved, RH6 Long-term funding

Adult Resting Hypoxemia Part 2 Flowchart

1st ABG, $PaO_2 \leq 55$?
No
1st ABG, $PaO_2 < 60$?
No
Does NOT qualify for funding

Yes
Authorize on-line, RH1 max 3 months funding

Yes
Authorize on-line, RE2 max 3 months funding

2nd ABG, $PaO_2 > 55$ but < 60?
No
2nd ABG, $PaO_2 \leq 55$?
No
Does NOT qualify for funding

Yes
Go to Resting Hypoxemia Part 1 Flowchart

Yes
Evidence of cor pulmonale, 2° polycythemia or pulmonary hypertension?
No
Does NOT qualify for funding

Yes
Specialty Suppliers:
1 Submit full PFT & BMI
2 Submit evidence to confirm diagnosis
3 Submit ABG record
4 Complete Request for AADL O_2 Funding: RH4/RH2 form

Yes
Has severe 1° lung disease?
No
Prior Approved, RH2 Term of funding specified by AADL
Specialty Supplier obtains documentation and/or test results requested by AADL
3rd ABG, $PaO_2 < 60$?
No
Does NOT qualify for funding

Yes
Specialty Suppliers:
1 Submit ABG record
2 Submit requested test results and/or documentation
3 Complete Request for AADL O_2 Funding: RH6/RH5 form

Has optimal tx or exclusion of other causes of hypoxemia?
No
Is further testing or documentation required?
No
Does NOT qualify for funding

Yes
Prior approved short-term funding (RH5). Term specified by AADL

Specialty Suppliers:
1 Submit requested additional information
2 Complete Request for AADL O_2 Funding: RH6/RH5 form

Yes
Prior approved, RH2 Max 9 months funding

3rd ABG, $PaO_2 < 60$?
No
Does NOT qualify for funding

Yes
Specialty Suppliers:
1 Submit recent respiratory assessment
2 Submit ABG record
3 Complete Request for AADL O_2 Funding: RH6/RH5 form

Yes

ABG results valid & client compliant to O_2 therapy?
No
Does NOT qualify for funding

Yes
Prior approved, RH6 Long-term funding

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain appropriate test results and documentation and submit them to AADL.
2. Complete appropriate “Request for O_2 Funding” form and submit to AADL for prior approval.
3. All required test results, documentation and request form must be submitted to AADL prior to the authorization expiry date to avoid termination of the authorization.

AADL:

4. Reviews test results and documents.
5. Determines eligibility.
6. Notifies Specialty Supplier and Client’s physician (as specified on the request form) of the approval or denial.

CLINICAL ELIGIBILITY CRITERIA: PAEDIATRIC HYPOXEMIA

Policy Statement:

Paediatric clients (under 18 years old) shall be approved for oxygen funding if oximetry testing confirming hypoxemia and the medical need for oxygen therapy is provided. A dated hard copy of oximetry showing room air $SpO_2 \leq 89\%$ is required.

A paediatrician should assess clients requiring oxygen longer than three (3) months. Maximum authorization is six (6) months unless **prior approval** for an extension is confirmed in advance by AADL.

Requests for paediatric extensions are to be submitted for **prior approval** by the AADL Respiratory Unit.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain a hard copy of oximetry, physician's prescription and diagnosis and submit them to AADL.
2. Request **prior approval** from AADL for extensions when appropriate.

AADL:

3. Approves authorization extensions, if eligibility criteria are met.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

CLINICAL ELIGIBILITY CRITERIA: ADULT NOCTURNAL DESATURATION

Policy Statement:

Initial assessment and testing for nocturnal desaturation (ND) shall be available for clients who do not qualify for oxygen funding based on resting hypoxemia criteria (Policy Number R-110-20). All requests for nocturnal oxygen authorizations require **prior approvals** through AADL and the requirements of Part 1 or Part 2 or Part 3 must be met:

Part 1

Clients (age ≥ 18) with severe pulmonary disease who do NOT have sleep disordered breathing, do NOT require CPAP/BPAP but request nocturnal oxygen must meet the following requirements:

1. Recent full Pulmonary Function Test (done within 1 year from the application date) with interpretation confirming client has severe pulmonary disease (airway obstruction or restriction), and calculated body mass index (BMI) of < 37 (If BMI ≥ 37, Level 1 sleep study must be done).

   Recent Level 3 sleep study with interpretation showing:
   a) At least a continuous recording of oxygen saturation, heart rate, and a direct measurement of airflow or nasal pressure. Technical quality must be good and free of excessive artifact,
   b) No evidence of sleep disordered breathing,
   c) Respiratory Disturbance Index (RDI) < 10, and
   d) At least one (1) episode of SpO_2 ≤ 83% for 5 continuous minutes

OR

2. Recent Level 1 sleep study with interpretation, histogram and summary showing:
   a) No evidence of sleep disordered breathing,
   b) Apnea Hypopnea Index (AHI) < 10, and
   c) At least one (1) episode of SpO_2 ≤ 83% for 5 continuous minutes

4. Specialty supplier assessor, RRT or other healthcare professional has to complete and/or review the "Request for Nocturnal Oxygen Funding for Adults with Severe Lung Disease" form to ensure the information provided is true and correct. The completed form, a copy of interpreted full PFT and interpreted sleep study has to be submitted to AADL. AADL will fax a copy of the outcome of the request to the physician specified on the form.

If eligibility criteria are met, long-term (ND) or short-term (NDS) nocturnal oxygen funding will be approved. If short-term nocturnal oxygen funding is approved, AADL will specify the test and/or documentation required to be submitted prior to the authorization expiry date.

Part 2

Clients (age ≥ 18) with sleep disordered breathing who request short-term nocturnal oxygen to be used with CPAP/BPAP must meet the following requirements:

1. Recent Level 1 sleep study with interpretation showing:
   a) Apnea Hypopnea Index (AHI) < 10 with CPAP/BPAP titration,
   b) Raw data showing $SpO_2 \leq 85\%$ on room air with CPAP/BPAP
   c) Evidence of $SpO_2 > 85\%$ on oxygen with CPAP/BPAP

2. Specialty supplier assessor, RRT or other healthcare professional has to complete and/or review the "Request for Short-Term Nocturnal Oxygen Funding for Adults with Sleep Disordered Breathing" form to ensure the information provided is true and correct. The completed form, a copy of Level 1 sleep histogram, summary, interpretation, and the CPAP/BPAP (including oxygen) prescription has to be submitted to AADL. AADL will fax a copy of the outcome of the request to the physician specified on the form.

If eligibility criteria are met, short-term nocturnal oxygen funding (NDS) will be approved.

For consideration of long-term oxygen funding (see Part 3), AADL may request one or more of the following to be submitted prior to the short-term authorization expiry date:

a) Interpreted full Pulmonary Function Test (PFT) with body mass index (BMI)
b) Interpreted Level 3 sleep study on room air with CPAP/BPAP
c) Compliance report of CPAP/BPAP (1-2 page summary from machine download)

Part 3

Clients (age ≥ 18) with severe pulmonary disease and sleep disordered breathing who request long-term nocturnal oxygen to be used with CPAP/BPAP must meet the following requirements:

1. Client must already be on short-term nocturnal oxygen funding (NDS)

2. Recent full Pulmonary Function Test (done within 1 year from the application date) with interpretation confirming clients have severe pulmonary disease (airway obstruction or restriction)

3. Recent Level 3 sleep study with interpretation done on room air with CPAP/BPAP showing:
   a) SpO2 ≤ 85% for at least 5 continuous minutes, and
   b) Compliance report of CPAP/BPAP (1-2 page summary from the machine download). Client is expected to use the CPAP/BPAP nightly with a minimum usage of 4 hours/night

4. Specialty supplier assessor, RRT or other healthcare professional has to complete and/or review the "Request for Long-Term Nocturnal Oxygen Funding for Adults with Severe Lung Disease and Sleep Disordered Breathing" form to ensure the information provided is true and correct. The completed form, a copy of interpreted full PFT, and interpreted sleep study must be submitted to AADL. AADL will fax a copy of the outcome of the request to the physician specified on the form.

If eligibility criteria are met, long-term nocturnal oxygen funding (ND) will be approved.

Adult Nocturnal Oxygen Funding Request Forms At a Glance

Requirement	**Name of Request Form**		
	Nocturnal Oxygen Funding for Adults with Severe Lung Disease	Short-Term Nocturnal Oxygen Funding for Adults with Sleep Disordered Breathing	Long-Term Nocturnal Oxygen Funding for Adults with Severe Lung Disease and Sleep Disordered Breathing
Age ≥ 18	√	√	√
Does NOT have Daytime Resting Hypoxemia	√	√	√
Already on Short-Term Nocturnal O_2 Funding	May or May Not Be	✕	√
Pulmonary Function Test	√	✕	√
Severe Lung Disease	√	Unknown	√
BMI < 37	√	Not Necessarily	Not Necessarily
Level 3 or Level 1 Sleep Study	Mostly Level 3	Must be Level 1	Mostly Level 3
Sleep Study Interpretation	√	√	√
Sleep Disordered Breathing	✕	√	√
CPAP/BPAP	✕	√	√
Sleep Study Results	1 RDI or AHI < 10 2 At least 1 episode of $SpO_2 \leq 83\%$ x 5 continuous mins	1 $SpO_2 \leq 85\%$ on room air with CPAP/BPAP 2 Evidence of $SpO_2 > 85\%$ on O_2 with CPAP/BPAP 3 AHI < 10 with CPAP/BPAP	1 $SpO_2 \leq 85\%$ on room air with CPAP/BPAP 2 Compliant with CPAP/BPAP therapy

Procedure:

Assessors/Sleep Laboratories/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain appropriate test results and documentation and submit them to AADL.
2. Complete appropriate “Request for Nocturnal Oxygen Funding” form and submit to AADL for prior approval.
3. All required test results, documentation and request form must be submitted to AADL prior to the authorization expiry date to avoid termination of the authorization.

AADL:

4. Reviews test results and documents.
5. Determines eligibility.
6. Notifies Specialty Supplier or healthcare professionals and Client’s physician (as specified on the request form) of the approval or denial.

CLINICAL ELIGIBILITY CRITERIA:

AADL WALK TEST FOR CLIENTS WITH SEVERE LUNG DISEASE

Eligibility:

Testing for exertional oxygen must be ordered by a physician; the Referral Form to Challenge the AADL Walk Test for Clients with Severe Lung Disease (abbreviated as Walk Test Referral Form) has to be approved by AADL. All criteria listed on the Walk Test Referral Form must be met.

The AADL Walk Test eligibility criteria include:

1. Client is not hypoxemic at rest. Obtain recent ABG results (done within 3 months from the requested date). If unavailable, please arrange for ABG to be completed to ensure client does not qualify for AADL oxygen funding based on resting hypoxemia criteria (see R-110-20).
2. Assess and interview client to confirm client is:
    a) Ambulatory, including walking outside the house regularly,
    b) Medically stable (i.e. Client is on optimal medical treatment with no exacerbation of COPD or hospitalization within the preceding 60 days of testing),
    c) Capable of exercise without angina, cardiac risk, arthritic pain, vascular disease, etc.,
    d) Functionally capable (i.e. Client can comprehend verbal instruction and is physically and cognitively capable of using exertional oxygen),
    e) Using the portable oxygen when going out,
    f) Hypoxemic on exertion (i.e. Hard copy of the exertional oximetry done on level ground walking to show $SpO_2 < 89\%$ for at least one continuous minute within a month of the referral date. The hard copy must be dated and signed by the RRT and attached with the Walk Test Referral Form).
3. If on BPAP, client is not eligible to challenge the walk test.
4. Obtain full Pulmonary Function Test (PFT) results. If unavailable, please arrange for a PFT and attach the hard copy full PFT results and interpretation with the Walk Test Referral Form.
5. If BMI > 37, client is not eligible to challenge the walk test.
6. If BMI ≤ 37 and is on CPAP, check for a recent PSG.
    a) If PSG is unavailable, the client is not eligible to challenge the walk test.

   b) If PSG is available, provide testing date, prescribed treatment and CPAP/BPAP compliance report to AADL.
   c) If non-compliant to the prescribed CPAP treatment, client is not eligible to challenge the walk test.
7. If all the above eligibility criteria are met and client has severe airway obstruction or restrictive lung disease based on the full PFT interpretation, they may challenge the walk test.
8. If there is normal to mild lung disease, confirm diagnosis, obtain specialist consultation report that details why the client is hypoxemic on exertion and the underlying cause(s). If unavailable, the client is not eligible to challenge the walk test.
9. The Assessor will complete, sign and date the Walk Test Referral Form only if s/he is confident that the client meets all criteria.
10. Fax the Referral Form to Challenge AADL Walk Test for Clients with Severe Lung Disease with the PFT report and its interpretation and the hard copy of pre-screen oximetry with print out date and time to AADL at (780) 638-3254.

Additional Notes:

1. Client may perform the walk test every 6 months. A new Walk Test Referral Form must be submitted each time by the assessor.

2. Depending on the client's oxygen history, medical condition, test results, feedback from the testing site and the Medical Consultant's discretion, the client may be granted long-term (EOT) or short-term (ETS) status.

3. Client with long-term EOT status will be followed up by the Specialty Supplier RRT at a minimum of once every 6 months. If the client refuses to be re-assessed or is not using portable oxygen (no record of portable oxygen cylinders delivered/used) oxygen funding will be discontinued.

4. ETS clients may re-challenge the AADL walk test prior to the oxygen authorization expiry, if the eligibility criteria are met.

Procedure:

Assessors/Specialty Suppliers:

1. Assess client and complete the Referral Form to Challenge AADL Walk Test for Clients with Severe Lung Disease, if client is eligible to perform the test.
2. Fax the Referral Form to Challenge AADL Walk Test for Clients with Severe Lung Disease Form, the hard copy of pre-screen oximetry, full PFTs with interpretation and other supporting documentation to AADL at (780) 638-3254.

AADL:

3. Reviews #2 and notifies the sender of the outcome of the approval by faxing the Walk Test Referral Form to them.

Assessors/Specialty Suppliers:

4. Fax the Walk Test Referral Form with AADL approval, the client's contact information and the physician's order to the AADL walk test site.

AADL Walk Test Site Health Professionals:

5. Arrange walk test with client.
6. Ensure client signs the Client's Consent Form prior to doing the walk test.
7. Perform the walk test following the AADL Walk Test Protocol.
8. Discuss the walk test results with the client.
9. Fax ALL walk test results (including the negative ones) with hard copy oximetry of the walk test to AADL.

AADL:

10. Ensures the walk test site complies with the AADL Walk Test Protocol.
11. Interprets AADL walk test results. AADL's Medical Consultant provides the final decision on the eligibility of oxygen funding.
12. Faxes the AADL Walk Test Funding Interpretation to the testing site and the specialty supplier (if applicable).
13. Completes the Request for AADL Oxygen Funding Form if client is eligible for oxygen funding and faxes it to the testing site and specialty supplier (if applicable).

AADL Walk Test Site Health Professionals:

14. Forwards AADL Walk Test Funding Interpretation to the ordering physician. Do NOT send the AADL walk test results to the physician.
15. Notifies client on the outcome of the AADL Walk Test Funding Interpretation.
16. If the client is eligible for AADL oxygen funding and is currently not on AADL's oxygen program, provide the oxygen referral and fax the Request for AADL Oxygen Funding form to the specialty supplier.
17. Maintains documentation.

AADL WALK TEST PROTOCOL

ASSESSING THE NEED FOR OXYGEN DURING EXERTION

Background
This document describes a simple, robust walking test to assess a client's practical need for, and benefit from, low flow oxygen therapy during exercise. This testing method is derived from the classic 6 minute walk test.

The aim of this air vs. oxygen walk test is objective evaluation of an individual's real benefit from oxygen compared to air breathing, using a testing method which can be performed with a minimum of personnel and equipment in rural or urban areas, in either a health care institution or community facility. An additional aim of this air vs. oxygen walk test is to allow immediate feedback to clients who undergo the test, to ensure that they understand why they will or will not benefit from oxygen during exercise.

Personnel and Equipment Requirements
The walking test requires:

1. A facility with well-lit corridors extending for at least 50 - 100 meters on the same floor. Any large clinic, office building, hospital, or public shopping area, meets this requirement.
2. Two health care professionals trained in the administration of the walking test. One individual should be a licensed respiratory therapist (or specially trained nurse); qualifications of the other individual (testing assistant) are flexible.
3. A pair of small cylinders containing either compressed air or oxygen respectively with tubing, flowmeters and shrouds to prevent visual identification of the cylinders.
4. Any contemporary pulse oximeter which has the capability of memory storage and hard copy printout.
5. A cart, trolley, or wheeled vehicle to carry the gas cylinders, oximeter, and a portable chair or stool.
6. A clipboard and clearly labeled Borg scale for psychometric assessment of dyspnea.
7. A pre-arranged course with distances premarked, or a mechanical device for continuous measurement of distance walked.

Walk Test: General Design

The design of this testing procedure involves comfortable, brisk walking of a client in the company of two health care professionals who are conducting the test, along with the cart and equipment. In practice, this involves the client with nasal oxygen tubing in place walking ahead, accompanied by the "testing assistant" who interacts verbally with the client and records Borg dyspnea scale results on the clipboard. Walking behind these individuals, the respiratory therapist (or nurse) manages the selection of air vs. oxygen, constantly monitors the real time oximeter readout, and records elapsed time and distance walked. This walking test is performed in several 6 minute sections, although each section may be terminated earlier by client dyspnea or discomfort, or by the tester based upon end point criteria described in the following paragraphs. At the conclusion of the walk test, the results are conveyed immediately to the client to ensure that the client understands whether or not the oxygen therapy has benefited their walking performance.

Walk Test: Summary

Briefly, for each subject tested, the steps are:

1. Introduction, explanation, completion of paperwork.
2. 6-minute seated rest period while wearing oxygen tubing, compressed air 4 litres/minute (unless patient arrives wearing oxygen).
3. 6-minute practice walk, on compressed air (unless client arrives wearing oxygen).
4. Random selection of first test gas, either air or oxygen.
5. 6-minute seated rest, receiving test gas.
6. 6-minute walk, receiving test gas.
7. 6-minute seated rest, on alternate gas.
8. 6-minute walk receiving alternate gas.
9. Final rest, receiving alternate gas.
10. Walk test results reviewed and discussed with the patient.

For a typical patient, this would be:

1. Introduction, documentation.
2. 6-minute seated, receiving compressed air.
3. 6-minute practice walk and compressed air.
4. Selection of compressed air or oxygen as first test gas, e.g. selection of compressed air.
5. 6-minute seated rest, receiving test gas (compressed air).
6. 6-minute walk test, receiving compressed air.
7. 6-minute rest period, receiving alternate gas (oxygen).
8. 6-minute walk, receiving oxygen.
9. Final rest period on oxygen.
10. Discussion of results with client.

Walk Test: Detailed Methods

Introduction

The test begins with the introduction of the testing personnel, completion of any necessary documentation, and a brief explanation of the testing protocol. It is expected that clients undergoing this walk test **do not** qualify for low flow oxygen at rest and meet all the criteria listed on the Walk Test Referral Form

6 minute seated

The testing protocol begins with a 6 minute seated rest period with oxygen tubing in place and active gas flow at 4 litres per minute. From the onset of the test, the client remains unaware of the type of gas. If the assessed client presents for the test breathing room air, then compressed air is delivered during this rest period; if the client presents on oxygen, then low flow oxygen therapy is provided at 4 litres per minute during the initial rest period. At the end of the 6 minute seated rest, the testing assistant and the respiratory therapist share responsibilities in recording the dyspnea, respiratory rate, oxygen saturation and heart rate.

6 minute practice walk

The actual walking portion of the test begins with instructions to the client to walk comfortably as he/she normally would in any shopping area, *en route* to a particular shop or destination. The walking pace should feel normal and comfortable for the client, and they should not feel rushed, or as if they are running or hurrying. The client is informed that he/she will be asked about their progress and any feelings of dyspnea at approximately 1 minute intervals during the walk. The testing assistant and the respiratory therapist share responsibilities in recording the dyspnea, oxygen saturation and heart rate at 1 minute intervals. At the end of the 6 minute walk, the testing assistant or the respiratory therapist records the respiratory rate and measures the total distance walked.

The first 6 minute walk is undertaken as a "practice walk". Usually, this walk test is not used in the final determination of oxygen need but is intended to familiarize the client with the test protocol. This walk test is performed while continuing the same gas flow delivery that was selected during the first 6 minute rest period. Even during the practice walk, both testers constantly monitor and record all physiologic variables exactly as they are recorded in the subsequent air and oxygen walk test.

6 minute seated on test gas

At the conclusion of the 6 minute practice walk, the client is immediately seated utilizing the portable chair, changed to the first test gas and then allowed to rest once again for 6 minutes in the seated position, while monitoring of SpO_2 and heart rate continues. The test gas is either compressed air or oxygen at 4 litres per minute flow. The identity of the test gas is determined by random selection by the respiratory therapist before the test is undertaken. The identity of the test gas is not known by the client or the testing assistant. Dyspnea, respiratory rate, oxygen

saturation and heart rate are measured and recorded the same way as the practice seated rest.

6 minute walk on test gas

After the conclusion of the 6 minute rest period on the first test gas, a 6 minute walk test is undertaken. This walk test may be concluded at 6 minutes or any earlier time because of client request, extreme dyspnea as observed by the testing assistant, or with the observation by the respiratory therapist of extreme hypoxemia as reflected by the oximeter (SpO_2 < 80%) or any sudden increase in heart rate. Measurements are made and recorded by the testing assistant and the respiratory therapist as practice walk.

6 minute seated on alternate gas

At the conclusion of the first walk test, the client is seated using the portable chair and the test gas is immediately switched by the respiratory therapist to the second test gas - the "alternate gas". Thereafter, the client rests in the seated position for 6 minutes once again, while inhaling the second test gas. The client is monitored continuously during this 6 minute rest, for SpO_2 and heart rate. Dyspnea, respiratory rate, oxygen saturation and heart rate are measured and recorded the same way as the practice seated rest.

6 minute walk on alternate gas

The test then concludes with a second 6 minute walk test using the second, alternate gas. Measurements are made and recorded by the testing assistant and the respiratory therapist as practice walk.

Final rest on alternate gas

At the conclusion of this final walk test, the client is allowed to sit quietly with continued oximetry monitoring and observation. Monitoring is discontinued at the end of the 6th minute and when the client is judged to be comfortable and stable by the respiratory therapist. Dyspnea, respiratory rate, oxygen saturation and heart rate are measured and recorded the same way as the practice seated rest.

Discussion of results with patients

After monitoring has been discontinued, the documentation of the walking test is completed, the identities of the two gases (test and alternate) are written in the record. The respiratory therapist discusses the walk test results with the client.

Duration of the walk test

When the test procedure is performed as described above, the client test record would normally include an initial 6 minute rest period and a 6 minute practice walk on the same baseline gas (either oxygen or air), a 6 minute rest period on the first test gas, a 6 minute walk on the test gas, a 6 minute rest period on the alternate gas, a final 6 minute walk on the alternate gas, and a final rest. The maximum test duration should be about 42 minutes if each walk test continued for the full 6

minutes. In practice, the total time will typically be much less since many walk tests will be terminated prematurely because of dyspnea or arterial desaturation.

Data recording during the test

During each of the three, 6 minute walk tests, the testing assistant records the dyspnea and the respiratory therapist records the oxygen saturation and heart rate at one minute intervals. At the end of each 6 minute walk, the testing assistant and/or the respiratory therapist records the respiratory rate and the distance walked. At the end of each 6 minute rest, the testing assistant and the respiratory therapist share responsibilities in recording the dyspnea, respiratory rate, oxygen saturation and heart rate. At the conclusion of the test, the respiratory therapist breaks the code regarding the test gas and includes the identity of the gases inhaled during each of the 6 minute walk as part of the test record. The respiratory therapist discusses the walk test results with to the client. Interpretation of these walk test results is performed by AADL's Medical Consultant.

Interpreting the Results of the Oxygen vs. Air Walking Walk Test

In general, a client is judged to benefit from low flow oxygen therapy if he/she has an objective measured improvement in walking performance on oxygen compared to air, while the client is unaware of the inhaled gas. By contrast, a client is judged to have no practical benefit from low flow oxygen therapy if walking performance is not significantly improved by oxygen compared to air.

An air/oxygen walking test is judged to be positive IF:

1. The client desaturates to a SpO_2 < 80%, regardless of dyspnea or distance walked

OR

2. Distance walked increases by 25% (at least 30 meters) on oxygen

OR

3. Dyspnea improves by 4 Borg Scale points on walking with oxygen compared to air.

However, individual clients may not qualify for exertional oxygen funding based on review and interpretation by AADL's Medical Consultant.

Differences between air and oxygen walking which are less than these amounts do not constitute a positive test. In addition, if a client is unable to walk for reasons completely unrelated to dyspnea or arterial desaturation, then the test is judged to be negative. That is, there cannot be a significant improvement in walking

performance with oxygen if the client is physically incapable of walking because of other medical problems or infirmity.

Technical Background

Several key elements of respiratory physiology and testing methodology underpin this test. The walking test incorporates a validated clinical instrument to evaluate dyspnea; the category-ratio Borg Scale. The method of assessing exercise performance is deliberately based upon informal cardiopulmonary exercise such as walking, rather than cycle ergometers or treadmills which provide results that may be difficult to extrapolate to tasks of daily living.

The testing protocol is based upon a series of standard 6 minute walk tests. The 6 minute walk test has been extensively described and standardized to provide a reasonable simulation of walking during daily activity.

The end points of the walk test, and interpretation of the results, are based upon the best contemporary clinical science which indicates that provision of low flow oxygen therapy during exercise is intended only to improve exercise performance and alleviate dyspnea, and that minimum acceptable levels of oxygen saturation are arbitrary.

Previously in Alberta, the minimum oxygen saturation during exercise ($SpO_2 < 90\%$) was extrapolated from values for continuous resting hypoxemia. This previous value of $SpO_2 < 90\%$ was inappropriately high for exercise testing.

A note on walking tests halted by the client for other medical reasons:

It is important to emphasize that none of the clients undergoing this test have any need for continuous low flow oxygen therapy at rest. Only clients who have had an arterial blood gas which does NOT indicate a need for oxygen at rest, would perform this walk test. Therefore, all the clients undergoing the walk test are seeking oxygen solely to improve or increase their ability to exercise, walk, or perform other tasks of daily living.

If the client is unable to walk for a variety of medical reasons that are completely unrelated to oxygen, then there is no point in providing oxygen for exercise; there is no sense in providing oxygen to improve walking for clients who are incapable of walking.

Clients to be tested will sometimes stop their walk test, or refuse the walk test altogether, because of complaints of poor exercise tolerance, osteoarthritis, non-specific chest pain or even angina, unsteady balance, anxiety etc. Unless these complaints occur simultaneously with significant arterial desaturation on the oximeter, then there is no reason to believe that any of these problems will be improved by oxygen therapy. If a client discontinues or refuses the walk test for any of these medical reasons, not associated with arterial desaturation, the test is judged to be incomplete and scored as "negative". The client must be able to do the test to qualify.

Talk About the Weather. Avoiding bias during the test

During the test, it is essential that the test assistant interacts with the client but limits the discussion to topics which do not confound the testing protocol. In practice, that means that topics of conversation should not include guessing whether the current gas is air or oxygen, or theorizing about the details of the current test versus previous testing. It is necessary to ask the client from time to time about their sense of dyspnea relating to the Borg Scale, but apart from those questions and genuine inquiries about the client's well being, the topic of oxygen *per se* is best avoided.

If, for any reason, either the tester or the test assistant feels that the client may have had any suggestion as to the identity of either test gas during the walk test, then the test should be declared invalid. Both of the testing professionals must be cautious that they do not convey accidentally any information, either by words or demeanor that could be sensed by the client and interpreted/misinterpreted to indicate that the client is receiving air/oxygen.

AADL Walk Test Protocol
Prepared for Alberta Aids to Daily Living,
Health Related Supports, Disability Supports Division
© Paul A. Easton, MD, PhD, FRCPC, FACP, FCCP, ABSM
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May 6, 1998/Revised on July 1, 2010

CLINICAL ELIGIBILITY CRITERIA: PALLIATIVE – GENERAL

Policy Statement:

Home oxygen may be provided to eligible palliative clients with a diagnosis of any terminal systemic disorder not covered by any other policies outlined in the manual.

Eligibility:

Home oxygen starts for palliative clients shall be approved if a hard copy of oximetry is submitted showing room air $SpO_2 < 90\%$ at rest during the daytime for at least 3 continuous minutes. "Palliative" must be written on the physician's prescription.

Exceptional cases with extensive pulmonary malignancy can be forwarded to AADL for review. The maximum authorization is 6 months.

Requests for palliative extensions are to be submitted for **prior approval** by the AADL Respiratory Unit. Palliative authorizations will only be extended for one six-month (maximum) period. No further extensions are approved. At this point, if clients still are requiring oxygen, they must qualify for funding based on other AADL non-palliative oxygen eligibility criteria.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain a hard copy of oximetry (with date and time), physician's prescription (with diagnosis and "Palliative" designation) and submit them to AADL.
2. Ensure clinical criteria are met.
3. Obtain AADL approval for exceptional cases.
4. Request **prior approval** from AADL for a maximum one six-month extension.

AADL:

5. Reviews documentation.
6. Approves authorization extensions, if eligibility criteria are met.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

CLINICAL ELIGIBLITY CRITERIA: CARDIAC PALLIATIVE

Eligibility:

Clinical eligibility criteria for palliative cardiac clients shall include documentation of **all** the following:

1. A letter confirming a diagnosis of New York Heart Association Stage 4 Heart Disease,
2. Documentation of angina unresponsive to medication,
3. Shortness of breath at rest, **AND**
4. An echocardiogram showing ejection fraction < 20%. (Hard copy must be provided).

Prior approval by the AADL Respiratory Unit is required for this benefit**.** Clients approved for cardiac palliative (CAR) status do not require further testing.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain prescription, appropriate required documentation and a hard copy of echocardiogram.
2. Request **prior approval** from AADL.

AADL:

3. Reviews documentation to determine eligibility.
4. Submits documentation to the AADL Medical Consultant if required.
5. Notifies Specialty Supplier of approval or denial.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

FOLLOW-UP ASSESSMENT: RE-CONFIRMING AUTHORIZATION

Policy Statement:

Each client being re-assessed for home oxygen therapy shall be medically stable and receiving optimal medical treatment prior to reassessment.

Reconfirming Client Eligibility:

1. Adult clients started on oxygen therapy for hypoxemia (Policy Number R-110-20) require an arterial blood gas with $PaO_2 \leq 55$ and recent full Pulmonary Function Test (PFT) results three (3) months after initial oxygen therapy to confirm eligibility. **Prior approval** by the AADL Respiratory Unit is required for continued funding. Refer to Policy Number R-110-20 for subsequent extensions.

2. Paediatric clients on oxygen therapy for hypoxemia (Policy Number R-110-30) require oximetry (with print-out date and time) testing to be submitted to AADL within 3 weeks from the authorization expiry date. **Prior approval** by the AADL Respiratory Unit is required for continued funding.

3. Adult clients with long-term Nocturnal Desaturation (ND) status do not require further testing (Policy Number R-110-40). Adult clients with short-term Nocturnal Desaturation (NDS) status will receive oxygen funding for up to 6 months. Further testing required is specified in writing to the Specialty Supplier and the client's physician (as specified on the request form) at time of initial approval. **Prior approval** by the AADL Respiratory Unit is required for continued funding.

4. Adult clients qualifying for oxygen only during exertion that have completed an AADL Walk Test (Policy Number R-110-50) and granted long-term Exertional Oxygen Testing (EOT) status do not require further testing. Clients with short-term Exertional Oxygen Testing (ETS) status will receive O_2 funding for up to 6 months. Clients may re-challenge the AADL Walk Test prior to the oxygen authorization expiry date if the walk test eligibility criteria are met. **Prior approval** by the AADL Respiratory Unit is required for continued funding.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Follow policies and procedures described above.

AADL:

2. Reviews documentation and test results to determine ongoing client eligibility.
3. Notifies Specialty Supplier and client's physician (as specified on the request form) of the approval or denial.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

REIMBURSEMENT
HOME OXYGEN BENEFITS

Policy Statement:

Restart fees are available if oxygen is restarted within twelve (12) months from the last oxygen authorization expiry date. Cost-share will apply on restart fees. Home oxygen benefits shall be reimbursed according to the following rates:

Item	100% Coverage	Cost-Share Portion	
		AADL	Client
Urban Set-up Fees (R778)	$178	$133.50	$44.50
Urban Restart Fees (R932)	$89	$66.75	$22.25
Urban Monthly Rental (R633)	$331	$248.25	$82.75
Urban Daily Rental	$10.88	$8.16	$2.72
Rural Set-up Fees (R878)	$378	$283.50	$94.50
Rural Restart Fees (R931)	$189	$141.75	$47.25
Rural Monthly Rental (R733)	$362	$271.50	$90.50
Rural Daily Rental	$11.90	$8.93	$2.97

Definitions: **Urban areas** are defined as within the municipal boundaries of Edmonton, Calgary, St. Albert, Sherwood Park, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, Airdrie, Camrose, Fort Saskatchewan, Leduc, Lloydminster, Spruce Grove and Wetaskiwin. **Rural areas** include all other areas of the province.

Billing codes shall correspond with the client's mailing address**,** e.g. if mailing address is:

- Range Road 222 Edmonton it will be considered an urban code;
- Box 343 Rimbey will be considered a rural code.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

Procedure:

Specialty Suppliers:

1. Submit the on-line respiratory authorization within twenty **(20) business days** of the set-up. Failure to submit the required documentation within twenty business days will result in a gap in funding.

2. Approve authorizations, usually with an expiry date three (3) months from the date of set-up, e.g. if the set-up date is May 15/2011, the expiry date is August 15/2011. Exceptions include:
   a) When **prior approval** for a longer authorization period has been provided by AADL based on a positive walk test, cardiac palliative status, or nocturnal desaturation.
   b) Palliative and pediatric clients which may be authorized initially for up to six (6) months.

3. Performs oxygen set-up within 2 days from the ABG test date. Any ABG outside of this time frame will only be accepted if **prior approval** is provided by the AADL Respiratory Unit.

AADL:

4. Does not pay for: oxygen funding during client's hospitalizations, beyond the client's deceased date, the oxygen authorization expiry date, or for time to pick up oxygen equipment.

HOME OXYGEN REAUTHORIZATION: SHORT-TERM OXYGEN (RH1, RH2, RH3, RH4, RH5, RE1, RE2, ETS AND NDS)

Policy Statement:

Testing for re-authorization and the on-going verification for chronic oxygen need shall be completed within three (3) weeks prior to the authorization expiry date.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Advise clients of their oxygen authorization expiry date.
2. Access reports via e-business indicating the authorization type and expiry date.
3. Reassess client and arrange testing to be done within three (3) weeks prior to the authorization expiry date.
4. Extend an authorization based on the term specified by the AADL Respiratory Unit.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

HOME OXYGEN REAUTHORIZATION: LONG-TERM OXYGEN (RH6, OX2, ND, EOT AND CAR)

Policy Statement:

Re-authorization of long term home oxygen benefits shall be conducted annually.

Procedure:

Alberta Health Services Health Professionals/ Specialty Suppliers:

1. Access on-line reports indicating the expiry dates of long-term oxygen clients.
2. Ensure client has been assessed by a respiratory therapist at least once every 6 months.
3. Extend authorizations on-line within three (3) months prior to the authorization expiry date, as long as the last assessment date and prior approval has been confirmed and noted on the AADL oxygen note.
4. Update on-line if a client changes their prescribing physician.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

CATALOGUE PRICING OF OXYGEN BENEFITS
(EFFECTIVE JULY 1, 2007)

Policy Statement:

Oxygen benefits reimbursed by AADL shall be based on a per diem, or maximum cost effective July 1, 2007.

AADL CATALOGUE NUMBER	MAXIMUM QUANTITY	CATALOGUE DESCRIPTION	PRICE MAXIMUM
R628	1/5 years	Cylinder Holder for Wheelchair *Total quantity for R628 and R629 may not exceed 1 per client per 5 years*	62.28
R629	1/5 years	Cylinder Holder for Wheelchair (recycle) *Total quantity for R628 and R629 may not exceed 1 per client per 5 years*	0.00
R633	13/year	Urban Flat Fee .	331.00
R733	13/year	Rural Flat Fee	362.00
R778	1	Urban Set up Fee	178.00
R878	1	Rural Set up Fee	378.00
R931	1	Rural Re-start fee (available if O_2 is restarted within 12 months from last O_2 authorization expiry date)	189.00
R932	1	Urban Re-start fee (available if O_2 is restarted within 12 months from last O_2 authorization expiry date)	89.00

Urban areas are defined as within the municipal boundaries of Edmonton, Calgary, St. Albert, Sherwood Park, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, Airdrie, Camrose, Fort Saskatchewan, Leduc, Lloydminster, Spruce Grove and Wetaskiwin.
Rural areas are defined as remaining areas of the Province.

OXYGEN AUTHORIZATION TYPES

Policy Statement:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers shall use the following oxygen authorization types in conjunction with eligibility criteria for all authorizations.

AUTH TYPE	DESCRIPTION
RH1	Adult Resting Hypoxemia Short-term, 1 Acceptable ABG ($PaO_2 \leq 55$) Policy Number R-110-20 Part 1 and Part 2
RE1	Adult Resting Hypoxemia Exception Short-term, Acceptable Oximetry Policy Number R-110-20 **Prior Approval Required**
RH2	Adult Resting Hypoxemia Short-term, 2 Acceptable ABG ($PaO_2 < 60$), Documentation of Cor Pulmonale, Secondary Polycythemia or Pulmonary Hypertension, and Full PFT Already Received Policy Number R-110-20 Part 2 **Prior Approval Required**
RE2	Adult Resting Hypoxemia Exception Short-term, 1 Acceptable ABG (1st $PaO_2 = 56$-59) Policy Number R-110-20 Part 1 and Part 2
RH3	Paediatric Hypoxemia Short-term, Acceptable Oximetry Policy Number R-110-30 **Prior Approval Required for Extensions**
RH4	Adult Resting Hypoxemia Short-term, 2 Acceptable ABG, Full PFT Already Received Policy Number R-110-20 Part 1 **Prior Approval Required**
RH5	Adult Resting Hypoxemia Short-term, 3 Acceptable ABG, Testing Pending Policy Number R-110-20 Part 1 and Part 2 **Prior Approval Required**
RH6	Adult Resting Hypoxemia Long-term Policy Number R-110-20 Part 1 and Part 2 **Prior Approval Required**
ND	Adult Nocturnal Desaturation Long-term Policy Number R-110-40 **Prior Approval Required**
NDS	Adult Nocturnal Desaturation Short-term Policy Number R110-40 **Prior Approval Required**
EOT	Adult Exertional Oxygen Testing Long-term Policy Number R-110-50 **Prior Approval Required**
ETS	Adult Exertional Oxygen Testing Short-term Policy Number R110-50 **Prior Approval Required**
PAL	Palliative policy number R-110-60 **Prior Approval Required for Extension, One 6 Month (Maximum) Extension Only**
CAR	Palliative Cardiac Policy Number R-110-70 **Prior Approval Required**

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

OXYGEN CYLINDER HOLDERS FOR WHEELCHAIRS

Policy Statement:

Oxygen cylinder holders for wheelchairs, designed for “D” and “E” size oxygen cylinders shall be provided as a benefit for AADL clients who use oxygen and a wheelchair.

Procedure:

Specialty Suppliers:

1. Contact the AADL large equipment unit if a client requires a wheelchair cylinder holder and they will arrange for provision of the appropriate cylinder holder.
2. Provide AADL with the following information:
   a) Client’s name.
   b) Client’s Personal Health Number.
   c) Wheelchair make and serial number (if possible).
   d) Oxygen Authorization Number.

AADL:

3. Arranges for provision of appropriate cylinder holder.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

OUT-OF-PROVINCE REIMBURSEMENT HOME OXYGEN

Policy Statement:

The AADL program may within limits, reimburse eligible home oxygen clients for oxygen costs incurred while vacationing, or traveling outside of the province.

Procedure:

Clients:

1. Must have an existing AADL home oxygen authorization.
   a) If started on oxygen while visiting another province, clients need to meet AADL home oxygen eligibility criteria and the Specialty Supplier must obtain **prior approval** before billing AADL.
2. Inform Specialty Supplier of all travel arrangements including dates.
3. Submit rental receipts indicating full payment and the dates of travel to the AADL Respiratory Unit. If the currency used for payment is not in Canadian dollars, submit currency exchange rate at the time of travel.
   a) Reimbursement to eligible clients is based on the monthly maximum of $331/$362 (urban/rural), or the per diem rate of $10.88/$11.90 (urban/rural) if client is cost share exempt.
   b) Reimbursement to eligible clients is based on the monthly maximum of $248.25/$271.50 (urban/rural), or the per diem rate of $8.16/$8.93 (urban/rural) if the client cost shares.

Specialty Suppliers:

4. May pick up any or all oxygen equipment while the client is traveling.
5. Must not bill AADL for the time the client is traveling unless they have taken their equipment with them.

AADL:

6. Processes claims.
7. Does not reimburse any portion of expenses incurred outside of Alberta that exceed the maximum monthly prices noted above.
8. Does not reimburse clients for rental charges and oxygen cylinder costs for oxygen used on aircrafts, repair or service costs on oxygen equipment, or any equipment used during the trip if also paying for similar equipment in the client's home while the client is away.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

AUTHORIZATION PROCESS: NON-OXYGEN BENEFITS

Policy Statement:

The following non-oxygen benefits shall be available to Albertans of all ages who have a chronic respiratory disease treatable with the use of the equipment listed in the following table. These benefits are usually authorized for a two (2) year period.

Catalogue Number	Prescription	Quantity
R475	Heavy Duty Compressor	1
R491	Non-Portable Suction	1
R492	Portable Suction	1
R260	Tracheostomy Tubes	2/2 months
R265	Custom Tracheostomy Tubes	Prior Approval
R270	Suction Catheters	60/month
R559	Disposable Manual Resuscitator	1

* Please refer to complete catalogue listings for new/recycled catalogue numbers.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. The authorization process includes:
   a) Confirmation of the client's eligibility.
   b) Completion of the AADL on-line authorization.
   c) Signature of client on the Client Declaration form.

2. Complete a separate authorization for non-oxygen benefits. Non-oxygen benefits **must not** be combined with an oxygen authorization.
3. Request **prior approval** from the AADL Respiratory Unit for clients requiring additional quantities. The Assessor must complete a Quantity and Frequency Review form (attached) and submit to AADL for **prior approval**.
4. Provide recycled equipment first. New equipment should only be provided if there is no recycled equipment available.

AADL:

5. Extends authorizations internally.
6. Reviews Quantity and Frequency Review (QFR) Requests, and provides approval or denial of the QFRs to the Assessor.

DUPLICATE OXYGEN SYSTEMS

Policy Statement:

AADL shall not provide, or fund duplicate oxygen systems for clients who reside in more than one location e.g. 2 concentrators, 2 liquid systems provided to the same individual in two separate locations.

Duplicate oxygen systems are not funded by AADL unless they are medically required, for a single location only.

Procedure:

Clients:

1. Pay for the cost (100%) of the second supply system if for convenience, home use or for travel.

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

2. Seek reimbursement directly from the client for the second supply system.

AADL:

3. Does not pay for a second supply system that is being used for convenience, home use or travel.
4. Reviews exceptions to determine if a second system is medically required.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

MULTIPLE OXYGEN SYSTEMS

Policy Statement:

The AADL program shall approve funding for one (1) oxygen system per client.

Note: On occasion Specialty Suppliers may, for convenience purposes, provide a combination of systems, e.g. concentrator and liquid oxygen; liquid oxygen and cylinders. In this instance, it is not necessary to inform AADL, however, Specialty Suppliers may not charge the client for the second system.

Procedure:

Clients:

1. Do not pay extra for combination systems.

Specialty Suppliers:

2. Do not charge clients extra for combination systems.

AADL:

3. Does not pay for more than one oxygen system.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

NON-OXYGEN BENEFITS

Policy Statement:

The following respiratory benefits shall be provided to eligible clients according to their assessed clinical need.

Catalogue Number R475	High Humidity Aerosol Compressor Package	Quantity 1/5 Years
Catalogue Number R491	Non - Portable Suction	Quantity 1/5 Years
Catalogue Number R492	Portable Suction	Quantity 1/5 Years
Catalogue Number R260	Tracheostomy Tubes	Quantity 2/2 Months
Catalogue Number R265	Custom Tracheostomy Tubes	Quantity Prior Approved
Catalogue Number R270	Suction Catheters	Quantity 120/2 Months
Catalogue Number R559	Disposable Manual Resuscitators	Quantity 1/5 Years

Procedure:

Assessors/Specialty Suppliers:

1. Provide recycled equipment first if available. New equipment will be provided when the recycle inventory is depleted.
2. Default authorization expiry date in AADL's information system is two (2) years; which will automatically renew if client is still requiring the equipment.

AADL:

3. Extends authorizations internally.

Specific procedures for the following catalogue numbers include:

Catalogue Number R475	High Humidity Aerosol Compressor Package	Quantity 1

- Available to all Albertans who require humidification to assist with mobilization of secretions.
- Usually provided for clients who have a tracheostomy.
- A Physician's prescription is **NOT** required.
- AADL does not provide funding for the following: tubing, masks, trach cradles, humidifier bottles, etc.
- Clients who require high humidity and aerosolized medication treatment will require a heavy-duty compressor (R475) with a dual use adapter. Clients are not eligible for 2 compressors.

Catalogue Number R491	Non - Portable Suction	Quantity 1

- Available to Albertans who require oral and/or tracheal suctioning and have a chronic respiratory diagnosis.
- Usually provided to clients who have a tracheostomy or severe end stage respiratory muscle disease (e.g. ALS, congenital conditions related to respiratory muscle failure).
- Non-portable suction machines are owned by the AADL program and are recycled.
- A Physician's prescription is **NOT** required.
- AADL does NOT provide funding for the following: connecting tubing, specimen collection bottles, yaunker suction
- Clients are not eligible for both portable and non-portable suction unless **prior approval** is provided by the AADL Respiratory Unit. The Assessor **must** complete a QFR form.

Catalogue Number R492	Portable Suction	Quantity 1

- Available to Albertans who require oral and/or tracheal suctioning and have a chronic respiratory diagnosis.
- Portable suction units are powered by house current, battery or 12 volt.
- Portable suction units should be authorized for clients who are mobile – away from their home frequently.
- Usually provided to clients who have a tracheostomy or severe end stage respiratory muscle disease (e.g. ALS, congenital conditions related to respiratory muscle failure).
- Portable units may not provide adequate suction for clients who require frequent suctioning.
- A Physician's prescription is **NOT** required.
- AADL does NOT provide funding for the following: connecting tubing, specimen collection bottles, yaunker suction
- Clients are not eligible for both portable and non-portable suction unless **prior approval** is provided by the AADL Respiratory Unit. A QFR form **must** be completed by the Assessor.

Catalogue Number R260	Tracheostomy Tubes	Quantity 2 / 2 Months

- Available to Albertans who require a tracheostomy tube.
- Supplied by respiratory Specialty Suppliers.
- A Physician's prescription is **NOT** required.
- Clients who require more frequent tracheostomy tube changes may have their quantity increased if necessary, with **prior approval** by the AADL Respiratory Unit. The Assessor **must** complete a QFR form.

Catalogue Number R265	Custom Tracheostomy Tubes	Quantity Prior Approval

- Available to Albertans who require a custom tracheostomy tube
- Available only with **prior approval** from the AADL Respiratory Unit.
- May be supplied by respiratory Specialty Suppliers, hospital departments, manufacturers, etc.
- A Physician's prescription is **NOT** required.
- Authorization will be done by AADL.

Catalogue Number R270	Suction Catheters	Quantity 120 / 2 Months

- Available to Albertans who require tracheal and/or oral suctioning and have a chronic respiratory diagnosis.
- Catheters are purchased by AADL through a tendered contract and are not available through the respiratory Specialty Suppliers.
- Catheters are delivered to the client's home within 48 hours of placing the order with AADL.
- The first suction catheter order is to be placed by the Assessor or Specialty Supplier by contacting the AADL Respiratory Unit Administration Support at (780) 422-8786. The client's address, phone number, personal health number (PHN), catheter size, quantity and AADL respiratory authorization number is required.
- Subsequent orders will be placed by the client/caregiver by contacting the AADL Respiratory Unit Administration Support at (780) 422-8786.
- A Physician’s prescription is **NOT** required.

Catalogue Number R559	Disposable Manual Resuscitators	Quantity 1 / 5 Years

- Provided to Albertans with a tracheostomy requiring manual resuscitation for suctioning, emergency back up.
- A Physician’s prescription is **NOT** required.
- A mask is included in the manual resuscitation package.

NON-OXYGEN BENEFITS: QUANTITY & FREQUENCY LIMITS

Policy Statement:

Reimbursement of non-oxygen benefits shall not exceed the quantity and price noted in the following table.

AADL CATALOGUE NUMBER	MAXIMUM QUANTITY	CATALOGUE DESCRIPTION	PRICE MAXIMUM
R260	2/2 months	Tracheostomy Tube	61.00
R265	Prior approval	Custom Tracheostomy Tube	Prior approval
R270	120/2 months	Suction Catheter (*purchased by AADL through tendered contract*)	0.55
R340	1/5 years	Heavy Duty Compressor (new unit) *Total quantity for R302, R340 and R342 may not exceed 1 per client per 5 years.*	421.31
R342	1/5 years	Heavy Duty Compressor (recycled) *Total quantity for R302, R340 and R342 may not exceed 1 per client per 5 years*	47.24
R344	1/5 years	Dual Use Compressor Adapter *Total quantity for R344 and R345 may not exceed 1 per client per 5 years.*	35.73
R345	1/5 years	Dual Use Compressor Adapter (recycled) *Total quantity for R344 and R345 may not exceed 1 per client per 5 years.*	0.00
R400	1/5 years	Non-Portable Suction Unit (new) *Total quantity for R400, R402, R420 and R422 may not exceed 1 per client per 5 years*	428.72

AADL CATALOGUE NUMBER	MAXIMUM QUANTITY	CATALOGUE DESCRIPTION	PRICE MAXIMUM
R402	1/5 years	Non-Portable Suction Unit (recycled) *Total quantity for R400, R402, R420 and R422 may not exceed 1 per client per 5 years*	44.96
R420	1/5 years	Portable Suction Unit (new) *Total quantity for R400, R402, R420 and R422 may not exceed 1 per client per 5 years*	736.49
R422	1/5 years	Portable Suction Unit (recycled) *Total quantity for R400, R402, R420 and R422 may not exceed 1 per client per 5 years*	44.96
R559	1/5 years	Disposable Manual Resuscitator (new) *Total quantity for R559 may not exceed 1 per client per 5 years*	40.00
R803	1/5 years	Set up Heavy Duty Compressor, Rural *Total quantity for R803 and R804 may not exceed 1 per client per 5 years*	266.40
R804	1/5 years	Set up Heavy Duty Compressor, Urban *Total quantity for R803 and R804 may not exceed 1 per client per 5 years*	150.35
R817	1/5 years	Set up Suction Therapy, Rural *Total quantity for R817 and R818 may not exceed 1 per client per 5 years*	253.41
R818	1/5 years	Set up Suction Therapy, Urban *Total quantity for R817 and R818 may not exceed 1 per client per 5 years*	143.21
R826	4/1 year	Service for Suction	Prior approval
R827	4/1 year	Parts for Suction	Prior approval
R837	4/1 year	Service for Heavy Duty Compressor	Prior approval
R838	1/1 year	Parts for Heavy Duty Compressor	Prior approval
R846	1/1 year	Pick up of Non-Oxygen Respiratory Equipment	$20.00

REPAIRS AND SURPLUS OF AADL EQUIPMENT: (EXCLUDING HOME VENTILATORS AND BPAP)

Policy Statement:

The AADL program shall determine the repair and surplus of all AADL Equipment.

1. All non-oxygen equipment is the property of the Government of Alberta and as such all repairs must be approved by AADL.
2. If the repair cost is prohibitive, or repair is not possible, AADL will approve the equipment status as surplus.

Procedure:

Specialty Suppliers:

1. Determine if equipment is repairable.
2. Supply the client with a loaner at no cost if the non-oxygen equipment is not functioning (with the exception of BPAP and ventilators).
3. Fax the "Prior Approval for AADL Non-Oxygen" form (attached) to AADL requesting repair or surplus of the AADL owned equipment.
4. Return the repaired equipment to the client.
5. Obtain cost-share portion of the repairs from the client, if the client is not exempt from cost-share.
6. Dismantle the equipment that is declared surplus.
7. Store salvageable parts for repair of other units as required.

AADL:

8. Faxes the "Prior Approval for AADL Non-Oxygen" form to the Specialty Supplier with the appropriate decision documented.
9. Approves a recycled unit (new only if a recycled unit is unavailable) to replace equipment that is not repairable.

Clients:

10. Pay the cost-share portion of the repairs, unless exempt from cost-sharing.
11. Pay all repair costs if equipment is damaged by the client.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

HOME VENTILATORS

Policy Statement:

Home ventilator coverage shall include:

- Home ventilator(s),
- Basic home ventilator accessories, and
- Home ventilator maintenance/service.

Eligibility Criteria:

All clients requesting home ventilators shall meet the following clinical eligibility criteria:

1. **Client profile completed by a pulmonologist or consulting physician with expertise in modes of ventilatory support to include:** diagnosis indicating chronic respiratory failure, client history and documentation of chronic respiratory failure (ABGs, sleep studies, etc.).
2. **Confirmation of clinical stability to include:** acceptable ABG with an FiO_2 < 0.40; the absence of a life-threatening cardiac dysfunction or arrhythmias; the ability to clear secretions either spontaneously or by tracheal suctioning, the absence of significant aspiration; or the presence of a tracheostomy rather than an oral or nasal tracheal tube.
3. **Confirmation of physiological stability to include:** major systems must be stable to the extent that major diagnostic or therapeutic interventions that requires hospitalization will not be required for a period of at least 1 month following discharge from a hospital; the absence of acute infections; acid base and metabolic states should be within normal limits or as close to normal as possible for the medical condition of the client; and ventilators parameters must be stable, e.g. FiO_2 < 0.40 without large fluctuations; the client must not require P.E.E.P. and resistance and compliance must be relatively stable.

4. **Confirmation of Clients Hospital Discharge Plan if applicable includes:** the development of a written client care plan; the establishment of contingency and emergency plans; the completion of a social and home environment assessment; the client to trial the home ventilator prior to discharge home in order to familiarize the client and home caregivers with the care and operation of the unit; the trial use of other equipment related to the discharge home to familiarize the client and home caregivers with the care and operation of the equipment, e.g. suction units and manual resuscitators; confirmation of funding for services not provided by AADL, e.g. caregiver support, and respite care; and the development of an ongoing training and education plan for new caregiver team members.

PROVISION OF HOME VENTILATORS

Roles and Responsibilities

Alberta Health Services Health Professionals:

1. Submit all required documentation to the AADL Respiratory Unit for review and determination of eligibility.
2. Forward request to AADL as early as possible to allow sufficient time to arrange education about the equipment to eligible clients and their caregivers prior to discharge from hospital.

AADL:

3. Reviews clinical documentation to determine eligibility.
4. May forward the request to AADL's Medical Consultant for approval.
5. Approves, or denies the request for home ventilator funding and notifies the AHS health professional of the decision.
6. Documents home ventilator settings, diagnosis, name of prescribing physician and date of study in AADL system under CTNOTE.
7. Completes #1 to #13 of the Home Ventilator Client Data form.
8. Faxes the Home Ventilator Client Data form, home ventilator prescription and appropriate documentation to the AHS Respiratory Outreach Program (ROP).

ROP:

9. Provides the home ventilator, supplies and education to the client, family and caregivers when the Home Ventilator Client Data form is received from AADL's Respiratory Consultant.
10. Ensures the client signs the AADL client declaration form and retains it on file.
11. Provides the set-up date (#14) and home ventilator(s) model and serial numbers (#15 and #16) on the Home Ventilator Client Data form.
12. Faxes the Home Ventilator Client Data form to the AADL Respiratory Clerk.

AADL:

13. Creates and enters home ventilator authorizations into the AADL system once the Home Ventilator Client Data form is received from the ROP with the set-up date, ventilator model(s) and serial number(s).

14. Documents the home ventilator set-up date, model(s), serial number(s) and states whether the unit(s) is new or recycled in the AADL system under CTNOTE.
15. Faxes completed Home Ventilator Client Data form to the ROP and Clinical Engineering, University of Alberta Hospital (UAH).

ROP:

16. Submits claim to AADL for the service provided.

Clients:

17. Inform AADL if moving to another province or the equipment is no longer required, as the home ventilator **must** be returned to the ROP.

PROVISION OF HOME VENTILATOR SERVICE

Policy Statement:

Home ventilator equipment shall be available to eligible clients and provided by the Respiratory Outreach Program (ROP).

Roles and Responsibilities:

AADL:

1. Faxes the Home Ventilator Client Data form and appropriate documentation to the ROP.
2. Approves two (2) home ventilators if a client requires continuous home ventilator support, or if a client lives in a remote area of the province.
3. Completes the AADL authorization for home ventilator(s) and services(s) and faxes a copy to the ROP.
4. Makes decisions regarding repair or salvage of home ventilators.
5. Approves claims submitted by Clinical Engineering, UAH for repair of the home ventilators.

ROP:

6. Provides the home ventilator, supplies and education to the client, family and caregiver(s).
7. Exchanges home ventilators when they are due for service.
8. Replaces home ventilator(s) that is not working properly.
9. Delivers/ships malfunctioning home ventilator to Clinical Engineering, UAH.
10. Picks-up/ships home ventilator(s) from Clinical Engineering, UAH once the services/repairs are completed.
11. Completes Home Ventilator Update Form when home ventilators are returned or exchanged.
12. Submits a claim to AADL for service provided.

Clinical Engineering, UAH:

13. Performs checks on all new home ventilators.
14. Determines if home ventilator(s) is repairable.
15. Repairs and services home ventilators.
16. Salvages home ventilators that are no longer repairable, or meet the salvage criteria developed by AADL, and provides the model(s) and serial number(s) of salvaged units to AADL.
17. Notifies the ROP to pick up home ventilator(s) once repairs are completed
18. Submits a claim(s) to AADL for parts and labour for repairing the home ventilators.

Clients:

19. Inform AADL if moving to another province or the equipment is no longer required, as the home ventilator(s) **must** be returned to the ROP.

Procedure for: (A) Start of Home Ventilator

This form is to be completed by AADL's Respiratory Consultant.

AADL's Respiratory Consultants:

1. Approve home ventilator start and document home ventilator settings, diagnosis, name of prescribing physician, and date of study in AADL system under CTNOTE.
2. Complete #1 to #13 of the Home Ventilator Client Data Form.
3. Fax Home Ventilator Client Data Form, home ventilator prescription and any supporting medical documentation to the Respiratory Outreach Program (ROP) at (780) 342-8148.

ROP:

4. Set-up the ventilator for the client after the Home Ventilator Client Data Form is received from AADL's Respiratory Consultant.
5. Complete #14 to #16 of the Home Ventilator Client Data Form.
    a) Circle "Start Set-Up" in #14 and provide the date of set-up
    b) Circle "New or Recycled" in #15 and provide the model and serial number of the 1st home ventilator
    c) If client has been approved for 2 home ventilators, circle "New or Recycled" in #16 and provide the model and serial number of the 2nd
    d) home ventilator

6. Fax the Home Ventilator Client Data Form to the AADL Respiratory Clerk at (780) 638-3254.

AADL Respiratory Clerk:

7. Creates and enters home ventilator authorizations into the AADL system once the Home Ventilator Client Data Form is received from ROP with the start set-up date, home ventilator model(s) and serial number(s).
8. Enters authorization numbers in #17 and #18 of the Home Ventilator Client Data Form.
9. Faxes completed Home Ventilator Client Data Form to the ROP and Clinical Engineering, University of Alberta Hospital (UAH).
10. Updates active Home Ventilator Client Database.

Procedure for: (B) Addition of Home Ventilator

This form is to be completed by AADL's Respiratory Consultant.

AADL's Respiratory Consultants:

1. Approve 2nd home ventilator start and document the reason for the approval in AADL system under CTNOTE.
2. Complete #1 to #13 of the Home Ventilator Client Data Form.
3. Fax Home Ventilator Client Data Form, home ventilator prescription (if appropriate) and any supporting medical documentation to the Respiratory Outreach Program (ROP) at (780) 342-8148.

ROP:

4. Set-up the 2nd home ventilator after the Home Ventilator Client Data Form is received from AADL's Respiratory Consultant.
5. Complete #14 and #16 of the Home Ventilator Client Data Form.
   a) Circle "Addition" in #14 and provide the date of set-up
   b) Circle "New or Recycled" in #16 and provide the model and serial number of the 2nd home ventilator
6. Fax the Home Ventilator Client Data Form to the AADL Respiratory Clerk at (780) 638-3254.

AADL Respiratory Clerk:

7. Creates and enters home ventilator authorizations into the AADL system once the Home Ventilator Client Data Form is received from the ROP with the addition set-up date, home ventilator model and serial number.
8. Enters authorization numbers in #17 and #18 of the Home Ventilator Client Data Form.
9. Faxes completed Home Ventilator Client Data Form to the ROP and Clinical Engineering, University of Alberta Hospital (UAH).
10. Updates active Home Ventilator Client Database spreadsheet.

Procedure for: (C) Home Ventilator Return or Exchange

This form is to be completed by staff at the Respiratory Outreach Program (ROP).

ROP:

1. Complete #1 to #9 of the Home Ventilator Update Form when the home ventilator is returned from the client (e.g. client deceased, home ventilator not working, routine maintenance, etc).
2. Complete #10 and #11 of the Home Ventilator Update Form if the home ventilator needs to be replaced.
   - Circle “New or Recycled” in #10 (and #11 if appropriate) and provide the model(s) and serial number(s) of the replacement(s)
3. Fax the Home Ventilator Update Form to the AADL Respiratory Clerk at (780) 638-3254 and Clinical Engineering, University of Alberta Hospital (UAH) at (780) 407-7082.

AADL Respiratory Clerk:

4. Creates and updates home ventilator authorizations and inventory in the AADL system once the Home Ventilator Update Form is received from the ROP.
5. Updates the active Home Ventilator Client Database spreadsheet.

CLINICAL ELIGIBILITY CRITERIA: HOME BPAP

Client Eligibility:

All requests for BPAP funding require prior approvals through AADL. BPAP therapy shall be provided to clients who meet the requirements of either Part 1 or Part 2:

Part 1

Clients (age ≥ 18) with neuromuscular, or musculoskeletal or spinal cord disorders who request BPAP support for respiratory insufficiency must meet the following requirements:

1. Must have one of the following:
   a) Progressive neuromuscular disorders, e.g. ALS
   b) Primary disorders of respiratory muscles, e.g. Muscular Dystrophy
   c) Chest wall deformities and restrictive disorders of the lung, e.g. Kyphoscoliosis
   d) Traumatic spinal injuries, e.g. Quadriplegia

2. Must meet one of the following to confirm respiratory insufficiency:
   a) Pulmonary Function Test with FVC ≤ 50% predicted (attach copy with interpretation)
   b) Arterial Blood Gases (ABG) when awake with $PaCO_2 \geq 40$ (attach copy)
   c) Maximum Inspiratory Pressure (MIP) < 60 cmH_2O
   d) Orthopnea

   If none of the above conditions are met, skip to Step #4 below.

3. ABG has to be done before and after BPAP and the difference of $PaCO_2$ is greater than 5 mmHg (attach ABG records)

   OR

4. Level 1 Sleep Study (PSG) showing significant improvement in O_2 saturation and TCO_2 after BPAP titration. Provide copy of the sleep study histogram, summary and interpretation.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

5. A specialty supplier assessor, RRT or other healthcare professional has to complete and/or review the "Request for Home BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders" form to ensure the information provided is true and correct. The completed form, a copy of interpreted full PFT, ABG results (if #3 requirement is met) or Level 1 Sleep histogram, summary and interpretation (if #4 requirement is met) must be submitted to AADL. AADL will fax a copy of the outcome of the request to the physician specified on the form.

Part 2

Clients (age ≥ 18) with sleep disordered breathing (including sleep apnea, hypoventilation related to obesity or medication) who request BPAP support for nocturnal respiratory insufficiency must meet the following requirements:

1. Recent full Pulmonary Function Test (PFT) results with interpretation confirming that client does NOT have severe airway obstruction (e.g. COPD). BPAP funding is NOT usually provided for respiratory insufficiency attributed to severe primary lung disease.

2. Complete list of current medications to identify if some of the ingested medications may induce hypoventilation.

3. Level 1 sleep study histogram, summary and interpretation showing the data of Date, Minimum Sat, Average Sat, Maximum TCO_2 and Apnea Hypopnea Index (AHI) for the events in the following sequence:
   a) Diagnosis
   b) Maximum CPAP titration
      - BPAP funding is usually offered only if CPAP has not resolved respiratory insufficiency.
      - If CPAP was not attempted or trialed to ≥ 18 cmH_2O, provide reason.
   c) BPAP without rate
      - When respiratory insufficiency is not resolved with maximum IPAP/EPAP, provide maximum rate.
      - If rate was not attempted, provide reason.
   d) BPAP with rate
      - When respiratory insufficiency is not resolved with maximum IPAP/EPAP and rate, provide added oxygen flow rate.
   e) BPAP with rate and O_2

4. Data of the Level 1 sleep study (entered in #3) must meet all of the following requirements:
   a) Significant decrease or elimination of respiratory events
   b) Decrease of peak TCO_2 level
   c) Improved oxygenation with BPAP

5. Specialty supplier assessor, RRT or other healthcare professional has to complete and/or review the "Request for Home BPAP Funding for Adults with Sleep Disorder Breathing" form to ensure the information provided is true and correct. The completed form, a copy of interpreted full PFT, and Level 1 sleep histogram, summary and interpretation has to be submitted to AADL. AADL will fax a copy of the outcome of the request to the physician specified on the form.

Procedure:

Alberta Health Services Health Professionals:

1. Submit all required documentation and "Request for Home BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders" form OR "Request for Home BPAP Funding for Adults with Sleep Disordered Breathing" form to AADL Respiratory Unit for review and determination of eligibility.

AADL:

2. Reviews clinical documentation to determine BPAP eligibility.
3. May forward request to AADL's Medical Consultant for approval.
4. Approves, or denies requests for BPAP funding and notifies the health care professionals of the decision.

Clients:

5. May stay with their current home oxygen supplier, if applicable. Clients do not need to change their oxygen supplier to the AADL Approved BPAP Specialty Supplier.
6. Pay the cost-share portion for BPAP machine and supplies, unless they are cost-share exempt.
7. Obtain BPAP supplies from any AADL respiratory supplier.
8. Pay privately for supplies that are over quantity, or not on the AADL BPAP Product List.
9. Inform AADL if moving to another province or if the equipment is no longer required, as the BPAP machine **must** be returned to the AADL Approved BPAP Specialty Supplier or the Clinical Engineering Department at the University of Alberta Hospital.

PROVISION OF HOME BPAP EQUIPMENT & SERVICE

Policy Statement:

BPAP coverage shall include:

- One (1) BPAP machine.
- BPAP equipment service.

BPAP equipment is provided by AADL Approved BPAP Specialty Suppliers for eligible clients.

Procedure for: (A) Start of BPAP (New Unit)

AADL's Respiratory Consultants:

1. Approve BPAP start and document BPAP settings, diagnosis, name of prescribing physician, and date of study in AADL system under CTNOTE
2. Obtain recycled BPAP inventory list from UAH clinical engineering
3. Approve new BPAP if recycled unit is not available and determine if BPAP is with rate or without rate
4. Assign service provider
5. Complete #1 to #14 of the BPAP Client Data Form
6. Fax BPAP Client Data Form and BPAP prescription to BPAP equipment provider (Medigas) and service provider

AADL BPAP Equipment Provider (Medigas):

7. Delivers the new BPAP unit to the service provider when BPAP Client Data Form is received from AADL's Respiratory Consultant
8. Records the model and serial number of the BPAP provided on the BPAP Client Data Form for Medigas internal office use only (Do NOT send to AADL)
9. Submits New BPAP inventory list to AADL's Respiratory Clerk every 2nd Friday. The list includes: client's name, PHN, BPAP model, serial number and date of delivery

AADL BPAP Service Providers:

10. Set-up BPAP for client when the BPAP Client Data Form is received from AADL's Respiratory Consultant and the new BPAP is received from Medigas
11. Provide the set-up date (#15), BPAP model and serial number (#16) on the BPAP Client Data Form
12. Circle start set-up in #15 and new in #16 of the BPAP Client Data Form
13. Fax the BPAP Client Data Form to AADL Respiratory Clerk

AADL Respiratory Clerk:

14. Creates and enters BPAP authorizations into AADL system once BPAP Client Data Form is received from the service provider with the start set-up date, BPAP model and serial number
    a) Create a New Purchase (NP) type Authorization for New Machine
        - Q300 for new BPAP with rate, unit price is $2,135.00
        - Q301 for new BPAP without rate, unit price is $1,270.00

b) Create an Other Respiratory (OR) type Authorization for a Start Set-Up
   - Q312 for urban setup with new BPAP, fee is $178.00
   - Q311 for rural set-up with new BPAP, fee is $378.00

c) Create an Other Respiratory (OR) type Authorization for Supplies
   - Q038 for BPAP Supplies

d) Create an Other Respiratory (OR) type Authorization for Repair
   - Q031 for BPAP parts
   - Q032 for BPAP labour

15. Enters authorization numbers and checks off catalogue numbers in #17, #18, #20 and #21 of the BPAP Client Data Form
16. Documents the start set-up date, BPAP model, serial number and states the unit is "new" in AADL system under CTNOTE
17. Faxes completed BPAP Client Data Form to BPAP equipment provider, service provider and clinical engineering
18. Updates active BPAP Client Database spreadsheet

AADL BPAP Equipment Provider (Medigas):

19. Submits claim to AADL
    Referring to the BPAP Client Data Form:
    a) Uses set-up date in #15 as the service date
    b) Uses authorization and catalogue number in #17
       i) Q300 for new BPAP with rate; unit price is $2,135.00
       ii) Q301 for new BPAP without rate; unit price is $1,270.00
    c) Uses the serial number in #16 for billing

AADL BPAP Service Providers:

20. Submit claim to AADL
    Referring to the BPAP Client Data Form:
    a) Use set-up date in #15 as the service date
    b) Use authorization and catalogue number in #18
       i) Q312 for urban set-up with new BPAP; fee is $178.00
       ii) Q311 for rural set-up with new BPAP; fee is $378.00
    c) Use the serial number in #16 for billing

AADL Respiratory Clerk:

21. Answers any questions about BPAP authorizations

UAH Clinical Engineering:

22. Enter the information on the complete BPAP Client Data Form into their AADL BPAP Client Data base

Procedure for: (B) Start of BPAP (Recycled Unit)

AADL's Respiratory Consultants:

1. Approve BPAP start and document BPAP settings, diagnosis, name of prescribing physician, and date of study in AADL system under CTNOTE
2. Obtain recycled BPAP inventory list from UAH clinical engineering
3. Approve recycled BPAP and determine if BPAP is with rate or without rate
4. Update recycled BPAP inventory list
5. Assign service provider
6. Complete #1 to #14 of the BPAP Client Data Form
7. Fax BPAP Client Data Form and BPAP prescription to service provider

AADL BPAP Service Providers:

8. Set-up when BPAP Client Data Form is received from AADL's Respiratory Consultant and recycled BPAP is received from clinical engineering
9. Provide the set-up date (#15), BPAP model and serial number (#16) on the BPAP Client Data Form
10. Circle start set-up in #15 and recycled in #16 of the BPAP Client Data Form
11. Fax the BPAP Client Data Form to AADL Respiratory Clerk

AADL Respiratory Clerk:

12. Creates and enters BPAP authorizations into AADL system once BPAP Client Data Form is received from the service provider with the start set-up date, BPAP model and serial number
    a) Create a Recycle Out (RO) Authorization for Start Set-Up
        - Z312 for urban setup with recycled BPAP, fee is $178.00
        - Z311 for rural set-up with recycled BPAP, fee is $378.00
    b) Create an Other Respiratory (OR) type Authorization for Supplies
        - Q038 for BPAP Supplies
    c) Create an Other Respiratory (OR) type Authorization for Repair
        - Q031 for BPAP parts
        - Q032 for BPAP labour
13. Enters authorization numbers and checks off catalogue numbers in #18, #20 and #21 of the BPAP Client Data Form
14. Documents the start set-up date, BPAP model, serial number and states the unit is "recycled" in AADL system under CTNOTE
15. Faxes completed BPAP Client Data Form to service provider and clinical engineering
16. Updates active BPAP Client Data base spreadsheet

AADL BPAP Service Providers:

17. Submit claim to AADL
    Referring to BPAP Client Data Form:
    a) Use set-up date in #15 as the service date
    b) Use authorization and catalogue number in #18
        i) Z312 for urban set-up with recycled BPAP; fee is $178.00
        ii) Z311 for rural set-up with recycled BPAP; fee is $378.00
    c) Use the serial number in #16 for billing

AADL Respiratory Clerk:

18. Answers any questions about BPAP authorizations

UAH Clinical Engineering:

19. Enter the information on the complete BPAP Client Data Form into their AADL BPAP Client Data base

Procedure for: (C) Exchange of BPAP (New Unit)

This process is for replacing a BPAP that is NOT under warranty, with a new unit.

AADL's Respiratory Consultants:

1. Confirm the non-functioning BPAP is NOT under warranty
   a) Go to Mainframe, Menu Option and enter INCLIENT
   b) Enter PHN
   c) Put S beside the Q301 or Q300 line
   d) Go to Menu Option and enter ININFO
   e) Check date of order or service date in the Inventory Information screen
      - If it is > 3 years from the date of call, unit is NOT under warranty
2. Approve BPAP exchange and document who made the complaint, what is the problem with the BPAP and the name of the assigned service provider in AADL system under CTNOTE
3. Obtain recycled BPAP inventory list from UAH clinical engineering
4. Approve new BPAP if recycled unit is not available and determine if BPAP is with rate or without rate
5. Assign service provider
6. Complete #1 to #14 of the BPAP Client Data Form
7. Fax BPAP Client Data Form to BPAP equipment provider (Medigas) and service provider

AADL BPAP Equipment Provider (Medigas):

8. Delivers the new BPAP unit to the service provider when BPAP Client Data Form is received from AADL's Respiratory Consultant
9. Records the model and serial number of the BPAP on the BPAP Client Data Form for Medigas internal office use only (Do NOT send to AADL)
10. Submits new BPAP inventory list to AADL Respiratory Clerk every 2nd Friday. The list includes: client's name, PHN, BPAP model, serial number and date of delivery

AADL BPAP Service Providers:

11. Exchange BPAP when BPAP Client Data Form is received from AADL's Respiratory Consultant and new BPAP is received from Medigas
12. Provide the exchange date (#15), BPAP model and serial number (#16) on the BPAP Client Data Form
13. Circle exchange in #15 and new in #16 of the BPAP Client Data Form
14. Fax the BPAP Client Data Form to AADL Respiratory Clerk

15. Deliver or ship the non-functioning BPAP to clinical engineering and tag it with client's name, PHN, serial number and state the problem
    Clinical engineering contact information:
    Phone: 780-407-6711; Fax: 780-407-7082
    Address: 0D1.00 WMC 8440-112 Street, Edmonton, AB T6G 2B7

AADL Respiratory Clerk:

16. Creates and enters BPAP authorizations into AADL system once BPAP Client Data Form is received from the service provider with the exchange date, BPAP model and serial number
    a) Add BPAP to inventory (ININFO) and Create Authorization for New Machine
        - Q300 for new BPAP with rate, unit price is $2,135.00
        - Q301 for new BPAP without rate, unit price is $1,270.00
    b) Recycle-In the BPAP that is being replaced (non-functioning). Include shipping.
        - Z330 for urban shipping, fee is $30.00
        - Z331 for rural shipping, fee is $50.00
    c) Provide authorization number for supplies Previously Created
    d) Provide authorization for Repair. Create Repair authorization (OR type) if not found.
        - Q031 for BPAP parts
        - Q032 for BPAP labour
17. Enters authorization numbers and checks off catalogue numbers in #17, #19, #20 and #21 of the BPAP Client Data Form
18. Obtains model and serial number of the non-functioning BPAP from last BPAP authorization in AADL system and enters in #22 of the BPAP Client Data Form
19. Documents the exchange date, BPAP model, serial number and states the old unit has been replaced with "new" in AADL system under CTNOTE
20. Faxes complete BPAP Client Data Form to BPAP equipment provider, service provider and clinical engineering
21. Updates active BPAP Client Data base spreadsheet

AADL BPAP Equipment Provider (Medigas):

22. Submits claim to AADL
    Referring to BPAP Client Data Form:
    a) Uses exchange date in #15 as the service date
    b) Uses authorization and catalogue number in #17
        i) Q300 for new BPAP with rate; unit price is $2,135.00
        ii) Q301 for new BPAP without rate; unit price is $1,270.00
    c) Uses the serial number in #16 for billing

<u>AADL BPAP Service Providers:</u>

23. Submit claim to AADL
    Referring to BPAP Client Data Form:
    a) Use exchange date in #15 as the service date
    b) Use authorization and catalogue number in #19
        i) Z330 for urban shipping; fee is $30.00
        ii) Z331 for rural shipping; fee is $50.00
    c) Use the serial number in #16 for billing

<u>AADL Respiratory Clerk:</u>

24. Answers any questions about BPAP authorizations

<u>UAH Clinical Engineering:</u>

25. Enter the information on the complete BPAP Client Data Form into their AADL BPAP Client Data base
26. Match the client's name, PHN, model and serial number on the tag of the non-functioning BPAP with the information on BPAP Client Data Form provided by AADL indicating an exchange of the BPAP. If incorrect, notify AADL Respiratory Clerk immediately
27. Determine if the BPAP is going to be salvaged or repaired
28. Submit claim to AADL:
    a) For scrapping BPAP, use authorization number EY2449A and catalogue number Z370
    b) For repairing BPAP, use authorization and catalogue number in #21 of BPAP Client Data Form
        i) Q031 for BPAP parts
        ii) Q032 for BPAP labour
29. Provide recycled BPAP inventory list to AADL's Respiratory Consultant when recycled units are ready to be delivered to the BPAP service provider(s)
    a) Confirm with AADL's Respiratory Consultant which service provider(s) will be receiving the recycled BPAP
    b) The inventory list includes BPAP model, serial number, unit with rate or without rate, where and when they are delivered

Procedure for: (D) Exchange of BPAP (Recycled Unit)

This process is for replacing a BPAP unit that is NOT under warranty, and is being replaced with a recycled unit.

AADL's Respiratory Consultants:

1. Confirm the non-functioning BPAP is NOT under warranty
   a) Go to Mainframe, Menu Option and enter INCLIENT
   b) Enter PHN
   c) Put S beside the Q301 or Q300 line
   d) Go to Menu Option and enter ININFO
   e) Check date of order or service date in the Inventory Information screen
      - If it is > 3 years from the date of call, unit is NOT under warranty
2. Approve BPAP exchange and document who made the complaint, what is the problem of the BPAP and the name of the assigned service provider in the AADL system under CTNOTE
3. Obtain recycled BPAP inventory list from UAH clinical engineering
4. Approve recycled BPAP and determine if BPAP is with rate or without rate
5. Update recycled BPAP inventory list
6. Assign service provider
7. Complete #1 to #14 of the BPAP Client Data Form
8. Fax BPAP Client Data Form to service provider

AADL BPAP Service Providers:

9. Exchange BPAP when BPAP Client Data Form is received from AADL's Respiratory Consultant and recycled BPAP is received from clinical engineering
10. Provide the exchange date (#15), BPAP model and serial number (#16) on the BPAP Client Data Form
11. Circle exchange in #15 and recycled in #16 of the BPAP Client Data Form
12. Fax the BPAP Client Data Form to AADL Respiratory Clerk
13. Deliver or ship the non-functioning BPAP to clinical engineering and tag it with client's name, PHN, serial number and state the problem
14. Clinical engineering contact information:
    Phone: 780-407-6711; Fax: 780-407-7082
    Address: 0D1.00 WMC 8440-112 Street, Edmonton, AB T6G 2B7

AADL Respiratory Clerk:

15. Creates and enters BPAP authorizations into AADL system once BPAP Client Data Form is received from the service provider with the exchange date, BPAP model and serial number
    a) Recycle-In the BPAP that is being replaced (non-functioning). Include shipping
        - Z330 for urban shipping, fee is $30.00
        - Z331 for rural shipping, fee is $50.00
    b) Recycle-Out the Replacement BPAP
        - Z312 for urban setup with recycled BPAP, fee is $1.00.
        - Z311 for rural setup with recycled BPAP, fee is $1.00.
    c) Provide Authorization Number for Supplies Previously Created
    d) Provide Authorization for Repair. Create Repair authorization (OR type) if not found
        - Q031 for BPAP parts
        - Q032 for BPAP labour
16. Enters authorization numbers and checks off catalogue numbers in #19, #20 and #21 of the BPAP Client Data Form
17. Obtains model and serial number of the non-functioning BPAP from last BPAP authorization in AADL system and enters in #22 of the BPAP Client Data Form
18. Documents the exchange date, BPAP model, serial number and states the replacement is “recycled” in AADL system under CTNOTE
19. Faxes complete BPAP Client Data Form to service provider and clinical engineering
20. Updates active BPAP Client Data base spreadsheet

AADL BPAP Service Providers:

21. Submit claim to AADL
    Referring to BPAP Client Data Form:
    a) Use exchange date in #15 as the service date
    b) Use authorization and catalogue number in #19
        i) Z330 for urban shipping; fee is $30.00
        ii) Z331 for rural shipping; fee is $50.00
    c) Use the serial number in #16 for billing

AADL Respiratory Clerk:

22. Answers any questions about BPAP authorizations

UAH Clinical Engineering:

23. Enter the information on the complete BPAP Client Data Form into their AADL BPAP Client Data base
24. Match the client's name, PHN, model and serial number on the tag of the non-functioning BPAP with the information on BPAP Client Data Form provided by AADL indicating an exchange of the BPAP. If incorrect, notify AADL Respiratory Clerk immediately
25. Determine if the BPAP is going to be salvaged or repaired
26. Submit claim to AADL:
    a) For scrapping BPAP, use authorization number EY2449A and catalogue number Z370
    b) For repairing BPAP, use authorization and catalogue number in #21 of BPAP Client Data Form
        i) Q031 for BPAP parts
        ii) Q032 for BPAP labour
27. Provide recycled BPAP inventory list to AADL's Respiratory Consultant when recycled units are ready to be delivered to the BPAP service provider(s)
    a) Confirm with AADL's Respiratory Consultant which service provider(s) will be receiving the recycled BPAP
    b) The inventory list includes BPAP model, serial number, unit with rate or without rate, where and when they are delivered

Procedure for: (E) Exchange of BPAP (Under Warranty)

This process is for replacing a BPAP that is still within its 3-year warranty period.

AADL's Respiratory Consultants:

1. Confirm the non-functioning BPAP is under the 3-year warranty
   a) Go to Mainframe, Menu Option and enter INCLIENT
   b) Enter PHN
   c) Put S beside the Q301 or Q300 line
   d) Go to Menu Option and enter ININFO
   e) Check date of order or service date in the Inventory Information screen
      - If it is < 3 years from the date of call, unit is under warranty
2. Approve BPAP exchange under warranty and document who made the complaint, what is the problem of the BPAP in AADL system under CTNOTE
3. Provide Respironics Technical Support toll free number 1-800-345-6443 (2) to client or client's caregiver for troubleshooting
4. Request client or client's caregiver to:
   a) Tag the non-functioning BPAP with client's name, BPAP serial number, problem of the unit and attention to "Service AADL BPAP Exchange"
   b) Return the non-functioning BPAP to Medigas within 10 days from the date the replacement is received by the client
   c) Return non-functioning BPAP to any Medigas branches or to Medigas (Calgary) at 100-7260-12 St., Calgary, AB T2H 2S5, phone number (403) 236-2166
5. Complete #1 to #14 of the BPAP Client Data Form if the unit needs to be replaced
6. Fax BPAP Client Data Form to BPAP equipment provider (Medigas)

AADL BPAP Equipment Provider (Medigas):

7. Provides new BPAP to client or client's caregiver
8. Provides the exchange date (#15), BPAP model and serial number (#16) on the BPAP Client Data Form
9. Circles exchange under warranty in #15 and new in #16 of the BPAP Client Data Form
10. Faxes the BPAP Client Data Form to AADL Respiratory Clerk
11. Submits new BPAP inventory list to AADL Respiratory Clerk every 2nd Friday. The list includes: client's name, PHN, BPAP model, serial number and date of delivery. Specify units that are for warranty exchange

AADL Respiratory Clerk:

12. Creates and enters BPAP authorizations into AADL system once BPAP Client Data Form is received from Medigas with the exchange date, BPAP model and serial number
    a) Change location status in ININFO for the BPAP that was replaced to 4 -Written Off
    b) Add the replacement BPAP to the inventory
        - Z312 for urban set-up with recycled BPAP, fee is $1.00.
        - Z311 for rural set-up with recycled BPAP, fee is $1.00
    c) Provide Authorization Number for Supplies Previously Created
    d) Provide Authorization for Repair. Create Repair authorization (OR type) if not found
        - Q031 for BPAP parts
        - Q032 for BPAP labour
13. Enters authorization numbers and checks off catalogue numbers in #19, #20, and #21 of the BPAP Client Data Home
14. Obtains model and serial number of the non-functioning BPAP from last BPAP authorization in AADL system and enters in #22 of the BPAP Client Data Form
15. Documents the exchange is under warranty, date of exchange, BPAP model, serial number and states the replacement is “new” in AADL system under CTNOTE
16. Faxes complete BPAP Client Data Form to Medigas and clinical engineering
17. Updates active BPAP Client Data base spreadsheet

UAH Clinical Engineering:

18. Enter the information on the complete BPAP Client Data Form into their AADL BPAP Client Data base

Procedure for: (F) Return of BPAP

AADL BPAP units must be returned if clients are deceased, have moved to a long term care facility, moved out of the province, are refusing to use it, or are no longer requiring it.

Client or Client's Caregiver:

1. Call AADL at 780-422-8786 and ask for the AADL Respiratory Clerk
   a) Provide client's name and PHN
   b) Provide reason for the BPAP return

AADL Respiratory Unit (AADL Respiratory Clerk, AADL's Respiratory Consultant as back-up):

2. Confirm client has an AADL BPAP by checking active BPAP authorization in AADL system under ANINFO
3. Determine if client or client's caregiver is returning BPAP to the nearest BPAP service provider or Clinical Engineering
   a) If returned to Clinical Engineering:
      i) Provide Clinical Engineering address and contact information to client or client's caregiver:
         Phone: 780-407-6711; Fax: 780-407-7082
         Address: 0D1.00 WMC 8440-112 Street, Edmonton, AB T6G 2B7
      ii) Fax the BPAP Client Data Form to Clinical Engineering indicating there is a BPAP return (#8, check off the "Return" box). Also complete with BPAP model, serial number, authorization and catalogue number for repair (#21). And under comment (#11) document who and why BPAP is returned.
   b) If returned to the nearest BPAP service provider:
      i) Confirm with client or client's caregiver the name of the BPAP service provider and provide their phone number
      ii) Fax the BPAP Client Data Form to BPAP service provider and Clinical Engineering indicating there is a BPAP return (#8, check off the "Return" box). Also complete with returned BPAP model, serial number (#22), authorization and catalogue number for shipping (#19) and repair (#21). And under comment (#11) document by who and why BPAP is returned
4. Document why BPAP is returned in AADL system under CTNOTE
5. End date authorization for BPAP supplies (#20 of the BPAP Client Data Form)

6. Update BPAP inventory in AADL system:
   Recycle-In the BPAP that is returned. Include shipping
   - Z330 for urban shipping, fee is $30.00
   - Z331 for rural shipping, fee is $50.00
7. Update active BPAP Client Data base spreadsheet

Client or Client's Caregiver:

8. Tag the BPAP with client's name, PHN and reason for return
9. Deliver or ship the BPAP to BPAP service provider or Clinical Engineering

AADL BPAP Service Providers:

10. Tag the returned BPAP with client's name, PHN and reason for return if it has not been done by client or client's caregiver
11. Check serial number of the returned BPAP to see if it matches the serial number on the BPAP Client Data Form provided by AADL indicating a return of the BPAP. If incorrect, notify AADL Respiratory Clerk immediately
12. Deliver or ship the returned BPAP to Clinical Engineering
13. Submit claim to AADL for shipping fee:
    a) Use the date when BPAP is shipped to Clinical Engineering as the service date
    b) Use authorization and catalogue number in #19 of the BPAP Client Data Form to bill for shipping fee

UAH Clinical Engineering:

14. Match the client's name, PHN, model and serial number of the returned BPAP with the information on BPAP Client Data Form provided by AADL indicating a return of the BPAP. If incorrect, notify AADL Respiratory Clerk immediately
15. Determine if the BPAP is going to be salvaged or repaired
16. Submit claim to AADL:
    a) For scrapping BPAP, use authorization number EY2449A and catalogue number Z370
    b) For repairing BPAP, use authorization and catalogue number in #21 of BPAP Client Data Form for billing parts and labour

Home BPAP Start Process

AADL Consultant approves BPAP funding

→ AADL Consultant completes BPAP Client Data form (#1 to #14)

→ Recycled BPAP available?

- Yes → Clinical Engineering ships recycled BPAP to set-up BPAP specialty supplier → BPAP specialty supplier sets-up BPAP within 48 hrs from approval date
- No → AADL Consultant faxes BPAP Client Data form to Medigas → Medigas delivers new BPAP to set-up BPAP specialty supplier → BPAP specialty supplier sets-up BPAP within 48 hrs from approval date

AADL Consultant completes BPAP Client Data form (#1 to #14) → AADL Consultant faxes BPAP Client Data form to set-up BPAP specialty supplier

→ BPAP specialty supplier sets-up BPAP within 48 hrs from approval date

→ BPAP specialty supplier completes BPAP Client Data form (#15 & #16) with date of set-up, BPAP model & serial number & submits to AADL Respiratory Clerk

→ AADL Respiratory Clerk creates & enters authorization numbers on the BPAP Client Data form (#17 to #21)

→ AADL Respiratory Clerk faxes the completed BPAP Client Data Form to: Medigas (if BPAP is new), set-up BPAP specialty supplier & Clinical Engineering

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

HOME BPAP SUPPLIES: QUANTITY & FREQUENCY LIMITS

Policy Statement:

Clients receiving BPAP funding shall be eligible for the following supplies and quantities each benefit year:

- Mask or nasal pillows – one (1) per year
- Headgear – one (1) per year
- Chin strap – one (1) per year
- Filters – twelve (12) per year
- Circuit – one (1) per year

They may be obtained from any AADL Respiratory Specialty Supplier.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

Procedure for: (A) Request for BPAP Supply (New Client)

AADL BPAP Supply Providers:

1. Ensure the information on the Request for BPAP Supply Funding Form is correct:
   a) The items requested are on the AADL approved BPAP supply list
   b) The unit or package price of the item is the same or below the AADL approved BPAP supply price list
   c) The quantity of the item is within the maximum quantity allowed per benefit year (July 1 to June 30)
2. Obtain BPAP supply authorization number from #20 of the completed BPAP Client Data Form
3. Fax the Request for BPAP Supply Funding Form to AADL Respiratory Clerk

AADL Respiratory Clerk:

4. Ensures the information on the Request for BPAP Supply Funding Form is correct before approving it:
   a) The items requested are on the AADL approved BPAP supply list
   b) The unit price of the item is the same or below the AADL approved BPAP supply price list
   c) The quantity of the item is within the maximum quantity allowed per benefit year (July 1 to June 30)
   d) If BPAP supplies are provided before the BPAP set-up date, provide the BPAP set-up date as the service date of BPAP supplies
   e) The vendor number under ANINFO in AADL system matches with the BPAP supply provider
5. Faxes the Request for BPAP Supply Funding Form approval to the BPAP supply provider
6. Documents the approval in AADL system under CTNOTE

AADL BPAP Supply Providers:

7. Submit claim to AADL:
   a) Use authorization and catalogue number from #20 of the BPAP Client Data Form
   b) Use appropriate service date of BPAP supplies
      i) If BPAP supplies are provided on or after the BPAP set-up date, use the provision date of BPAP supplies as the service date of BPAP supplies
      ii) If BPAP supplies are provided before the BPAP set-up date, use the BPAP set-up date as the service date for BPAP supplies

Procedure for: (B) Request for BPAP Supply (Existing Client)

AADL BPAP Supply Providers:

1. Check client's eligibility for AADL BPAP supply funding with AADL Respiratory Clerk, and obtain BPAP supply authorization number from AADL if needed
2. Complete the Request for BPAP Supply Funding Form and ensure the information provided is correct:
   a) The items requested are on the AADL approved BPAP supply list
   b) The unit or package price of the item is the same or below the AADL approved BPAP supply price list
   c) The quantity of the item is within the maximum quantity allowed per benefit year (July 1 to June 30)
3. Fax the Request for BPAP Supply Funding Form to AADL Respiratory Clerk

AADL Respiratory Clerk:

4. Ensures the information on the Request for BPAP Supply Funding Form is correct before approving it:
   f) The items requested are on the AADL approved BPAP supply list
   g) The unit or package price of the item is the same or below the AADL approved BPAP supply price list
   h) The quantity of the item is within the maximum quantity allowed per benefit year (July 1 to June 30)
   i) The vendor number under ANINFO in AADL system is updated to the current BPAP supply provider if the client has changed vendors
5. Faxes the approval of the Request for BPAP Supply Funding Form to the BPAP supply provider
6. Documents the approval in AADL system under CTNOTE

AADL BPAP Supply Providers:

7. Submit claim to AADL:
   a) Use authorization number for BPAP supplies
   b) Use catalogue number of Q038 for billing of BPAP supplies
   c) Use provision date of BPAP supplies as the service date

SCHEDULE A
Home BPAP Billing Codes and Fees
Effective September 1, 2008

(Prices Represent Maximum Claimable Amounts)

Description	Billing Code	Fee
New BPAP Machine With Back-Up Rate	Q300	$2135.00
New BPAP Machine Without Back-Up Rate	Q301	$1270.00
New BPAP Set-Up Urban (For Start)	Q312	$178.00
New BPAP Set-Up Rural (For Start)	Q311	$378.00
Recycled BPAP Set-Up Urban (For Start)	Z312	$178.00
Recycled BPAP Set-Up Rural (For Start)	Z311	$378.00
Shipping Urban	Z330	$30.00
Shipping Rural	Z331	$50.00

Urban: Within municipal boundaries of Edmonton, Calgary, St. Albert, The Hamlet of Sherwood Park, Grande Prairie, Lethbridge, Medicine Hat, Red Deer, Airdrie, Camrose, Fort Saskatchewan, Leduc, Lloydminster, Spruce Grove and Wetaskiwin.

Rural: All other areas in Alberta.

SCHEDULE B

Home BPAP Supply List

Effective July 22, 2010

Descriptio	Part Number	Price Max.
MASK SYSTEM		
Breeze Sleep Gear with Dream Seal Mask Sys	102616-00, 101400-00, 101400-01	$ 225.00
Comfort Classic Nasal Mask Sys	1007966, 1007967, 1007968	$ 120.00
Comfort Full Face Mask Sys	1004872, 1004873, 1004881, 1004950, 1004951	$ 195.00
Comfort Gel Full Face Mask Sys	1040140, 1040141, 1040142	$ 195.00
Comfort Gel Nasal Mask Sys	1009041, 1009042, 1009044, 1009045	$ 165.00
Contour Nasal Mask Sys	302187	$ 71.5
EasyLife Nasal Mask Sys, Respironics	1050078, 1050079	$ 165.00
Fit Life Full Face Mask Sys	1060801, 1060802	$ 275.00
Flexi Fit Full Face Mask Sys, Fisher & Paykel	HC431 (old version)	$ 200.00
Flexi Fit Full Face Mask Sys, Fisher & Paykel	HC43	$ 275.00
Flexi Fit Series Mask Sys, Fisher & Paykel	HC405, HC406, HC407	$ 150.00
Forma Full Face Mask Sys	400471A, 400472A	$ 250.00
Liberty Full Face Mask (oral/nasal) Sys	61300, 61301	$ 228.75
Mirage Activa Nasal Mask Sys	60100, 60101, 60102, 60148, 60149, 60150	$ 205.72
Mirage Full Face Mask Series 2/FFM Sys	16629, 16665, 16667, 16669	$ 260.00
Mirage Kidsta Nasal Mask Sys	61011	$ 150.00
Mirage Micro Mask Sys	16333, 16334, 16335, 16390	$ 150.00
Mirage Quattro Full Face Mask Sys	61200, 61201, 61202, 61203	$ 228.75
Mirage Soft Gel Mask Sys	61601	$ 165.00
Mirage Swift Nasal Pillow Mask Sys	60505, 60512, 60505, 60560, 60588, 61500	$ 195.00
Mirage Vista Mask Sys	60000, 60001	$ 192.20
Opus Nasal Mask Sys	HC482, HC482A	$ 195.00
PB Nasal/Dilator Nasal Pillow	616324, 616325	$ 30.0
PB Nasal Pillows Shell	5232101-00	$ 25.0
Profile Lite Mask Sys	1004113, 1004114, 1004115, 1004116, 1008829, 1054707	$ 125.00
Simplicity Mask Sys	1002757, 1002759, 1002763	$ 200.00
Total Face Mask Sys	302433	$ 290.00
Ultra Mirage FFM Series 2 (Non-Vented) Sys	60638	$ 305.00
Ultra Mirage FFM Sys	60600, 60601, 60602, 60603, 60604, 60605	$ 260.00
Ultra Mirage Nasal Mask Sys	16548, 16549, 16550, 16501, 16502	$ 150.00
Zest Nasal Mask Sys	400440A, 4004403	$ 150.00
HEADGEAR AND CHIN STRAP		
Softcap, White	302266, 302142, 302215, 302266, 302449, 1002065	$ 45.0
Softcap, Blue	302439, 302441, 302442, 302458, 302485	$ 45.0
Universal Headgear	16117, 16119	$ 32.7
Mirage Activa Headgear	60114	$ 106.00
Puritan Bennett, Snugfit Headgear for the mask	133316-00	$ 50.0
Puritan Bennett, Adam's Snugfit Headgear for nasal pillow	133317-00	$ 55.0
Puritan Bennett, Adam's Shell Strap, Black	133319-00	$ 17.5
Puritan Bennett, Adam's Chin Strap, Black	133318-00	$ 16.0
ResMed, Chin Strap	16015	$ 15.7
Chin Strap	302175	$ 25.0
Respironics Premium Chin Strap	1012911	$ 45.0
Deluxe Chin Strap	302425	$ 70.0

Descriptio	Part	Price Max.
FILTER		
Filte	30908	$ 4.5
Filte	33918	$ 2.5
Filte	33973	$ 5.0
Filter, Ultra Fine	1005945 (pkg of	$ 1.2 ($2.5/pkg)
Filter, Black	1005964 (pkg of	$ 6.0 ($12/pkg)
Filter, Reusable, Black	1029330 (pkg of	$ 2.5 ($5/pkg
Filter, Ultra Fine Pollen	1029331 (pkg of	$ 2.5 ($15/pkg)
Filter, Ultra Fine	622219 (pkg of 6)	$ 5.0 ($30/pkg)
Filter, Ultra Fine	1063096	$ 6.6
Filte	302064	$ 5.0
Filter, RESMED S7	30907 (pkg of 3)	$ 2.6 ($8/pkg
Filter, VPAP	14907,14908	$ 2.0
Filter, VPAPII	21936	$ 3.0
HEATED HUMIDIFIER AND PASSOVER HUMIDIFIER		
Fisher & Paykel, Heated Humidifier (with tray and 2 chambers)	HC15	$ 400.00
AutoFeed Humidification Chamber	FPAMR290UX	$ 15.6
Fisher & Paykel Humidifier Chamber	HC325	$ 17.0
Water Chamber for REMstar	RES1008619	$ 26.0
HumidAire 2i Heated Humidifier	30902	$ 360.00
Humidifier	1003757	$ 23.0
Water Chamber, Respironics	1029533,1003758	$ 45.0
Water Chamber, Harmony	1035322	$ 34.0
HUMIDIFIER TUBING AND OTHER ACCESSORIES		
Smooth-Bor Tubing, 6ft	301016,622038	$ 39.0
Tubing, 6 ft or 2 meter	14986,VP3006	$ 28.0
Tubing, 6ft 6in	14987	$ 38.0
Respironics one-way pressure valve	RES302418	$ 19.5
Resmed oxygen diverter	REM22012	$ 12.0

HOME BPAP EQUIPMENT: MAINTENANCE & SERVICE

Policy Statement:

BPAP equipment that is no longer under warranty shall be repaired and serviced by the Clinical Engineering Department at the University of Alberta Hospital.

AADL shall approve all repairs and disposals of BPAP machines.

Procedure:

Clinical Engineering, UAH:

1. Determines if the BPAP machine is repairable.
2. Repairs and services BPAP machines.
3. Salvages BPAP machines that are no longer repairable or that meet the salvage criteria developed by AADL.
4. Provides AADL with updated Recycled BPAP inventory list.
5. Notifies an AADL Approved BPAP Specialty Supplier to pick-up BPAP machine(s) once repairs are completed.
6. Submits a claim to AADL for parts and labour used in repairing BPAP machine(s).

AADL:

7. Makes decision regarding repair or salvage of BPAP machines.
8. Advises Clinical Engineering, UAH on approved repair or salvage of the BPAP machine(s).
9. Approves claims submitted by Clinical Engineering, UAH for repair or salvage of BPAP machines.

Clients:

10. Do not pay for repair costs if the BPAP machine is replaced.
11. Pay the cost-share portion for a new machine, unless they are cost-share exempt.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2011	Marianne Baird

MANUFACTURER'S WARRANTIES

Policy Statement:

AADL is considered the original purchaser with regards to all manufacturer's warranties.

The Specialty Supplier will be the manufacturer's full service warranty depot for all new equipment sold to AADL. The Specialty Supplier must honor the manufacturer's warranties.

When a manufacturer's warranty is voided as a result of service performed by the Specialty Supplier, or their subcontractor, the responsible Specialty Supplier will honor the balance of the original manufacturer's warranty.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2010	Marianne Baird

RESPIRATORY EQUIPMENT: RECYCLE AND REPAIR WARRANTIES

Policy Statement:

The Specialty Supplier shall provide the following warranties when repairs are completed on recycled AADL respiratory equipment:

1. Labour for 30 days from the date the equipment is delivered to the client.

2. New parts in accordance with the manufacturer's warranty, or for 30 days from the date the equipment is delivered to the client, whichever is greatest (salvaged parts are not covered by warranty).

Shipping costs for any warranty repairs are **not covered** by AADL.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2010	Marianne Baird

APPROVED AADL RESPIRATORY SPECIALTY SUPPLIERS

Policy Statement:

Only AADL Approved Respiratory Specialty Suppliers shall provide AADL respiratory benefits.

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2010	Marianne Baird

FORMS

Policy Statement:

The following forms (Appendix A) shall be used for communication between AADL and Assessors/Alberta Health Services Health Professionals/Specialty Suppliers. These forms are subject to change at AADL's discretion and will be updated as required.

Procedure:

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Complete necessary forms as required.
2. Fax requests on appropriate forms to AADL for review.

AADL:

3. Reviews documentation.
4. Completes all necessary forms.
5. Faxes required forms to the appropriate stakeholder(s).

Effective Date	Revision Date	Approved by (Original Signed):
March 1, 2006	July 1, 2010	Marianne Baird