



# Respiratory benefits

Alberta Aids to Daily Living  
Program Manual Section R

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## Policy R – 01

### Respiratory Benefits Background

#### Policy Statement

Respiratory benefits that require a prescription must be prescribed in writing. In the case of oxygen benefits, the prescription may be provided by a physician who is a member in good standing with the College of Physicians and Surgeons of Alberta or a nurse practitioner who is a member in good standing with the College and Association of Registered Nurses of Alberta. 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 Alberta Aids to Daily Living (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 Alberta Health Services Clinical Advisory Committee.

Only AADL-approved respiratory specialty suppliers shall provide AADL respiratory benefits.

AADL respiratory authorizations/reauthorizations and claims are completed on the Alberta Blue Cross online health portal.



## Policy R – 02

### Approved Respiratory Benefits

#### Policy Statement

AADL respiratory benefits available to eligible clients include:

- oxygen therapy
- humidity therapy
- suction therapy
- tracheostomy tubes
- home ventilators
- home bi-level positive airway pressure (BPAP)
- 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.

AADL does not fund research or equipment evaluation.

## Policy R – 03

### AADL Respiratory Assessors

#### Policy Statement

Respiratory assessors are responsible for assessing, initiating therapy and following the client's progress.

Note: A respiratory assessor is usually a specialty supplier respiratory therapist who is initiating the therapy and will be following the client's progress.

#### Procedure

##### Assessors:

- Ensure the client:
  - has a valid Alberta Personal Health Number (PHN)
  - signs the Client Consent form
  - is provided with setup and followup assessments (as outlined in policy)
- Confirm the client meets the current respiratory eligibility criteria by reviewing the necessary data.
- Ensure the appropriate generic prescription is dated and signed by a physician or nurse practitioner. Home oxygen prescriptions must include:
  - O<sub>2</sub> flow and hours per day, or
  - therapist-driven prescription
- For palliative oxygen funding request, the prescription must include either of the home oxygen prescription requirements listed above with written diagnosis and “palliative” status.
- Contact the Alberta Blue Cross AADL Provider Contact Centre regarding appeals, concerns, questions, prior approvals and unusual requests. If a client's eligibility is uncertain, do not initiate an on-line authorization.

## Policy R – 04

### AADL Respiratory Specialty Suppliers Roles and Responsibilities

#### Policy Statement

All respiratory specialty suppliers are responsible for providing quality respiratory benefits and services to eligible AADL clients. Only AADL-approved respiratory specialty suppliers shall provide AADL respiratory benefits.

#### Procedure

##### Respiratory Specialty Suppliers:

- Assess clients who are palliative, have a long-term disability or chronic illness that requires home oxygen.
- Ensure:
  - 24-hour emergency service
  - phone calls are returned to AADL clients within one hour of notification of client problems
  - 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
  - a respiratory therapist is available during all regular business hours
  - client's Alberta Personal Health Number is valid
  - clients meet the respiratory eligibility criteria
  - clients are advised of their responsibilities related to program benefits including the termination date of their oxygen and/or BPAP authorization
  - clients sign the AADL Client Responsibility form and Client Consent form
  - all tests are valid and completed within two days prior to the set-up for a new oxygen start. The oximetry must be readable with a printout date and time
    - AADL will not pay for oxygen rental if the set-up is done prior to the testing date
    - testing for oxygen reauthorization must be done within three weeks prior to the authorization termination date
  - followup assessments done at a minimum of once every six months or as requested by AADL is required for continued oxygen funding
    - assessments may be conducted in collaboration with Alberta Health Services respiratory therapists
    - all assessments must be retained on the specialty supplier file
    - all re-authorization documentation and testing data is collected prior to the authorization termination date. Failure to provide this information before the authorization termination date will result in a gap in funding. This applies to all oxygen authorizations including long-term oxygen clients
- Advise clients and/or caregivers to inform the specialty supplier when they are admitted to a hospital or long term care facility.
- Suspend oxygen billing for the period when the client is hospitalized or traveling outside Alberta.
- Obtain an appropriate generic, signed physician or nurse practitioner's prescription with date. Home oxygen prescriptions must include:
  - O<sub>2</sub> flow and hours per day, or
  - therapist-driven prescription
    - For palliative oxygen funding request, the prescription must include either the O<sub>2</sub> flow or therapist-driven prescription with written diagnosis and "palliative" status.
- Conduct a respiratory assessment at time of set up which includes:
  - oximetry on room air at rest and on exertion, if clinically appropriate.
  - oximetry on oxygen at rest and on exertion
  - if applicable, history, medication regime and chest auscultation
  - for oximetry guidelines, refer to Appendix 2 Respiratory Benefits Program Oximetry Guide for Funding Requests
- Determine the appropriate equipment to best meet the client's needs.
- Obtain the required test data (e.g. arterial blood gas, hard copy oximetry, pulmonary function test, initial set-up assessments, etc.) and retain on the specialty supplier file.

- Complete the on-line authorization for respiratory benefits within one month of the set up. Failure to adhere to the time frame will result in a gap in funding.
- Suspend the billing for oxygen and/or BPAP benefits if the client is discontinued from the therapy, or deceased.
- Contact Alberta Blue Cross AADL Provider Contact Centre with concerns, questions, prior approvals, and unusual requests. If a client's eligibility is uncertain, an authorization must not be done.
- Adhere to the Alberta Blue Cross Health Provider Agreement, the AADL Provider Agreement and the general AADL and respiratory benefits policies and procedures.
- 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.
- Provide assistance to client and physicians or nurse practitioners in arranging tests for benefit authorization and re-authorization.
- Fax the respiratory (including oxygen, BPAP and other respiratory benefits) clients discontinued list within the first two weeks of each month to Alberta Blue Cross AADL Provider Contact Centre at 1-855-598-3583.
- Provide clients with information and answers regarding AADL eligibility criteria.
- Submit information, when required, for prior approval to Alberta Blue Cross AADL Provider Contact Centre.
- Adhere to all federal and provincial safety standards for the transportation and handling of hazardous materials.
- Inform Alberta Blue Cross AADL Provider Contact Centre if there is a change of ownership.

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## Policy R – 05 A

### Fire Safety

#### Policy Statement

The safe use of oxygen is paramount to prevent injury to the client and others. Therefore, all clients using home oxygen therapy shall be advised of fire hazards and safety guidelines. The respiratory benefits authorization term can be altered or terminated at any time if continued provision puts the client's safety or other's safety at risk.

#### Procedure

##### Assessors/Specialty Suppliers:

- Advise clients not to smoke when using oxygen, including smoking electronic cigarettes. Any source of a flame must be kept away from the oxygen.
- Provide "No Smoking" signs.
- Advise families/others who smoke to keep lit cigarettes or other sources of a flame, a minimum of five feet away from clients who are using oxygen. This includes electronic cigarettes.
- Follow fire safety guidelines.
- 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 or nurse practitioner informed.

## Policy R – 05 B

### Notification of Harmful Incidences, Near Misses, and Hazards

#### Policy Statement

The purpose of this policy is to describe the standardized process for respiratory specialty suppliers or Alberta Health Services Respiratory Outreach Program to notify Alberta Aids to Daily Living (AADL) when a harmful incident, near miss or hazard occurs in relation to a respiratory client and to describe the standardized process for AADL to receive and respond to notifications. Reporting such safety events and monitoring trends will help advance patient safety and improve health care delivery.

#### Definitions

**Harmful incident** means an event that reasonably could or does result in an unintended injury or complications arising from health care management, with outcomes that may range from (but are not limited to) death, or disability to dissatisfaction with health care management, or require a change in client care.

**Near miss** means an event that has potential for harm and is intercepted or corrected prior to reaching the client.

**Hazard** means an event that has potential for harm and does not involve a client.

#### Procedure

##### Specialty Suppliers/Alberta Health Services Respiratory Outreach Program:

- Respiratory specialty supplier/Alberta Health Services Respiratory Outreach Program will notify Alberta Blue Cross and the AADL Respiratory Benefits Program Manager when a harmful incident, near miss or hazard has occurred in relation to one of their respiratory clients that resulted in medical intervention or involved respiratory benefit program-funded equipment.
  - The reporting of a harmful incident, near miss or hazard may be in addition to any internal specialty supplier or Alberta Health Services reporting procedure.
  - If a respiratory specialty supplier or Alberta Health Services Respiratory Outreach Program removes the respiratory equipment and services due to conditions considered unsafe, this occurrence must also be reported to Alberta Blue Cross and AADL Respiratory Benefits Program Manager.
- Notification will be made as soon as possible (within two business days).
- The respiratory specialty supplier/Alberta Health Services Respiratory Outreach Program will endeavor to provide the following details whenever possible:
  - client demographics and clinical condition
  - details about the harmful incident, near miss or hazard
  - details regarding respiratory equipment involvement
  - actions taken
  - next steps/followup
- The respiratory specialty supplier/Alberta Health Services Respiratory Outreach Program and the AADL Respiratory Benefits Program Manager will determine whether any actions should be taken and how best to proceed.
- AADL respiratory benefit program-funded equipment involved in any clinical harmful incident must be sequestered and reviewed to determine if there was any equipment malfunction.
  - For equipment supplied by the Alberta Health Services Respiratory Outreach Program, Alberta Health Services' Department of Clinical Engineering at the University of Alberta Hospital will examine equipment and provide report on findings.
- Respiratory specialty supplier can inquire with Alberta Blue Cross and/or the AADL Respiratory Benefits Program Manager if a client has had previous safety issues reported.

**AADL:**

- Communicates with Alberta Blue Cross and Alberta Health Services regarding the harmful incident, near miss or hazard, and any actions taken.
- Maintains a summary listing of all notifications to enable the identification of possible trends related to safety.
- Bring forward a summary of trends to the joint meetings with Respiratory Home Care Association of Alberta (RHCAA), Alberta Health Services and Alberta Blue Cross.

**Alberta Blue Cross:**

- Retains the incident information on the client file on the online health portal.



## Policy R – 06

### AADL Client Roles and Responsibility

#### 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:

- Pay the specialty supplier for disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. These items are not covered by AADL.
- Notify the specialty supplier if:
  - moving to a different address
  - equipment is no longer required
  - moving to a long-term care facility
  - changing family physician or nurse practitioner
  - admitting to the hospital or
  - travelling out of the province, including the dates and the destination. The specialty supplier may assist with oxygen arrangements
    - Submit all out of province oxygen receipts (must indicate full payment) to the Alberta Blue Cross online health portal ensuring that the clients full name, PHN and date of birth have been clearly written on the invoice. If the currency used is not Canadian dollars, submit the currency exchange rate at the time of travel. Clients will be reimbursed at the maximum daily rate as specified in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits for oxygen, only if the specialty supplier has stopped billing during the travel dates.
- If the client wishes to change specialty supplier, it is the client's responsibility to find a new specialty supplier and to notify the current specialty supplier to pick up the equipment once the equipment from the new specialty supplier has been received.
- Collaborate in their care by taking tests arranged by the specialty supplier or physician or nurse practitioner to determine the continuation of oxygen funding. Failure to complete required testing prior to the oxygen authorization termination date may result in an invoice from the specialty supplier that you may be required to pay.
- Take good care of the equipment supplied. Clients are responsible to replace any equipment that is lost, stolen or damaged.
- Comply with specialty supplier policies regarding abuse-free environments. Failure to comply may result in the supplier removing their equipment and services.
- Follow the fire safety guidelines if on oxygen.
- Sign the AADL Client Responsibility form and Client Consent form.



## **Policy R – 07**

### **AADL Authorization**

#### **Policy Statement**

An online authorization must be completed for a new start, re-start or reauthorization.

- All oxygen and BPAP authorizations must be completed separately with the exception of when BPAP start or restart accompanies the oxygen start.
- All other respiratory benefits (excluding oxygen, BPAP, specialty and custom tracheostomy tube benefits) are combined onto one authorization, which is given a lifetime termination date.

#### **Procedure**

##### **Assessors/Specialty Suppliers:**

- For starts and restarts, complete applicable online authorizations for respiratory benefits within one month of the set-up.
- For extensions on the oxygen and BPAP short-term authorization types, complete applicable online authorizations within three weeks prior to the last authorization termination date.



## **Policy R – 08**

### **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:**

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



## **Policy R – 09**

### **Authorization Corrections**

#### **Policy Statement**

Alberta Blue Cross shall maintain up-to-date client information on the authorization.

#### **Procedure**

##### **Alberta Blue Cross:**

- Updates authorizations when there is a change in the client's oxygen, BPAP and other respiratory benefits. Authorization termination dates are based on the information in the monthly respiratory clients discontinued list reported by the specialty suppliers, and when the Alberta Health eligibility file is updated on deceased individuals.



## Policy R – 10

### Specialty Supplier Changes

#### Policy Statement

Clients have the right to change their specialty supplier if they are not satisfied with their service and/or equipment. It is the clients' responsibility to find a new specialty supplier and to notify the current specialty supplier to pick up the equipment once the equipment from the new specialty supplier has been received.

#### Procedure

##### Clients:

- Contact current specialty supplier to address the service and/or equipment issue. If it cannot be resolved, search for a new specialty supplier.
- Arrange setup time and date with the new specialty supplier.
- Contact the current specialty supplier to pick up the equipment once the equipment from the new specialty supplier has been received.

Note: AADL does not fund two specialty suppliers for the same service dates. Therefore, both specialty suppliers must work collaboratively to ensure no overlapping of the billing for the same service dates.

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## Policy R – 11 A

### Physician Appeal of Funding Decision

#### Policy Statement

A client's family physician, specialist or nurse practitioner may request an appeal of a funding decision.

#### Procedure

##### Prescribing Physicians/Specialty Suppliers:

- View the decision of funding in the reports section of the Alberta Blue Cross online health portal.
- Identify any information about the client that may be pertinent to the funding decision, and submit the information along with an appeal letter requesting review of the funding decision to the Alberta Blue Cross by fax at 780-498-3585 or 1-855-598-3583.
- Physician appeal letter should explain the rationale and circumstances explaining the reason the respiratory benefit should be funded.

##### Alberta Blue Cross:

- Receives the appeal request via fax.
- Reviews the client file and collect any pertinent new and historic information submitted about the decision.
- Forwards the information, via fax, to an Alberta Health Services Respiratory Benefits Program registered respiratory therapist for review.
- Updates the previously denied authorization to "Pended" and inserts notification "Appeal under Review."
- Once Alberta Blue Cross receives response to the request from AADL, Alberta Blue Cross will update the online health portal with the funding decision.

##### Alberta Health Services Registered Respiratory Therapist:

- Reviews appeal file and additional information with the appropriate Alberta Health Services medical lead.
- Once the Alberta Health Services medical lead has reviewed the file, the registered respiratory therapist transfers the entire file, funding recommendation and rationale for decision to AADL Director and AADL Respiratory Manager.

##### AADL Director:

- Reviews information and funding recommendation and makes a funding decision.
- AADL will provide Alberta Blue Cross and Alberta Health Services Respiratory Benefits Program with the final decision, letter (if applicable) and comments to add to the client's authorization in the Alberta Blue Cross online health portal.
- AADL will be responsible for sending any letters to the requesting physician/nurse practitioner.

A decision on funding may take up to three weeks or 15 business days.

## Policy R – 11 B

### Specialty Provider Review of Funding Decision

#### Policy Statement

A specialty supplier may resubmit an authorization that was previously denied for adjudication when new qualifying documentation is obtained.

#### Procedure

##### Specialty Suppliers:

- Obtain any missing qualifying documentation identified with the denied authorization.
- If documentation or testing does not meet funding criteria, please submit as a physician appeal. See Policy R – 11 A Physician Appeal of Funding Decision.
- Log on to the Alberta Blue Cross online health portal and enter a new authorization, for the appropriate authorization type.
- In the comments section of the authorization, enter “Appeal.”
- Upload all required documents, including all the original documents from the denied authorization plus the new documentation obtained.
- Examples of acceptable supporting information to be submitted with the review can include the following:
  - specialist consultation report
  - current interpreted pulmonary function testing
  - bronchoscopy and pathology report
  - open lung biopsy report
  - diagnostic imaging: chest x-ray, CT scan, fluoroscopy, echocardiogram, etc.
  - sleep study
    - Level 1: Interpretation and histogram; or
    - HSAT/Level 3: Interpretation and raw data
  - Positive airway pressure therapy compliance report;
  - Respiratory specialty supplier progress notes; and/or
  - Published medical evidence supporting the use of the applicable respiratory benefit(s) in the client's clinical presentation.

##### Alberta Blue Cross:

- Process the authorization according to authorization type.
- Update online health portal with decision as per policy.

A decision on funding may take up to two weeks or 10 business days, depending on the authorization type.

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## Policy R – 12

### General Home Oxygen: Clinical 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 or nurse practitioner must establish the diagnosis.

#### Procedure

##### **Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:**

- Obtain a physician or nurse practitioner's prescription and hardcopy proof of client eligibility for oxygen therapy.
- Enter authorization on Alberta Blue Cross online health portal.
- Obtain assessment data for oxygen eligibility from:
  - facilities within the province of Alberta
  - physician or nurse practitioner testing, or
  - testing done by registered respiratory therapists



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## Policy R – 13

### 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:

- resting hypoxemia
- pediatric hypoxemia
- nocturnal desaturation
- exertional desaturation
- hypoventilation syndrome on ventilatory support
- palliative - general

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

#### Procedure

- Refer to procedures in policies R – 14 to R – 19 for specific clinical criteria.

## Policy R – 14 A

### Adult Resting Hypoxemia: Clinical Eligibility Criteria

#### Policy Statement

Initial funding (three months) for home oxygen therapy is provided to clients who have documented resting hypoxemia, based on arterial blood gas results.

Interim funding (nine months) for home oxygen therapy is provided to clients who have documented resting hypoxemia (based on arterial blood gas test results) and to allow time, if necessary, to obtain testing etc. to document severe lung disease and confirm or rule out sleep disordered breathing.

Long-term funding (12 months or longer) for home oxygen therapy is based on:

- resting hypoxemia, and
- presence of severe lung disease (see Appendix 3 Definitions), or
- sleep disordered breathing being ruled out, or, if sleep disordered breathing is present, client compliant with positive airway pressure therapy. Oxygen funding may be in jeopardy if a client is not compliant with positive airway pressure therapy

Handwritten test results will not be accepted. Physician interpretation must accompany test results (except arterial blood gas test results).

Exceptional funding (RE1 and RH5) may be granted to allow time for further testing to occur.

#### Initial Funding Criteria for RH1 or RE2 (three-month term)

##### RH1

PaO<sub>2</sub> less than or equal to 55 mmHg on room air at rest.

##### RE2

PaO<sub>2</sub> is 56 – 59 mmHg on room air at rest.

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

- Conduct an initial respiratory assessment by a registered respiratory therapist within two days from the qualifying arterial blood gas testing date; and
- Obtain an oxygen prescription from the physician or nurse practitioner that is signed and dated (must be dated before or on the oxygen setup date); and
- Obtain hard copy of the arterial blood gas test results.

#### Interim Funding Criteria for RH4 or RH2 (nine-month term)

##### Resting Hypoxemia

**RH4:** PaO<sub>2</sub> less than or equal to 55 mmHg on room air at rest.

**RH2:** PaO<sub>2</sub> is 56 – 59 mmHg on room air at rest; and

Evidence to support diagnosis of cor pulmonale, secondary polycythemia or pulmonary hypertension has been received:

- P-pulmonale ECG pattern, increase in P-wave amplitude (greater than 2 mm) in leads II, III and AVF
- erythrocytosis with a hematocrit greater than 55 per cent, or
- documentation of pulmonary hypertension with evidence of pulmonary artery pressure greater than 25 mmHg or echocardiogram showing RVSP greater than 35 mmHg

Arterial blood gas test must be done within three weeks of the oxygen authorization termination date confirming resting hypoxemia. Hard copy of the arterial blood gas result must be submitted.

**Severe Lung Disease:**

Submit a pulmonary function test with physician interpretation done within one year of the current authorization termination date.

- If a client is unable to perform a pulmonary function test, or if client is 90-years-old or older, the following may be submitted for consideration:
  - chest x-ray or CT scan
  - spirometry may be submitted for consideration for obstructive disease

If the pulmonary function test does not confirm severe lung disease, a pulmonologist consult to determine cause of hypoxemia, in the absence of severe lung disease, must be done before long-term funding, RH6 (New), is approved.

**Sleep disordered breathing must be treated or ruled out if the client does not have severe lung disease:**

- If client is on positive airway pressure therapy, submit a 60-day compliance report and the sleep study in which positive airway pressure therapy was prescribed.
- If client is not on positive airway pressure therapy and BMI is 37 or greater, prepare to submit documentation to rule out or confirm sleep disordered breathing:
  - interpreted sleep study
  - pulmonologist consultation

Sleep disordered breathing needs to be treated or ruled out before long-term funding, RH6 (New) is approved (if client does not have severe lung disease). Client must be compliant with positive airway pressure therapy before long-term funding, RH6 (New) is approved.

If client is 90-years-old or older, sleep disordered breathing does not need to be investigated.

If client does not have severe lung disease or sleep disordered breathing, a pulmonary consult is required to explain hypoxemia.

**Long Term Funding Criteria for RH6 (New) (12-month term)****Resting Hypoxemia**

- Third arterial blood gas test done within three weeks of the RH4 oxygen authorization termination date confirming resting hypoxemia, PaO<sub>2</sub> less than or equal to 55 mmHg on room air at rest, or
- Third arterial blood gas test done within three weeks of the RH2 oxygen authorization termination date confirming resting hypoxemia, PaO<sub>2</sub> less than 60 mmHg on room air at rest.
- Submit a hard copy of the arterial blood gas test results.

**Severe Lung Disease**

- Proof of severe lung disease: pulmonary function test previously submitted for RH4/RH2 authorization.
- If client is 90-years-old or older, additional proof of severe lung disease does not need to be provided.

In the absence of severe lung disease, client has optimal treatment and the cause of hypoxemia has been investigated, an internist or pulmonologist consult report required explaining the cause of hypoxemia is required.

**Sleep disordered breathing must be treated or ruled out if the client does not have severe lung disease:**

- If client is 90-years-old or older, testing for sleep disordered breathing does not need to be completed for oxygen funding.
- If BMI is 37 or greater, confirm or rule out sleep disordered breathing. Suitable documents to submit:
  - Level 1 sleep study with interpretation and histogram, or
  - Home Sleep Apnea Test (HSAT) with interpretation and raw data
  - pulmonologist or internist consult stating sleep disordered breathing has been confirmed or ruled out. If sleep disordered breathing is confirmed, positive airway pressure therapy must be initiated

If client is on positive airway pressure therapy, submit one to two page summary of a 60-day compliance report. Client is expected to be compliant with positive airway pressure therapy.

**Respiratory Assessment**

- With oximetry done within 30 days of the current authorization expiry date. If the client refuses to be reassessed or is not compliant to the oxygen therapy, oxygen funding will be discontinued.

**For clients who are transitioning from pediatric funding (RH3) the following criteria is required (must have current/active RH3 authorization):**

- Resting Hypoxemia: Based on daytime oximetry on room air: SpO2 less than 89 per cent for a minimum of three continuous minutes at rest.
  - Client should not be removed from ventilatory support to obtain qualifying oximetry.
- Consultation report from a pulmonologist documenting the reason for hypoxemia, rationale for on-going funding, and response to oxygen.
- Respiratory assessment with oximetry done within 30 days of the current authorization expiry date.

### **Exceptional Funding Criteria for RH5 (12-month term)**

If client has resting hypoxemia (RH4 or RH2 authorization) but the requirements for RH6 (New) are not met, the maximum authorization term is 12 months.

One or more of the following may be submitted by the specialty supplier:

- repeat arterial blood gas
- recent followup respiratory assessment
- Level 1 sleep study with interpretation and histogram
- internist or pulmonologist consult report
- other testing

### **Long Term Funding Criteria for RH6 (Ext) (12-month term)**

Long-term oxygen clients have to be reassessed by the specialty supplier registered respiratory therapist at least once every six months for oxygen funding to continue. The assessment must show the indication for oxygen therapy. If the client refuses to be reassessed, or is not compliant to the oxygen therapy, oxygen funding will be discontinued.

Once the above requirements are met, the specialty supplier can authorize RH6 (Ext) within three months prior to the authorization termination date.

### **Exceptional Funding Criteria RE1 (three-month term)**

The maximum authorization term is three months. RE1 is a one-time authorization.

- Unsuccessful arterial blood gas or negative Allen's test:
  - Submit room air oximetry report with SpO2  $\leq$  89 per cent for three continuous minutes at rest (see Appendix 1).
  - Hard copy of documented attempts to obtain arterial blood gas or negative Allen's test.
  - Require repeat arterial blood gas at a different puncture site (e.g., brachial or femoral artery if applicable) prior to the authorization termination date.

Or:

- Non-palliative clients who are bedridden, unable to leave home for arterial blood gas, if in-home testing is not available:
  - Submit room air oximetry report with SpO2  $\leq$  89 per cent for three continuous minutes at rest.
  - AADL Homebound Assessment form or a physician or nurse practitioner letter confirming that client is bedridden or homebound must be provided.

Or:

- 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  $\leq$  79 per cent on exertion:
  - Submit at rest and exertional (walking on level ground) room air oximetry report.
  - Most recent hospital discharge summary is required.
  - Assess if client is eligible to challenge Walk Test prior to the authorization termination date.

Clients who previously received AADL oxygen funding can be restarted with a new authorization based on an arterial blood gas with a PaO2 of 56-59 mmHg (authorization type of RE2) if the restart date and the arterial blood gas date is greater than three months from the last authorization termination date. This scenario DOES NOT apply to clients who have been prescribed CPAP/BPAP and are requesting to use oxygen alone.

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## Policy R – 14 B

### Procedure for Creating Oxygen Authorizations

#### Procedure for authorizing RH1 or RE2

##### Oxygen Specialty Suppliers:

- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type RH1 (if PaO2 less than or equal to 55) or RE2 (if PaO2 equals 56-59).
- Enter setup assessment date, arterial blood gas test date, PaO2 value, oximetry date and resting SpO2.
  - setup must be done within two days after arterial blood gas test date, and
  - authorization must be created within one month from the setup date
- Upload setup respiratory assessment, arterial blood gas record, prescription and oximetry report (see Appendix 1).

##### Alberta Blue Cross:

- Changes the authorization to “Approve” if the above requirements are met.

#### Procedure for authorizing RH4

##### Oxygen Specialty Suppliers:

- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type RH4 (if PaO2 less than or equal 55).
- Enter arterial blood gas date, PaO2 value and BMI.
- Upload arterial blood gas record and pulmonary function test report.

##### Alberta Blue Cross:

- Changes the authorization to “Pending.”

##### Alberta Blue Cross Registered Respiratory Therapist:

- Review test results and documents.
- Determine eligibility.

##### Alberta Blue Cross:

- Updates authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization and any required documentation as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

#### Procedure for authorizing RH2

##### Oxygen Specialty Suppliers:

- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type of RH2.
- Enter arterial blood gas date, PaO2 value and BMI.
- Upload arterial blood gas record, pulmonary function test report and evidence confirming diagnosis of cor pulmonale, secondary polycythemia or pulmonary hypertension.

**Alberta Blue Cross:**

- Changes the authorization to “Pending.”

**Alberta Blue Cross Registered Respiratory Therapist:**

- Review test results and documents.
- Determine eligibility.

**Alberta Blue Cross:**

- Updates authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination dates of the authorization and any required documentation as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

**Procedure for authorizing RH6 (New)/RH5****Oxygen Specialty Suppliers:**

- On the Alberta Blue Cross online health portal, create oxygen authorization request online at the online health portal and select authorization type of:
  - RH6 (New) – if all the requirements for RH6 (New) are met.
  - RH5 – if client has resting hypoxemia but the requirements for RH6 (New) are not met.
- Enter assessment date, arterial blood gas date, PaO2 value, oximetry date and resting SpO2.
  - If previous authorization type was RH3, and an arterial blood gas has not been obtained, enter the value of 15 for PaO2 value.
- Upload arterial blood gas record, recent respiratory assessment, tests showing severe lung disease and documents that rule out sleep disordered breathing, such as:
  - Level 1 or HSAT sleep study with interpretation
  - Internist or pulmonologist consultation report. A pulmonologist consult report is mandatory for clients transitioning from pediatric funding to adult funding
  - CPAP/BPAP compliance confirmed by the machine download
- Submit only one to two-page summary of the compliance report.

**Alberta Blue Cross:**

- Changes the authorization to “Pending.”

**Alberta Blue Cross Registered Respiratory Therapist:**

- Review test results and documents.
- Determine eligibility.

**Alberta Blue Cross:**

- Updates authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination dates of the authorization and any required documentation as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

**Procedure for authorizing RH6 (Ext)****Oxygen Specialty Suppliers:**

- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select authorization type of RH6 (Ext).

- The authorization must be created within three months prior to the last authorization termination date.
- Enter the last respiratory assessment date.
- It must be within six months from the submission date or the date when this authorization is created.
- Upload the last respiratory assessment.

**Alberta Blue Cross:**

- Changes authorization to “Approve” if the requirements for RH6 (Ext) are met.

## **Procedure for authorizing RE1**

**Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:**

- Obtain appropriate test results and documentation (refer to Exceptional Funding Criteria).
- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type RE1.
- Enter the respiratory assessment date and oximetry date with SpO2.
- Upload the following documents:
  - respiratory assessment
  - oximetry report
  - AADL Homebound Assessment form or physician/nurse practitioner letter (if client is bedridden or homebound)
  - hospital discharge summary (if client is recently discharged from the hospital and not eligible to perform walk test)

**Alberta Blue Cross:**

- Changes authorization to “Pending.”

**Alberta Blue Cross Registered Respiratory Therapist:**

- Review test results and documents.
- Determine eligibility.

**Alberta Blue Cross:**

- Updates RE1 authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

## Policy R – 15

### Pediatric Hypoxemia: Clinical Eligibility Criteria

#### Policy Statement

Pediatric 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<sub>2</sub> less than or equal to 89 per cent is required.

A paediatrician should assess clients requiring oxygen longer than three months. The maximum initial authorization term is six months and prior approval is not required.

Requests for pediatric extensions are to be submitted for **prior approval**. The maximum authorization term for extension is 12 months.

Pediatric clients who will turn 18-years-old for their next authorization may be eligible for ongoing adult funding. Please see Policy R – 14 A, RH6 (New) for criteria requirements and Policy R – 14 B, RH6 (New) for procedure to enter authorization.

#### Procedure for authorizing RH3 (Start)

##### Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

- Complete a setup respiratory assessment and obtain a hard copy of oximetry, physician or nurse practitioner's prescription and diagnosis.
- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type of RH3 (Start).
- Enter the setup date, oximetry date and SpO<sub>2</sub>.
  - submission date must be within a month from the setup date
  - SpO<sub>2</sub> must be less than or equal to 89 per cent
  - age of client must be less than 18 on assessment date
- Upload setup respiratory assessment, hard copy of oximetry and oxygen prescription with written diagnosis.

##### Alberta Blue Cross:

- Changes authorization to "Approve" if the above requirements are met.

#### Procedure for authorizing RH3 (Ext)

##### Specialty Suppliers:

- Complete a followup respiratory assessment and obtain a hard copy of oximetry.
- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select authorization type of RH3 (Ext).
- Enter the respiratory assessment date and oximetry date with SpO<sub>2</sub>.
  - SpO<sub>2</sub> must be less than or equal to 89 per cent
  - age of client must be less than 18 on the followup assessment date
- Upload the following documents:
  - followup respiratory assessment
  - oximetry report

##### Alberta Blue Cross:

- Changes authorization to "Pending."



**Alberta Blue Cross Registered Respiratory Therapist:**

- Reviews test results and documents.
- Determines eligibility.

**Alberta Blue Cross:**

- Updates RH3 (Ext) authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

## Policy R – 16 A

### Adult Nocturnal Desaturation: Client Eligibility Criteria

#### Policy Statement

Initial assessment and testing for nocturnal desaturation shall be available for clients who do not qualify for oxygen funding based on resting hypoxemia criteria (Policy R – 14 A Adult Resting Hypoxemia: Clinical Eligibility Criteria). All requests for nocturnal oxygen authorizations require **prior approvals** and the requirements of Part 1 or Part 2 or Part 3 must be met.

If the client refuses to be reassessed or is not compliant to the oxygen therapy, oxygen funding will be discontinued.

Funding for this authorization stream will be for clients 18-years-old or older. For pediatric clients, please see Policy R – 15 Pediatric Hypoxemia: Clinical Eligibility Criteria.

#### Part 1: Primary Pulmonary Hypertension, ND (New) – PH

Clients with primary pulmonary hypertension, who do NOT have sleep disordered breathing, do NOT require CPAP/BPAP but request nocturnal oxygen must meet the following requirements:

- Client diagnosed with Group 1 or Group 4 pulmonary hypertension by a pulmonary hypertension clinic or have been referred to a pulmonary hypertension clinic.
- If not followed by a pulmonary hypertension clinic, client receives at least one pulmonary hypertension specific medication.
- A recent Level 1 sleep study with interpretation, histogram and summary showing:
  - no evidence of sleep disordered breathing
  - Apnea Hypopnea Index less than 10, and
  - at least one episode of SpO<sub>2</sub> less than or equal to 89 per cent for one continuous minuteOR
- A recent Level 3 sleep study with interpretation showing:
  - 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
  - no evidence of sleep disordered breathing
  - Respiratory Disturbance Index less than 10
  - at least one episode of SpO<sub>2</sub> less than or equal to 89 per cent for one continuous minute

If the client with primary pulmonary hypertension has sleep disordered breathing, they must be effectively treated and be compliant with positive airway pressure therapy. Once compliant with positive airway pressure therapy, testing as described above must be conducted to document need for nocturnal oxygen therapy. Clients must meet the above criteria to be funded via this funding type.

#### Part 2: Sleep Disordered Breathing – Short Term Funding, NDS

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

- A recent Level 1 sleep study with interpretation showing optimal titration:
  - Apnea Hypopnea Index less than 10 with CPAP/BPAP titration
  - raw data showing SpO<sub>2</sub> less than or equal to 83 per cent for at least five continuous minutes on room air with CPAP/BPAP
  - evidence of SpO<sub>2</sub> greater than 85 per cent on oxygen with CPAP/BPAP

For consideration of long-term oxygen funding (ND (New)-SDB) (see Part 3), an Alberta Blue Cross registered respiratory therapist may request the following to be submitted prior to the short-term authorization termination date:

- interpreted full pulmonary function test with body mass index
- 30-day PAP compliance report (one to two page summary). Client is expected to meet PAP compliance requirements (see Appendix 3)

### **Part 3: Sleep Disordered Breathing – Long Term Funding, ND (New) - SDB**

Clients with sleep disordered breathing who request long-term nocturnal oxygen (authorization type ND (New)-SDB) to be used with CPAP/BPAP must meet the following requirements:

- client must already be on short-term nocturnal oxygen funding (authorization type NDS)
- a recent Level 3 sleep study with interpretation done on room air with CPAP/BPAP with optimal titration showing:
  - SpO<sub>2</sub> less than or equal to 83 per cent for at least five continuous minutes
- CPAP/BPAP machine compliance report (one to two page summary). Client is expected to meet PAP compliance requirements (see Appendix 3)

### **Part 4 Long Term Oxygen, ND (Ext)**

- Long-term oxygen clients (authorization types ND (New)-PH, ND (New)-SDB and ND (Ext)) have to be reassessed by the specialty supplier registered respiratory therapist at least once every six months for oxygen funding to continue.
- For clients who use oxygen as an adjunctive treatment with positive airway pressure therapy, a 60-day compliance report indicating clients are compliant to the positive airway pressure therapy is required for oxygen funding to continue (see Appendix 3). A compliance report must be done every six months and must be retained on the client's file.
- If client is not compliant with positive airway pressure therapy (at any point of the funding term), specialty suppliers must contact Alberta Blue Cross to adjust funding to a short-term funding authorization. Providers must address and correct the reasons for positive airway pressure non-compliance before long term oxygen funding can be obtained.
- Once the above requirements are met, the specialty supplier can authorize ND (Ext) within three months prior to the authorization termination date. The authorization term is 12 months.

## Policy R – 16 B

### Procedure for Creating Authorizations

#### Procedure for authorizing ND (New) – PH

##### Specialty Suppliers/Assessors:

- Obtain appropriate testing results and documentation (refer to Policy R – 16 A, Part 1).
- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type ND (New) – PH.
- Enter the respiratory assessment date and sleep study date.
- Upload:
  - evidence of Group 1 or Group 4 pulmonary hypertension diagnosis
    - specialist consult with diagnosis, or
    - list of medications
  - respiratory assessment
  - oxygen prescription
  - sleep study results with interpretation
  - if client on positive airway pressure therapy, a 60-day PAP Compliance Report (one to two page summary)

##### Alberta Blue Cross:

- Changes authorization to “Pending.”

##### Alberta Blue Cross Registered Respiratory Therapist:

- Review test results and documents.
- Determine eligibility.

##### Alberta Blue Cross:

- Updates ND (New) – PH authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by the Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

## Part 2: Procedure for authorizing NDS

##### Specialty Suppliers/Assessors:

- Obtain appropriate testing results and documentation (refer to Policy R – 16 A, Part 2).
- On the Alberta Blue Cross online health portal, create an oxygen authorization request and select authorization type NDS.
- Enter the respiratory assessment date and sleep study date.
- Upload:
  - sleep study results with interpretation
  - for new start, also upload respiratory assessment and prescription
  - for extensions, submit a 60-day compliance download

##### Alberta Blue Cross:

- Changes authorization to “Pending.”

**Alberta Blue Cross Registered Respiratory Therapist:**

- Reviews test results and documents.
- Determines eligibility.

**Alberta Blue Cross:**

- Updates NDS authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by an Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

**Part 2B: Procedure for authorizing NDS and BPAP at the same time****Staff at Sleep Clinic/Lab, Respiriologist’s office:**

- Obtain appropriate testing results and documentation.
- Create BPAP authorization request online at the Online Health Portal and select authorization type of SDB.
- Enter the required information.
- Upload the required documents.

**Alberta Blue Cross:**

- Changes authorization to “Pending.”

**Alberta Blue Cross Registered Respiratory Therapist:**

- Reviews test results and documents.
- Determines eligibility for both BPAP and oxygen funding requests.

**Alberta Blue Cross:**

- Updates BPAP SDB authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the BPAP authorization to “Approve” and updates the effective and termination date of the SDB authorization as specified by the Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.
- If oxygen is approved with the BPAP, Alberta Blue Cross creates an oxygen authorization with an authorization type of NDS. The effective and termination dates of the oxygen authorization will be the same as the BPAP authorization.

**Part 3: Procedure for authorizing ND (New) – SDB****Specialty Suppliers/Assessors:**

- Obtain appropriate testing results and documentation (refer to Policy R – 16 A, Part 3).
- On the Alberta Blue Cross online health portal, create oxygen authorization request and select authorization type ND (New) – SDB.
- Enter the sleep study date.
- Upload:
  - sleep study results with interpretation, and
  - CPAP/BPAP compliance download

**Alberta Blue Cross:**

- Changes authorization to “Pending.”

**Alberta Blue Cross Registered Respiratory Therapist:**

- Review test results and documents.
- Determine eligibility.

**Alberta Blue Cross:**

- Updates ND (New) – SDB authorization status on Alberta Blue Cross online health portal.
  - For approval – updates the effective and termination date of the authorization as specified by the Alberta Blue Cross registered respiratory therapist.
  - For denial – updates the authorization status to “Denied” and reason provided.

**Part 4: Procedure for authorizing ND (Ext)****Oxygen Specialty Suppliers:**

- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select authorization type of ND (Ext).
  - The authorization must be created within three months prior to the last authorization termination date.
- Enter the last respiratory assessment date.
  - It must be within six months from the submission date or the date when this authorization is created.
- Upload the last respiratory assessment.

**Alberta Blue Cross:**

- Changes authorization to “Approve” if the requirements for ND (Ext) are met.

# Table 1: Adult Nocturnal Oxygen Funding Requirements At A Glance

## ADULT NOCTURNAL OXYGEN FUNDING REQUIREMENTS AT A GLANCE

| Requirements                                  | ND (New) – PH<br>Long-Term Nocturnal O2 Funding for<br>Adults with Pulmonary Hypertension  | NDS<br>Short Term Nocturnal O2<br>Funding for Adults with SDB   | ND (New) – SDB<br>Long Term Nocturnal O2<br>funding for Adults with SDB  |
|---|--|---|--|
| Does NOT have Daytime<br>Resting Hypoxemia    | Yes  | Yes   | Yes  |
| Already on Short Term<br>Nocturnal O2 Funding | No   | May or may not be   | Yes  |
| Pulmonary Function Test                       | No   | No  | No   |
| BMI < 37                                      | No   | Not necessarily   | Not necessarily  |
| PSG or HSAT, with<br>interpretation           | PSG or HSAT  | Must be PSG   | PSG or HSAT  |
| SDB   | No   | Yes   | Yes  |
| PAP therapy                                   | No   | Yes   | Yes  |
| Gp 1 or 4 Pulmonary<br>Hypertension           | Yes  | No  | No   |
| Sleep Study Results                           | 1. No evidence of sleep disordered<br>breathing<br>2. AHI or RDI <10; and<br>3. At least one episode of SpO2 < 89%<br>for one continuous minute. | Based on optimal titration:<br>1. SpO2 < 83% on room air<br>with PAP for at least five<br>continuous minutes;<br>2. Evidence of SpO2 > 85% on<br>O2 with PAP; and<br>3. AHI <10 with PAP. | Based on optimal titration:<br>1. SpO2 < 83% on room air<br>with PAP for at least five<br>continuous minutes; and<br>2. Compliant with PAP<br>therapy. |

## Policy R – 17

### Clinical Eligibility Criteria: AADL Walk Test for Clients with Severe Lung Disease

#### Policy Statement

##### Eligibility

Testing for exertional oxygen must be ordered by a physician or nurse practitioner; the Request Form to Challenge AADL Walk Test for Clients with Severe Lung Disease form has to be approved by AADL first. All criteria listed on the form must be met.

The screening for AADL walk test eligibility criteria include:

- Client is not hypoxemic at rest. Obtain recent arterial blood gas results (done within three months from the requested date). If unavailable, arrange for arterial blood gas test to be completed to ensure client does not qualify for AADL oxygen funding based on resting hypoxemia criteria (see Policy R – 14 A Adult Resting Hypoxemia: Clinical Eligibility Criteria). Arterial blood gas record must be submitted.
- Assess and interview client to confirm client is:
  - ambulatory, including walking outside the house regularly
  - medically stable (i.e. client is on optimal medical treatment with no exacerbation of COPD or hospitalization within the preceding 60 days of testing)
  - capable of exercise without angina, cardiac risk, arthritic pain, vascular disease, etc.
  - functionally capable (i.e. client can comprehend verbal instruction and is physically and cognitively capable of using exertional oxygen)
  - using the portable oxygen when going out, and
  - hypoxemic on exertion (i.e. hard copy of the exertional oximetry done on level ground walking to show SpO2 is less than or equal to 89 per cent for at least one continuous minute within a month of the requested date. The hard copy must be dated and signed by the registered respiratory therapist. The oximetry report must be submitted.
- If on BPAP, client is not eligible to challenge the walk test.
- Submit full pulmonary function test results with interpretation.
- If BMI is greater than or equal to 37, client is not eligible to challenge the walk test.
- If BMI is less than 37 and is on CPAP, submit the following information:
  - Level 1 sleep study interpretation and histogram or Level 3 sleep study raw data with interpretation on CPAP treatment confirming client is effectively treated (i.e., RDI or AHI is less than 10). The sleep study must be done within a year from the submission date; and
  - CPAP 60-day compliance download report.
    - if non-compliant to the prescribed CPAP treatment, client is not eligible to challenge the walk test
- Client has severe primary lung disease (see Appendix 3 Definitions).

Note: Pulmonary function test must meet all of the following conditions:

- Completed no earlier than one year before current authorization termination date;
- Includes interpretation and physician signature; and
- Meets the American Thoracic Society criteria and shows good quality/effort.
- 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.
- The assessor will complete, sign and date the Request Form to Challenge AADL Walk Test for Clients with Severe Lung Disease form only if they are confident that the client meets all criteria.
- Submit the Request Form to Challenge AADL Walk Test for Clients with Severe Lung Disease form with the arterial blood gas record, pulmonary function test report and its interpretation and the hard copy of pre-screen oximetry with print out date and time.

#### Additional Notes:



- A client may perform the walk test every six months. A new Request Form to Challenge AADL Walk Test for Clients with Severe Lung Disease form must be submitted each time by the assessor.
- Depending on the client's oxygen history, medical condition, test results, feedback from the testing site and the medical lead's discretion, the client may be granted long-term (EOT) or short-term (ETS) status.
- ETS clients may re-challenge the AADL walk test prior to the termination of the oxygen authorization, if the eligibility criteria are met.
- Walk test authorizations remain active for 90 days after request to challenge the walk test is approved.

## **Procedure for authorizing ETS or EOT (New)**

### **Assessors/Specialty Suppliers:**

- Assess client and confirm the screening for walk test requirements are met.
- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select the authorization type of ETS.
- Enter the oximetry date with SpO2 (lowest SpO2 on exertion), BMI, arterial blood gas date with PaO2, and diagnosis.
- Upload the following documents:
  - Request to Challenge AADL Walk Test for Clients with Severe Lung Disease form
  - oximetry report
  - pulmonary function test with interpretation and BMI
  - arterial blood gas record
  - sleep study with interpretation and compliance report (if on CPAP)
  - chest CT scan or open lung biopsy report (if applicable)

### **Alberta Blue Cross:**

- Creates authorizations for WTS and ETS.
- Changes both authorizations for WTS and ETS to "Pending."

### **Alberta Health Services Registered Respiratory Therapist:**

- Review test results and documents.
- Determine eligibility for walk test screening/request.
- Notify Alberta Blue Cross about decision on walk test screening/request.

### **Alberta Blue Cross:**

- Updates WTS and ETS authorizations on Alberta Blue Cross online health portal.
  - For approval – changes WTS authorization to "Approve." ETS authorization remains "Pending."
    - For WTS "Pending" authorization, enter an authorization end date of 90 days from date of authorization submission.
    - Send reminder email to authorizer if WTS "Pending" authorization will expire within one week of the 90 day term.
  - For denial – changes both WTS and ETS authorizations to "Denied."

### **Continue with the following procedure if WTS authorization has been approved:**

### **Assessors/Specialty Suppliers:**

- Notify AADL walk test site about WTS approval.
- Fax physician or nurse practitioner's order for AADL walk test to AADL walk test site.

### **AADL Walk Test Site Staff:**

- Arrange walk test with client.
- Perform the walk test following the AADL walk test protocol (see Policy R – 18 AADL Walk Test Protocol: Assessing the Need for Oxygen During Exertion).
- Discuss the walk test results with the client.

- Complete AADL Walk Test Interpretation Request form.
- Fax AADL Walk Test Interpretation Request form (including the negative ones) with hard copy oximetry of the walk test to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583.

**Alberta Blue Cross:**

- Forwards completed AADL Walk Test Interpretation Request form and supporting document to Alberta Health Services registered respiratory therapist.

**Alberta Health Services Registered Respiratory Therapist:**

- Review submitted information.
- Determine eligibility for exertional oxygen funding.
- Notify Alberta Blue Cross about exertional oxygen funding outcome.

**Alberta Blue Cross:**

- Updates ETS authorization on Alberta Blue Cross online health portal.
  - For approval – changes ETS authorization to “Approve” and updates the effective and termination dates on the authorization as specified by Alberta Health Services registered respiratory therapist.
  - For denial – changes ETS authorization to “Denied” with reason provided.
- Notifies walk test site about the exertional oxygen funding outcome.

**AADL Walk Test Site Staff:**

- Forward AADL walk test funding outcome to the ordering physician/nurse practitioner and the referrer. DO NOT send the AADL walk test results to the ordering physician/nurse practitioner and the referrer.
- Notify the client on AADL exertional oxygen funding outcome.
- If the client is eligible for AADL exertional oxygen funding and is currently not receiving AADL oxygen benefits, provide the referral to an AADL approved oxygen specialty supplier.

Long-term oxygen clients (authorization type EOT (New) or EOT (Ext)) have to be reassessed by the specialty supplier registered respiratory therapist at least once every six months for oxygen funding to continue. The reassessment must show the indication for oxygen therapy. If the client refuses to be reassessed or is not using portable oxygen, oxygen funding will be discontinued.

Once the above requirements are met, the specialty supplier can authorize EOT (Ext) within three months prior to the authorization termination date. The authorization term is 12 months.

## **Procedure for authorizing EOT (Ext)**

**Specialty Suppliers:**

- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select authorization type EOT (Ext).
  - The authorization must be created within three months prior to the last authorization termination date.
- Enter the last respiratory assessment date.
  - It must be within six months from the submission date or when this authorization is created.
- Upload the last respiratory assessment.

**Alberta Blue Cross:**

- Changes authorization to “Approve” if the requirements for EOT (Ext) are met.

## Policy R – 18

### AADL Walk Test Protocol: Assessing the Need for Oxygen During Exertion

#### Policy Statement

This policy 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 six minute walk test.

The aim of this air vs. oxygen walk test is an objective evaluation of an individual's real benefit from oxygen compared to air breathing, 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:

- 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.
- 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.
- A pair of small cylinders containing either compressed air or oxygen respectively with tubing, flowmeters and shrouds to prevent visual identification of the cylinders.
- Any contemporary pulse oximeter which has the capability of memory storage and hard copy printout.
- A cart, trolley, or wheeled vehicle to carry the gas cylinders, oximeter, and a portable chair or stool.
- A clipboard and clearly labeled Borg scale for psychometric assessment of dyspnea.
- A pre-arranged course with distances pre-marked, 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 six 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:

- Introduction, explanation, completion of paperwork.
- Six-minute seated rest period while wearing oxygen tubing, compressed air four litres/minute (unless patient arrives wearing oxygen).
- Six-minute practice walk, on compressed air (unless client arrives wearing oxygen).
- Random selection of first test gas, either air or oxygen.
- Six-minute seated rest, receiving test gas.
- Six-minute walk, receiving test gas.
- Six-minute seated rest, on alternate gas.
- Six-minute walk receiving alternate gas.

- Final rest, receiving alternate gas.
- Walk test results reviewed and discussed with the patient.

## **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 Request Form to Challenge AADL Walk Test for Clients with Severe Lung Disease form.

### **Six minute seated**

The testing protocol begins with a six minute seated rest period with oxygen tubing in place and active gas flow at four liters 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 four liters per minute during the initial rest period. At the end of the six minute seated rest, the testing assistant and the respiratory therapist share responsibilities in recording the dyspnea, respiratory rate, oxygen saturation and heart rate.

### **Six minute practice walk**

The actual walking portion of the test begins with instructions to the client to walk comfortably as they 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 they will be asked about their progress and any feelings of dyspnea at approximately one minute intervals during the walk. The testing assistant and the respiratory therapist share responsibilities in recording the dyspnea, oxygen saturation and heart rate at one minute intervals. At the end of the six minute walk, the testing assistant or the respiratory therapist records the respiratory rate and measures the total distance walked.

The first six 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 six 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.

### **Six minute seated on test gas**

At the conclusion of the six 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 six minutes in the seated position, while monitoring of SpO<sub>2</sub> and heart rate continues. The test gas is either compressed air or oxygen at four liters 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.

### **Six minute walk on test gas**

After the conclusion of the six minute rest period on the first test gas, a six minute walk test is undertaken. This walk test may be concluded at six 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<sub>2</sub> less than 80 per cent) or any sudden increase in heart rate. Measurements are made and recorded by the testing assistant and the respiratory therapist as practice walk.

### **Six 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 six minutes once again, while inhaling the second test gas. The client is monitored continuously during this six minute rest, for SpO<sub>2</sub> and heart rate. Dyspnea, respiratory rate, oxygen saturation and heart rate are measured and recorded the same way as the practice seated rest.

### **Six minute walk on alternate gas**

The test then concludes with a second six 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 maximum test duration should be about 42 minutes if each walk test continued for the full six 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, six 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 six minute walk, the testing assistant and/or the respiratory therapist records the respiratory rate and the distance walked. At the end of each six 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 six minute walk as part of the test record. The respiratory therapist discusses the walk test results with the client. Interpretation of these walk test results is performed by an Alberta Health Services Respiratory Benefits Program registered respiratory therapist.

## **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 they have 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:**

- The client desaturates to a SpO<sub>2</sub> less than 80 per cent, regardless of dyspnea or distance walked;

OR

- Distance walked increases by 25 per cent (at least 30 meters) on oxygen;

OR

- Dyspnea improves by four 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 an Alberta Health Services Respiratory Benefits Program registered respiratory therapist.

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 the category-ratio Borg Scale, a validated clinical instrument to evaluate dyspnea. 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 six minute walk tests. The six 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<sub>2</sub> less than 90 per cent) was extrapolated from values for continuous resting hypoxemia. This previous value of SpO<sub>2</sub> greater than 90 per cent 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 tests which do 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 unrelated to oxygen, then providing oxygen for exercise is not necessary.

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, 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 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.

**Reference:**

AADL Walk Test Protocol

Prepared for Alberta Aids to Daily Living, Health Related Supports, Disability Supports Division.

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## Policy R – 19

### Clinical Eligibility Criteria: Palliative - General

#### Policy Statement

Home oxygen may be funded to eligible palliative clients:

- with a life limiting illness with a prognosis of six months or less, and
- who have documented shortness of breath, mMRC 3 or 4, despite appropriate non-pharmacologic and pharmacologic interventions, and
- who have resting room air oximetry showing SpO<sub>2</sub> less than 92 percent while awake for at least three continuous minutes

#### Eligibility

Home oxygen starts for palliative clients (for a maximum term of six months) shall be approved if a hard copy of oximetry is submitted showing room air SpO<sub>2</sub> less than 92 per cent at rest during the daytime for at least three continuous minutes. The client must also demonstrate severe respiratory symptoms such as dyspnea at rest or on minimal exertion (mMRC 3 or 4) despite appropriate interventions (e.g. walking aids, fans, breathing techniques, opioids, etc.).

The oxygen therapy prescribed by the physician or nurse practitioner must include oxygen flow rate and hours per day or therapist-driven prescription with written diagnosis and “palliative” status. Diagnosis of end stage chronic lung disease (e.g. COPD or pulmonary fibrosis) or cardiac disease is not an acceptable diagnosis for palliative oxygen funding.

Exceptional cases, including extensive pulmonary malignancy, not meeting the above criteria can be forwarded to Alberta Blue Cross for consideration.

Palliative authorization will only be extended for one six-month (maximum) period subject to the same criteria for palliative start. 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 for authorizing PAL (Start) or PAL (New)

##### Specialty Suppliers:

- Assess client and confirm the requirements for palliative oxygen funding are met for:
  - initial oxygen start, or
  - continued oxygen funding changing from a different pathway (e.g. resting hypoxemia) to the palliative oxygen funding pathway
- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select the authorization type:
  - PAL (Start) – if it is an oxygen start; or
  - PAL (New) – if it is a funding extension changing from a different pathway to the palliative oxygen pathway.
  - Can authorize PAL (Start) or PAL (New) one-time only.
- Enter the respiratory assessment date, mMRC, oximetry date with resting SpO<sub>2</sub>.
  - For PAL (Start) – the setup respiratory assessment date must be within a month from the submission date or the date when this authorization is created.
- Upload the following documents:
  - respiratory assessment
  - oximetry report
  - prescription with written “Palliative” and diagnosis
  - report documenting mMRC dyspnea scale (can be either from prescriber report or respiratory therapist report)

##### Alberta Blue Cross:

- Changes authorization to “Approve” if the requirements for the first time palliative oxygen funding are met.

## Procedure for authorizing PAL (Ext)

### Specialty Suppliers:

- Assess client and confirm the requirements for palliative oxygen funding extension are met.
- On the Alberta Blue Cross online health portal, create a new oxygen authorization request and select authorization type PAL (Ext).
- Enter the respiratory assessment date and oximetry date with resting SpO<sub>2</sub>.
- Upload the following documents:
  - respiratory assessment
  - oximetry report
  - prescription with written “Palliative” and diagnosis
  - report documenting mMRC dyspnea scale (can be either from prescriber report or respiratory therapist report)

### Alberta Blue Cross:

- Changes authorization to “Pending.”

### Alberta Blue Cross Registered Respiratory Therapist:

- Reviews test results and documents.
- Determines eligibility.
- Notifies Alberta Blue Cross about funding decision outcome.

### Alberta Blue Cross:

- Updates PAL (Ext) authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.



## Policy R – 20

### Followup 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

Adult clients started on oxygen therapy for hypoxemia (Policy R – 14 A Adult Resting Hypoxemia: Clinical Eligibility Criteria) require an arterial blood gas with PaO<sub>2</sub> less than or equal to 55 and recent pulmonary function test results three months after initial oxygen therapy to confirm eligibility. **Prior approval** is required for continued funding. Refer to Policy R – 14 A for subsequent extensions.

Paediatric clients on oxygen therapy for hypoxemia (Policy R – 15 Pediatric Hypoxemia: Clinical Eligibility Criteria) require oximetry (with print-out date and time) testing to be submitted to AADL within three weeks from the authorization expiry date. **Prior approval** is required for continued funding.

Adult clients with short-term Nocturnal Desaturation (NDS) status will receive oxygen funding for up to six months. Further testing required is specified on the authorization at time of the approval. **Prior approval** is required for continued funding.

Clients with short-term Exertional Oxygen Testing (ETS) status will receive O<sub>2</sub> funding for up to six months. Clients may re-challenge the AADL walk test prior to the oxygen authorization termination date if the walk test screening eligibility criteria are met. **Prior approval** is required for continued funding.

#### Procedure

##### Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

- Follow policies and procedures described above.

##### Alberta Blue Cross/Alberta Health Services (Respiratory Benefits Program):

- Review documentation and test results to determine ongoing client eligibility.
- Notify specialty supplier of the approval or denial.

## Policy R – 21

### Reimbursement for Home Oxygen Benefits

#### Policy Statement

Reimbursement for home oxygen benefits are listed in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits. Restart fees are available if oxygen is restarted within 12 months from the last oxygen authorization termination date.

Rates differ based on rural or urban areas. **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 residential address.

#### Procedure

##### Specialty Suppliers:

- Submit the on-line respiratory authorization within one month of the set-up. Failure to submit the required documentation within twenty business days will result in a gap in funding.
- Approve authorizations, usually with a termination date three months from the date of set-up. For example, if the set-up date is November 15, 2021, the termination date is February 14, 2022. Exceptions include:
  - when **prior approval** for a longer authorization period has been provided by Alberta Health Services-RBP based on a positive walk test or nocturnal desaturation
  - palliative and pediatric clients which may be authorized initially for up to six months
- Performs oxygen set-up within two days from the arterial blood gas test date. Any arterial blood gas test outside of this time frame will only be accepted if **prior approval** is provided by Alberta Blue Cross.

##### AADL:

- Does not pay for oxygen funding during client's hospitalizations, beyond the client's deceased date, the oxygen authorization termination date, the discontinued date (due to no longer required/qualified, refused therapy or moved to long-term care facility, etc.) or for time to pick up oxygen equipment.

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## Policy R – 22

### Home Oxygen Reauthorization: Short-Term Oxygen

#### Policy Statement

Testing for re-authorization and the on-going verification for chronic oxygen need shall be completed within three weeks prior to the authorization termination date. Short-term oxygen authorization types include RH1, RH2, RH3, RH4, RH5, RE1, RE2, ETS and NDS.

#### Procedure

##### **Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:**

- Advise clients of their oxygen authorization termination date.
- Access reports via Alberta Blue Cross online health portal indicating the authorization type and termination date.
- Reassess client and arrange testing to be done within three weeks prior to the authorization termination date.
- Create an authorization request and submit required documents and information to Alberta Blue Cross online health portal prior to the authorization termination date.

## Policy R – 23

### Home Oxygen Reauthorization: Long-term Oxygen

#### Policy Statement

Re-authorization of long term home oxygen benefits shall be conducted annually. Long-term authorization types include RH6 (New), RH6 (Ext), ND (New) – SLD, ND (New) – SDP, ND (Ext), EOT (New) and EOT (Ext).

#### Procedure

##### Alberta Health Services Health Professionals/Specialty Suppliers:

- Access online reports indicating the termination dates of long-term oxygen clients.
- Ensure client has been assessed by a respiratory therapist at least once every six months for oxygen funding to continue. The assessment must show the indication for oxygen therapy. If the client refuses to be reassessed or is not compliant to the oxygen therapy, oxygen funding will be discontinued.  
  
For ND long-term clients who use oxygen as an adjunctive treatment with the CPAP or BPAP, a 60-day compliance report indicating clients are compliant to the positive airway pressure therapy (i.e. using positive airway pressure therapy four hours or more per night for at least 70 per cent of the time) is required for oxygen funding to continue.
- Create an authorization request on the Alberta Blue Cross online health portal within three months prior to the authorization termination date once the above requirements are met.

## Policy R – 24

### Oxygen Authorization Types

#### Policy Statement

Assessors, Alberta Health Services health professionals and specialty suppliers shall use the following oxygen authorization types in conjunction with eligibility criteria for all authorizations.

**Table 2: Oxygen Authorization Types**

| Authorization type | Prior approval required | Description  | Maximum term |
|--------------------|-------------------------|--|--------------|
| RH1                | No                      | Adult resting hypoxemia, short-term, one acceptable arterial blood gas test (PaO <sub>2</sub> ≤ 55). See Policy R – 14B.   | Three months |
| RE1                | Yes                     | Adult exception funding, short-term, acceptable oximetry. See Policy R – 14B.  | Three months |
| RH2                | Yes                     | Adult resting hypoxemia, short-term, two acceptable arterial blood gas tests (PaO <sub>2</sub> = 56-59), documentation of cor pulmonale, secondary polycythemia or pulmonary hypertension, and pulmonary function test already received. See Policy R – 14B. | Nine months  |
| RE2                | No                      | Adult resting hypoxemia exception, short-term, one acceptable arterial blood gas test (PaO <sub>2</sub> = 56-59). See Policy R – 14B.  | Three months |
| RH3 (Start)        | No                      | Pediatric hypoxemia, first, short-term, one acceptable oximetry. See Policy R – 14B.   | Six months   |
| RH3 (Ext)          | Yes                     | Pediatric hypoxemia, first, short-term, one acceptable oximetry. See Policy R – 15.  | 12 months    |
| RH4                | Yes                     | Adult resting hypoxemia, short-term, two acceptable arterial blood gas tests, full pulmonary function test already received. See Policy R – 14B.   | Nine months  |
| RH5                | Yes                     | Adult resting hypoxemia, short-term, three acceptable arterial blood gas tests (PaO <sub>2</sub> ≤ 55). See Policy R – 14B.  | 12 months    |
| RH6 (New)          | Yes                     | Adult resting hypoxemia, long-term, newly approved. See Policy R – 14B.  | 12 months    |
| RH6 (Ext)          | No                      | Adult resting hypoxemia, long-term. See Policy R – 14B.  | 12 months    |
| NDS                | Yes                     | Adult nocturnal desaturation, short-term. See Policy R – 16, Part 2.   | Six months   |
| ND(New)-PH         | Yes                     | Adult nocturnal desaturation, long-term, newly approved primary pulmonary hypertension. See Policy R – 16, Part 1.   | 12 months    |
| ND (New)- SDB      | Yes                     | Adult nocturnal desaturation, long-term , newly approved with diagnosis of sleep disordered breathing. See Policy R – 16, Part 3.  | 12 months    |
| ND (Ext)           | No                      | Adult nocturnal desaturation, long-term. See Policy R – 16.  | 12 months    |

|             |     |  |            |
|-------------|-----|--|------------|
| ETS         | Yes | Adult exertional oxygen testing, short-term. See Policy R – 17.                | Six months |
| EOT (New)   | Yes | Adult exertional oxygen testing, long-term, newly approved. See Policy R – 17. | 12 months  |
| EOT (Ext)   | No  | Adult exertional oxygen testing, long-term. See Policy R – 17.                 | 12 months  |
| PAL (Start) | No  | Palliative, initial oxygen, start, short-term. See Policy R – 19.              | Six months |
| PAL (New)   | No  | Palliative, change of funding pathway, short-term. See Policy R – 19.          | Six months |

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## **Policy R – 25**

### **Oxygen Cylinder Holders for Wheelchairs and Walkers**

#### **Policy Statement**

Oxygen cylinder holders for wheelchairs and/or walkers designed for “D” and “E” size oxygen cylinders, shall be provided as a benefit to eligible clients.

#### **Procedure**

The procedure is outlined in AADL Program Manual Section WM – Manual Wheelchair Benefits or AADL Program Manual Section WP – Power Wheelchair Benefits found at: <https://open.alberta.ca/publications/aadl-program-manual-w>

## Policy R – 26

### Out-of-Province Reimbursement of 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:

- Must have an existing AADL home oxygen authorization.
  - If started on oxygen while visiting another province, clients need to meet AADL home oxygen eligibility criteria, and the specialty supplier or the clients (if the specialty supplier is not an AADL oxygen specialty suppliers) must obtain **prior approval** before claiming the oxygen cost.
- Inform specialty supplier of all travel arrangements including dates.
- Submit rental receipts indicating client's full name, Personal Health Number, date of birth, full payment and the dates of travel to the Alberta Blue Cross AADL team.
  - by fax at 1-855-598-3583
  - by mail: Alberta Blue Cross AADL Team  
10009-108 Street,  
Edmonton, AB, T5J 3C5.

If the currency used for payment is not in Canadian dollars, submit currency exchange rate at the time of travel.

Reimbursement to eligible clients is based on the per diem rate as specified in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits for oxygen.

##### Specialty Suppliers:

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

##### Alberta Blue Cross:

- Processes claims.
- Does not reimburse any portion of expenses incurred outside of Alberta that exceed the maximum per diem rate as specified in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits for oxygen.
- 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.



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## **Policy R – 27**

### **Duplicate Oxygen Systems**

#### **Policy Statement**

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

Duplicate oxygen systems are not funded by AADL.

#### **Procedure**

##### **Clients:**

- Pay for the cost (100 per cent) of the second supply system if it is for convenience, home use or for travel.
- Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:
- Seek reimbursement directly from the client for the second supply system.

##### **AADL:**

- Does not pay for a second supply system that is being used for convenience, home use or travel.

## **Policy R – 28**

### **Duplicate Oxygen Systems**

#### **Policy Statement**

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

Reimbursement is based on flat fee model and oxygen equipment is provided with a combination of stationary and/or portable equipment.

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:**

- Do not pay extra for combination systems.

##### **Specialty Suppliers:**

- Do not charge clients extra for combination systems.

##### **AADL:**

- Does not pay for more than one oxygen system. Reimbursement is based on a flat rate system.

## Policy R – 29

### Non-Oxygen Benefits

#### Policy Statement

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

- high humidity aerosol compressor
- non-portable suction
- portable suction
- standard, specialty and custom tracheostomy tubes
- suction catheters
- disposable manual resuscitators

#### Eligibility

##### High Humidity Aerosol Compressor (Heavy Duty Compressor)

- Provided for clients who have a tracheostomy to assist with mobilization of secretions.
- Heavy duty compressors are owned by the AADL program and are recycled.
- A physician's prescription is not required.
- AADL does not provide funding for the tubing, masks, trach cradles, humidifier bottles, etc.

##### Non - Portable Suction and Portable Suction

- A suction machine is provided to clients who require oral and/or tracheal suctioning. Clients may or may not have a tracheostomy tube.
- Clients without a tracheostomy tube will be funded if they meet the following criteria:
  - clients who are too weak to manipulate secretions
  - clients who have had fluoroscopy confirming aspiration
- Suction machines are owned by the AADL program and are recycled.
- A physician's prescription is required.
- AADL does not provide funding for the connecting tubing, specimen collection bottles, Yankauer suction, etc.
- A stationary suction unit is funded for clients who do not leave the house or who do not need to be suctioned while away from the home.
- A portable suction unit is funded for clients who are mobile and require suctioning while away from the home. Portable suction units are powered by house current, battery or 12 volt.
- A stationary and a portable suction unit is funded for clients who require frequent suction (two to four times per hour), has copious secretions, attends school or work, or has multiple appointments and obligations requiring travel. A second unit will not be provided for back up purposes or two of the same type (i.e. two stationary or two portable units) will not be funded.
- Suction benefits will not be provided for:
  - seizure disorders
  - drooling
  - agonal breathing
  - clients who are considered to be “at risk for aspiration”

##### Standard Tracheostomy Tube

- Provided to clients who require a standard tracheostomy tube.
- Supplied by AADL respiratory specialty suppliers.

- A physician's prescription is not required.
- In circumstances where shipping from the specialty supplier to the client's residence is required, the specialty supplier may charge the client privately for the additional costs.
- The maximum number of tracheostomy tubes provided or delivered is three in two months. The maximum quantity is 13 per year from the floating flexible first date of service.
  - This means clients are eligible for 13 standard tracheostomy tubes from the service date of the first claim and continues for 12 months. For example: if clients received a standard tracheostomy tube on November 1, 2019, they would be eligible for 13 units from November 1, 2020 to October 31, 2021. Once this period was completed, if the next service was provided on January 5, 2022, clients would have a new benefit period of January 5, 2022 to January 4, 2023.

### **Specialty or Custom Tracheostomy Tube**

- For clients who require a specialty or custom tracheostomy tube.
- Available only with prior approval from AADL.
- Supplied by AADL respiratory specialty supplier.
- For specialty or custom tracheostomy tube funding requests, create an authorization request for non-oxygen benefits on the Alberta Blue Cross online health portal with an authorization type PATT. The tracheostomy tube purchase order (including the purchase price) and the Request for Pre-Approval of Tracheostomy Tube form must be uploaded.
- A physician's prescription is not required.

### **Suction Catheters**

- For clients who require tracheal suctioning.
- Catheters are purchased by AADL through a tendered contract and are available through Market Drugs.
- Catheters are delivered to the client's home within 48 hours of placing the order with Market Drugs at 780-422-1397 or 1-800-282-3913.
- A physician's prescription is not required.
- The maximum quantity and frequency of the suction catheters are listed in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits.

### **Disposable Manual Resuscitators**

- For clients 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.

## Policy R – 30

### 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 below.

- heavy-duty compressor
- non-portable suction
- portable suction
- standard tracheostomy tubes
- specialty and custom tracheostomy tubes
- suction catheters
- disposable manual resuscitator

#### Procedure

##### Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

- Confirm the client's eligibility.
- Obtain client signature on the Client Consent form.
- On the Alberta Blue Cross online health portal, create an online authorization request for non-oxygen benefits. Select the authorization type of:
  - OR – If it is for heavy duty compressor, suction (including suction repair), suction catheters, manual resuscitator and standard tracheostomy tube benefits.
  - PATT – If it is for specialty or custom tracheostomy tube benefits.
- Request prior approval from AADL for clients requiring additional quantities and frequency. The assessor must complete a Quantity and Frequency Review Request form and submit to Alberta Blue Cross for prior approval.
  - A Quantity and Frequency Review Request form is required for each subsequent OR non-oxygen benefit that was not submitted and approved in the original OR authorization.
- Provide recycled equipment first. New equipment should only be provided if there is no recycled equipment available.
- The authorization term is the client's lifetime. Notify Alberta Blue Cross if clients no longer require any of the respiratory benefits.

##### Suction Catheters:

- Client contacts Market Drugs (780-422-1397 or 1-800-282-3913) to place order for suction catheters.
- Market Drugs confirms with the client whom their specialty supplier is and if they have received an AADL funded suction unit.
- Market Drugs accesses Alberta Blue Cross online health portal to confirm the client has an active OR-type authorization. Once an active authorization has been confirmed, Market Drugs completes the suction catheter order.
  - If a client does not have an OR-type authorization, Market Drugs must contact the applicable AADL specialty supplier to have them create the authorization on the Alberta Blue Cross online health portal.
- Market Drugs accesses the Alberta Blue Cross online health portal to submit claims.
- Catheters are delivered to client's home.
- Maximum quantity and frequency limits are listed in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits.

## Policy R – 31

### Repairs and Surplus of AADL Equipment (excluding Oxygen, Home Ventilators and BPAP)

#### Policy Statement

All non-oxygen equipment is the property of the Government of Alberta. AADL will fund AADL respiratory specialty suppliers to repair the other respiratory equipment (not under manufacturer's warranty) within the maximum repair amount and frequency as stated in Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits. If the repair cost is prohibitive, or repair is not possible, AADL will approve the equipment status as surplus.

#### Procedure

##### Specialty Suppliers:

- Determine if equipment is repairable.
- Supply the client with a loaner at no cost if the other respiratory equipment (excluding oxygen, BPAP and ventilator) is not functioning.
- Repair the other respiratory equipment (not under manufacturer's warranty) if it is within the maximum amount for the equipment part and labor (refer to Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits). No prior approval is required.
- If the equipment is non-repairable or the repair amount exceeds the allowable total for parts and labor, and the unit has been received for over or equal to five years, provide a replacement unit to the client. If the unit has been received for less than five years, complete and submit a Quantity and Frequency Review Request form to the Alberta Blue Cross online health portal.
- Return the repaired equipment to the client.
- Dismantle the equipment that is declared surplus.
- Store salvageable parts for repair of other units as required.

##### AADL:

- Reviews quantity and frequency review submission and determines eligibility. If eligible, approves a replacement unit.

##### Clients:

- Pay all repair costs if equipment is damaged by the client.

## Policy R – 32

### Home Ventilators

#### Policy Statement

Home ventilators are provided to clients who are invasively ventilated. Non-invasively ventilated clients who have progressive ventilatory requirement despite nocturnal BPAP may also be funded for a home ventilator. AADL will fund a ventilator suitable for home use when the client meets the eligibility criteria.

Home ventilator coverage shall include:

- Home ventilator(s):
  - For invasive ventilation: A second ventilator will be approved if the usage is greater than 16 hours per day or if client's residence is greater than 100 km from the Respiratory Outreach Program service site.
  - For non-invasive ventilation: A second ventilator may be approved based on clinical need.
- Basic home ventilator accessories, and
- Home ventilator maintenance/service.

Home ventilator equipment and services shall be available to eligible clients and provided by the Alberta Health Services Respiratory Outreach Program.

#### Eligibility Criteria

For an urgent request, call Alberta Blue Cross at 587-756-8629 (for Edmonton & areas) or 1-888-828-8738 after the authorization has been created.

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

#### Non-Invasive Ventilation

- Completed Respiratory Benefits Program Request for Home Ventilator Funding form.
- If client is older than 18-years-old, they must have a diagnosis of neuromuscular disease, spinal cord disorders or chest wall dysfunction.
- A consult completed by a pulmonologist with expertise in modes of ventilatory support to include:
  - diagnosis
  - client history
  - documentation of prior BPAP compliance and indication for ventilator:
    - extension of ventilation into daytime hours, or
    - retained bulbar function in the case of mouthpiece ventilation request, or
    - dependence on BPAP greater than 16 hours
  - documentation of respiratory failure to include daytime hypercapnia or failure to thrive secondary to daytime increased work of breathing
- A Client Consent form signed by client or individual for client. See form for clarification.

#### Invasive Ventilation

- Completed RBP Request for Home Ventilator Funding form.
- Confirmation of Client's Hospital Discharge Plan or Home Management Care Plan:
  - plan must address provision of ongoing non-oxygen supplies funded by AADL (i.e. tracheostomy tubes, suction equipment and catheters, heavy-duty compressor, and manual resuscitators)
- Provision of a second ventilator is based on one or both of the following:
  - client residence more than 100 km from Respiratory Outreach Program Service site
  - more than 16 hours per day of ventilator usage
- A Client Consent form signed by client or individual for client. See form for clarification.

## Policy R – 33

### Procedures for Creating and Entering Home Ventilator Authorizations and Claims

#### Procedure for Initial Authorization

##### Physicians or Alberta Health Services Health Professionals:

- Complete the Respiratory Benefits Program Request for Home Ventilator Funding form and have the client complete the AADL Client Consent form.
- Sign on to the Alberta Blue Cross online health portal website and create a ventilator authorization request. Please enter the authorization 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.
- Select the appropriate authorization type.
- Note: For the addition of a second ventilator, when client already has an AADL funded ventilator:
  - On the Alberta Blue Cross online health portal, create a new ventilator authorization and select an authorization type of either:
    - Ventilator - Invasive-One vent or Invasive-Two vents; or
    - Ventilator - Non-Invasive-One vent or Non-Invasive-Two vents.
  - Indicate the client's medical condition:
    - neuromuscular disease
    - spinal cord disorder
    - chest wall dysfunction
    - other (pediatric)
  - Indicate if the client been on BPAP therapy, and if so, for how many months.
  - Indicate interface mode (select one of the following):
    - trach
    - mouthpiece
    - mask/nasal pillow
    - mouthpiece and mask
    - dental appliance
  - Indicate client's current residence at time of request (i.e. home or hospital).
  - If requesting a second ventilator, please provide rationale:
    - client residence is more than 100 km from Respiratory Outreach Program service site, and/or
    - more than 16 hours per day usage
- Upload the Client Consent form, the Respiratory Benefits Program Request for Home Ventilator Funding form and other supporting documents.
- For an urgent request, call Alberta Blue Cross at 587-756-8629 (for Edmonton and area) or 1-888-828-8738 after the authorization has been created

##### Alberta Blue Cross:

- For invasive: Change authorization to "Approve" if the eligibility criteria for invasive ventilation are met.
- For non-Invasive: Change authorization to "Pending."

##### Alberta Blue Cross registered respiratory therapist:

- Review "Pending" authorizations.
- Determine eligibility.

##### Alberta Blue Cross:

- Update Alberta Blue Cross online health portal with funding decision.



- For the addition of the second ventilator approval: update the authorization termination date for one ventilator to a day before the start date of the authorization for two ventilators.
- Notify the prescriber who submitted the request about the funding outcome on the “Pending” authorizations.
- Add all uploaded documentation and information regarding ventilator authorizations to the existing Alberta Health Services Respiratory Benefits Program authorization zip file and daily summary that is sent to Alberta Health Services via sFTP.
- Notify Respiratory Outreach Program of any manually reviewed authorizations that have been approved.
- Notify specialty provider if BPAP authorization is changed or discontinued, once Alberta Blue Cross has received notification from Alberta Health Services Respiratory Outreach Program of ventilator set up date.

## **Procedure for Entering Claims**

### **Respiratory Outreach Program:**

- Log onto Alberta Blue Cross online health portal.
- Enter claims for ventilator services and products provided.

### **Alberta Health Services Department of Clinical Engineering, University of Alberta Hospital:**

- Log onto Alberta Blue Cross online health portal.
- Enter claims for parts and labor for repairing the home ventilator(s).

### **AADL Respiratory Specialty Suppliers:**

- Provide non-invasive interface to the client for use with the ventilator. Refer to Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits for the complete list of interfaces.
- Submit claim for the interface on Alberta Blue Cross online health portal.
- Call Alberta Blue Cross if uncertain about client’s eligibility.

## Policy R – 34

### Roles and Responsibilities for Home Ventilator Services

#### Home Ventilator Client:

See Appendix 4.

#### Alberta Health Services Respiratory Outreach Program:

- Initiate home ventilator services in a timely manner upon receipt of the approval.
- Provide the home ventilator, supplies and education to the client, family and caregiver(s).
- The Respiratory Outreach Program will use equipment that meets the clinical needs of the patient.
- Provide clients with non-invasive interfaces if not provided by an AADL respiratory specialty supplier.
- Exchange home ventilators when they are due for service or if the ventilator is not working properly.
- Troubleshoot equipment issues over the phone or in person and exchange equipment if issues cannot be resolved.
- Provide 24-hour emergency service to address client ventilator concerns and return client calls within thirty minutes of notification of a client problem.
- Obtain any updated home ventilator prescription from the physician and adjust ventilator settings based on the revised prescription.
- Contact Alberta Health Services' Department of Clinical Engineering at the University of Alberta Hospital when ventilators require service.
- Advise clients on their responsibilities related to the Respiratory Outreach Program.
- Ensure client signs the AADL Client Responsibility and Client Consent forms.
- Adhere to the Alberta Blue Cross Health Provider Agreement, AADL Provider Agreement and both the general AADL and home ventilator policies and procedures.
- Report any harmful incidences, near misses or adverse events, as stated in Policy R – 05 B Notification of Harmful Incidences, Near Misses, and Hazards, to AADL and Alberta Blue Cross.
- Submit a claim on the Alberta Blue Cross online health portal for service and products provided.
- Notify Alberta Blue Cross when a client is discontinued from AADL home ventilator benefits.
- Ensure all equipment is maintained and repaired as per manufacturer's specifications.

#### Alberta Health Services Department of Clinical Engineering, University of Alberta Hospital:

- Perform checks on all new home ventilators.
- Repair and service home ventilators, as per manufacturer's specifications.
- Determine if home ventilator(s) is repairable.
- Salvage home ventilators, as per AADL procedure, which are no longer repairable or meet the salvage criteria developed by AADL. Provide the model(s) and serial number(s) of salvaged units to AADL.
- Return equipment to the Respiratory Outreach Program office after servicing is complete.
- Submit claims on the Alberta Blue Cross online health portal for parts and labour for servicing the home ventilator(s).

## Policy R – 35

### Clinical Eligibility Criteria for BPAP

#### Policy Statement

All requests for BPAP funding require prior approval through the AADL Respiratory Benefits Program Manager. BPAP therapy will be provided to clients who meet the requirements of Part 1, Part 2A, Part 2B or Part 3.

#### Part 1

Clients aged 18 or older are eligible to request BPAP support if they have respiratory insufficiency caused by:

##### **Rapidly progressive neuromuscular conditions**

- Client must have one of the following diagnoses:
  - amyotrophic lateral sclerosis
  - primary lateral sclerosis
  - progressive muscular atrophy
  - pseudobulbar palsy
  - progressive bulbar palsy
- Client must meet one of the following requirements:
  - arterial blood gas obtained at rest with PaCO<sub>2</sub> greater than or equal to 45 (attach copy)
  - pulmonary function test showing forced vital capacity less than or equal to 50 per cent predicted (attach copy with interpretation)
  - sniff nasal pressure less than 40 cmH<sub>2</sub>O
  - PI max less than 40 cmH<sub>2</sub>O
  - persistent orthopnea
  - polysomnography showing nocturnal hypoventilation with an increase of TcCO<sub>2</sub> at least 10 mmHg (attach histogram, summary and interpretation)

##### **Stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions**

- Client must have one of the following:
  - stable or slowly progressive neuromuscular disorders (e.g., post-polio syndrome)
  - primary disorders of respiratory muscles (e.g., muscular dystrophy)
  - chest wall deformities leading to restrictive disorders of the lung (e.g., kyphoscoliosis)
  - traumatic spinal injuries (e.g., quadriplegia)
- Client must meet one of the following requirements obtained while in a stable state (recovered to baseline from any acute illness):
  - arterial blood gas obtained at rest with PaCO<sub>2</sub> greater than or equal to 45 (attach copy)
  - orthopnea with a drop in vital capacity of at least 20 per cent in supine versus sitting upright (attach copy)
  - polysomnography showing nocturnal hypoventilation with an increase of TcCO<sub>2</sub> at least 10 mmHg (attach histogram, summary and interpretation)

A physician, staff at a physician's office or an Alberta Health Services health professional is required to complete and/or review the Prescription and Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions form to ensure the information provided is true and correct. The form must be signed by a certified pulmonologist. The completed form with required attachments must be submitted to Alberta Blue Cross online health portal. Alberta Blue Cross will send out notification by email to the sender about the funding outcome, which can also be viewed on the online health portal.

Note: If oxygen is required to be used with the BPAP, the referrer does not need to complete separate oxygen authorization request.

## Part 2A

Clients aged 18 or older with sleep disordered breathing (including sleep apnea or hypoventilation related to obesity or medication) who request BPAP support (based on a Level 1 sleep study) for nocturnal respiratory insufficiency must meet the following requirements:

- Diagnosis of sleep disordered breathing and most current full pulmonary function test results with interpretation (attach copy). AADL does not provide funding for clients whose BPAP is requested to treat respiratory insufficiency resulting primarily from severe chronic obstructive pulmonary disease.
- Complete list of current medications to identify if some of the ingested medications may induce hypoventilation.
- Level 1 sleep study histogram, summary and interpretation showing the date of the study and the data of minimum saturation, average saturation, maximum TcCO<sub>2</sub> and Apnea Hypopnea Index for the events in the following sequence:
  - diagnostic test
  - maximum CPAP titration
    - BPAP funding is usually offered only if CPAP has not resolved respiratory insufficiency
    - If CPAP was not attempted or trialed to greater than or equal to 18 cmH<sub>2</sub>O, provide reason.
  - BPAP without rate
    - When respiratory insufficiency was not resolved with maximum IPAP/EPAP, and rate was not attempted, provide reason.
  - BPAP with rate
    - When respiratory insufficiency was not resolved with maximum IPAP/EPAP, and rate was added, provide maximum rate.
  - BPAP with rate and O<sub>2</sub>
    - When respiratory insufficiency was not resolved with maximum IPAP/EPAP and rate, and then O<sub>2</sub> was added, provide oxygen flow rate.
  - Data of the Level 1 sleep study shall meet all of the following requirements:
    - Significant decrease or elimination of respiratory events.
    - Decrease of peak TcCO<sub>2</sub> level.
    - Improved oxygenation with BPAP airway pressure.
- A physician, staff at a physician's office or an Alberta Health Services health professional is required to complete and/or review the Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing form to ensure the information provided is true and correct. The form must be signed by a certified pulmonologist or a physician trained in sleep disordered breathing. The completed form, a copy of interpreted full pulmonary function test, and Level 1 sleep histogram, summary and interpretation must be submitted to Alberta Blue Cross online health portal. Alberta Blue Cross will send out notification by email to the sender about the funding outcome, which can also be viewed on the online health portal.

Note: If oxygen is required to be used with the BPAP, the referrer does not need to complete separate oxygen authorization request.

## Part 2B

Clients aged 18 or older who request BPAP support for nocturnal respiratory insufficiency caused by sleep disordered breathing must meet the following requirements if BPAP titration was performed in the hospital:

- Diagnosis of sleep disordered breathing and most current full pulmonary function test results with interpretation (attach copy). AADL does not provide funding for clients whose BPAP is requested to treat respiratory insufficiency resulting primarily from severe chronic obstructive pulmonary disease.
- Complete list of current medications to identify if some of the ingested medications may induce hyperventilation.
- Arterial blood gas must be done before and after BPAP titration (attach arterial blood gas records). The results must show improvement of PaCO<sub>2</sub> and PaO<sub>2</sub> levels with BPAP therapy.
- Post BPAP titration arterial blood gas must be done on room air at rest and the client must be clinically stable.
- Physician in the hospital will be arranging a post discharge Level 1 sleep study prior to the hospital discharge to ensure settings are optimal (attach copy of Level 1 referral).
- A physician, staff at a physician's office or an Alberta Health Services health professional is required to complete and/or review the Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing (No PSG) form to ensure the information provided is true and correct. The form must be signed by a certified pulmonologist or internist or a physician

trained in sleep disordered breathing. The completed form, a copy of interpreted full pulmonary function test, and arterial blood gas records must be submitted to Alberta Blue Cross online health portal. Alberta Blue Cross will send notification by email to the sender about the funding outcome, which can also be viewed on the online health portal.

Note: If oxygen is required to be used with the BPAP, the referrer does not need to complete separate oxygen authorization request.

## Part 3

Clients younger than 18 who request BPAP support for respiratory insufficiency must meet the following requirements:

- Letter from the pulmonologist or attending physician which includes the client's diagnosis and reason(s) for the BPAP funding request.
- Sleep study with interpretation, the prescribed settings and any other documents supporting the BPAP request.
- A physician, staff at a physician's office or an Alberta Health Services health professional is required to complete and/or review the Prescription and Request for BPAP Funding for Pediatric Clients form to ensure the information provided is true and correct. The form must be signed by the prescribing physician. The completed form, sleep study with interpretation and any other supporting documents must be submitted to Alberta Blue Cross online health portal. Alberta Blue Cross will send notification by email to the sender about the funding outcome, which can also be viewed on the online health portal.

Note: If oxygen is required to be used with the BPAP, the referrer does not need to complete separate oxygen authorization request.

## Procedure for Initial BPAP Funding Request

### Physicians, Staff at Physicians' Office, or Alberta Health Services Health Professionals:

- Complete the appropriate BPAP funding request form for BPAP start. The list of the forms are as follows:
  - Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing
  - Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing (No PSG)
  - Prescription and Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders
  - Prescription and Request for BPAP Funding for Pediatric Clients
- Obtain the prescribing physician's signature on the request form.
- Sign on to Alberta Blue Cross online health portal website and create a BPAP authorization request. Select the appropriate authorization type (see Table 3: BPAP Authorization Types and Terms in Policy R – 36 Provision of Home BPAP Equipment and Services):
  - For adults with sleep disordered breathing - select SDB.
  - For adults with neuromuscular, musculoskeletal and spinal cord disorder - select NMS.
  - For pediatrics (age less than 18) - select PED.
- Enter arterial blood gas date (if any), PaO<sub>2</sub> (if any) and sleep study date (if any).
- Upload supporting documents and the appropriate BPAP funding request form:
  - For SDB authorization type:
    - Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing or Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing (No PSG) form must be uploaded.
  - For NMS authorization type:
    - Prescription and Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders form must be uploaded.
  - For authorization type of PED:
    - Prescription and Request for BPAP Funding for Pediatric Clients form must be uploaded.
- For an urgent request, call Alberta Blue Cross after the authorization has been created. The Registered Respiratory Therapist reviews the reason for the urgent request.
  - If urgent criteria are not met, Alberta Blue Cross notifies the sender the urgent status has not been accepted.
  - If urgent criteria are met, Alberta Blue Cross will ensure the request is reviewed within 24 hours (excluding weekends and holidays) upon receiving the phone call from the sender.

- Urgent criteria are client requires BPAP for hospital discharge or to prevent hospital (re)admission or client starts on BPAP and oxygen at the same time. Any other exceptional circumstances as noted by the physician on the request form are subject to final decision by the Alberta Blue Cross registered respiratory therapist.

#### **Alberta Blue Cross:**

- Changes the authorization to “Pending.”

#### **Alberta Blue Cross Registered Respiratory Therapist:**

- Review submitted information and documents for NMS-type authorizations.
- Determine eligibility.

#### **Alberta Health Services Registered Respiratory Therapist:**

- Review submitted information and documents for SDB and PED-type authorizations.
- Determine eligibility.
- Notify Alberta Blue Cross about funding outcome.

#### **Alberta Blue Cross:**

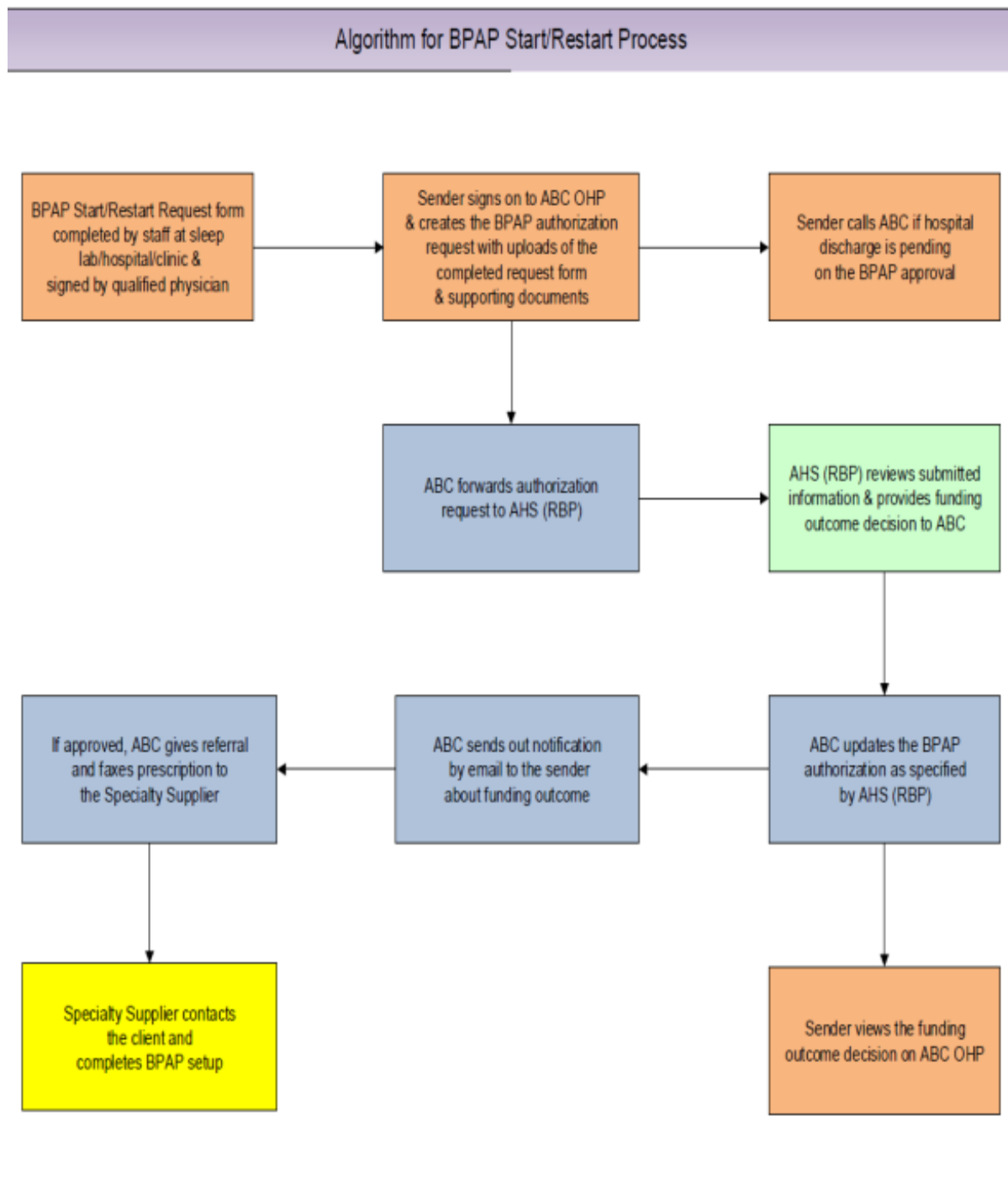
- Sends out notification by email to the sender about funding outcome.
- Updates BPAP authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist or Alberta Health Services registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.
- If approved, gives referral and faxes prescription to BPAP specialty supplier. If the request is urgent, calls BPAP specialty supplier after the fax confirmation is generated.
  - The selection of BPAP supplier is based on the client’s needs, client’s current relationship with the specialty supplier.
  - If oxygen is approved with the BPAP and both oxygen and BPAP setups are required, it is preferred both services are provided by the same specialty supplier.
    - Creates new oxygen authorization with an authorization type of NDS and changes this authorization to “Approve.” The effective date and termination date of the oxygen authorization are the same as the BPAP authorization.
  - If oxygen is approved with the BPAP and client is already on oxygen, the BPAP referral is given to the specialty supplier who is currently providing oxygen service to the client unless it is not an AADL-approved BPAP specialty supplier.
    - Updates oxygen authorization effective and termination dates as specified by Alberta Blue Cross RTT or Alberta Health Services registered respiratory therapist.

#### **BPAP Specialty Suppliers:**

- Contacts client and completes BPAP setup.
  - Completes both BPAP and oxygen setups if oxygen is also approved and client is currently not on AADL oxygen funding.
- Submits BPAP claim for BPAP initiation period service and initiation period equipment after the service date and it is up to the authorization termination date or the discontinued date whichever comes first.
  - Clients are eligible for the initiation period service and initiation period equipment funding only once in their lifetime (even if clients do not complete the full three months or 92 days term).
  - The first claim eligible start date for the equipment and service is usually the date when BPAP is setup. However, AADL does not provide BPAP funding prior to the approval date. Therefore if BPAP is setup prior to the approval date, the first claim eligible start date is the approval date.

## Figure 1

### Algorithm for BPAP Start/Restart Process



## Policy R – 36

### Provision of Home BPAP Equipment and Service

#### Policy Statement

For clients whose BPAP is approved after July 1, 2014, their BPAP benefits shall include:

- Rental of BPAP equipment based on the BPAP prescription and the equipment specifications (refer to Policy R – 36, Schedule 1).
- Soft goods (e.g. mask, headgear, chin strap, tubing, and filters, etc.).
  - BPAP supply funding required for the initiation/reinstruction and the ongoing period is covered under the service fee.
- Initial and ongoing education, service, equipment maintenance, compliance monitoring and soft goods replacement.

For clients whose BPAP was approved prior to July 1, 2014, funding for BPAP supplies will continue (see Policy R – 37 Home BPAP Supplies: Quantity and Frequency Limits) but no other additional service or equipment will be provided unless the client is enrolled into the new Service Delivery Model (refer to Policy R – 36, Procedures 6).

BPAP benefits are provided by AADL-approved BPAP specialty suppliers for eligible clients.

#### Procedure 1: Initiation of BPAP

##### BPAP Specialty Suppliers:

- Initiate BPAP therapy in a timely manner upon receipt of the BPAP approval from Alberta Blue Cross. The approved BPAP authorization can be accessed by signing onto the online health portal.
  - For urgent requests, initiation will be provided within 24 hours of the approval.
  - For routine requests, the BPAP specialty supplier is required to contact the client within one business day of the approval. Initiation will be provided within three business days of the approval unless a delay is requested by the client.
- Initiate the BPAP setup in their office or clinic. It may be provided in the client's home in situations where the client is unable to travel to the specialty supplier's office.
- If unable to contact the client to arrange BPAP initiation within a reasonable time, notify the referring physician and the health professionals involved in the client's care.
- Deliver BPAP therapy.
  - Activities will be provided by a registered respiratory therapist with clear understanding of client needs, condition and equipment used. Polysomnographic technologists, registered nurses or other health care professionals with proof of competency may also provide these services. It will be the responsibility of the specialty supplier to restrict themselves to those activities that they are competent to perform and to those appropriate to the specialty supplier's area of practice and the procedure being performed. It will be the responsibility of the specialty supplier to confirm competency. However, their work must be supervised and signed off by a registered respiratory therapist.
- Review and rate client's level of understanding on the information listed on the BPAP Client Education Package Checklist. The content of the Client Education Package must include:
  - Program information (written and verbal):
    - BPAP client's roles and responsibilities (refer to Appendix 5)
    - BPAP specialty supplier's roles and responsibilities (refer to Appendix 6)
    - purpose of the BPAP Client Education Package Checklist and the requirement for signed documentation of the client's agreement to fulfill relevant responsibilities and understanding of their obligations and rights
    - AADL BPAP policies, testing requirements and timelines
    - Contact information including phone number and website addresses (if applicable) for:
      - BPAP specialty supplier
      - Alberta Blue Cross
      - other health professionals involved in the client's care
  - Once an assessment of the clients' understanding of their condition and need for BPAP is completed, provide the following treatment instructions (written and verbal):



- client-specific education about their condition and disease process
  - If a greater need for information regarding the disease process exists, the specialty supplier is expected to refer the client back to their physician for education.
- reason(s) for BPAP therapy and its benefits
- importance of BPAP compliance and expectation that clients achieve utilization of at least four hours per day, 70 per cent of the time in order to obtain clinical benefit and receive continued funding for BPAP therapy
- potential compliance issues (e.g. mask fit, nasal symptoms and pressure issues)
- process of habituation to BPAP therapy and expectations for clients
- followup schedule
- BPAP unit instructions (written and verbal). The following information about the unit must be provided to the client (caregiver). The assessor must request the client demonstrate what they have learnt in this section.
  - Operation, maintenance and care of the unit and BPAP accessories.
    - how to turn the power on and off
    - how to maintain and care for the unit and the BPAP accessories
      - how to clean the device, humidifier, interface, headgear and other accessories to control or prevent infection, and how often these items need to be cleaned
      - how to clean or replace the filters and how often they need to be replaced
      - how often to replace other BPAP supplies
    - provide safety requirements including infection prevention and control practices
    - how to get access to the memory card for the compliance download
  - Interface fitting.
    - Choose the appropriate interface for the client if it has not been identified by the referrer (physician or Alberta Health Services professional).
    - Inform client about the interface trial period and process.
  - Manufacturer's contact information including phone number and website where they may view instructional videos.
  - Reminder that the client should bring the BPAP unit and the information card (or Respiratory Therapy BPAP Communication Tool) with them when travelling or going to the hospital.
- Complete the information card (or Respiratory Therapy BPAP Communication Tool) that is inserted on the pouch attached to the BPAP device. The card has the name and the contact information of the BPAP specialty supplier, physician, the professional that set the BPAP parameters and other health professionals involved in the client's care. It also documents BPAP settings and the date it was setup. Each time the BPAP settings are adjusted or equipment is replaced, this card must be updated by the person who made the changes.
- Select appropriate BPAP equipment (refer to Policy R – 36 Schedule 1) and set the parameters as specified on the BPAP prescription.
- Complete the assessment.
- Submit claim after the service date. The details of the billing for the initiation period are as follows:
  - If client completes the full three-month initiation submit claim for initiation period service and initiation period equipment fee for a maximum of 92 days (refer to Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits for the per diem fee).
  - If client discontinues BPAP before one month bill the initiation period service fee for one full month (30 days) and bill the initiation period equipment fee for the actual number of days the equipment was provided before discontinuation.
  - If client discontinues BPAP after one month but before three months bill the initiation period service and initiation period equipment fees for the total number of days the service and equipment were provided before discontinuation.

Clients are eligible for the initiation period service and initiation period equipment benefits only once in their lifetime (even if clients do not complete the full three months or 92 days term).

The first claim eligible start date for the equipment and service is usually the date when BPAP is setup. However, AADL does not provide BPAP funding prior to the approval date. Therefore, if BPAP is setup prior to the approval date, the first claim eligible start date is the approval date.

## Procedure 2: Initiation Period (First Three Months)

### BPAP Specialty Suppliers:

- Provide ongoing support and intervention as required to assist client to achieve compliance with BPAP therapy. The activities include:
  - Monitor compliance.
  - Obtain objective evidence of BPAP usage prior to the termination of the initial BPAP authorization term.
    - Targeted compliance is defined by the American Academy of Sleep Medicine: Four hours per day, 70 per cent of the time for at least 60 days.
  - Therapy support to address comfort, desensitization and habituation.
  - Interface(s) evaluations.
  - Document the remedy measures attempted during the period if client is experiencing difficulty in achieving compliance.
  - Collaborate with the physician and/or other health professionals (e.g. staff at specialty clinic) when the specialty supplier is anticipating that client may not achieve compliance within the initiation three-month period.
  - Obtain a new prescription if settings are updated.
    - When BPAP settings are changed, update the BPAP information card (or Respiratory Therapy BPAP Communication Tool) which is inserted in the pouch attached to the BPAP device.
    - Notify other health professionals participating in the client's care.
- Complete the following steps when compliance can't be achieved and client is refusing to work on improving the compliance:
  - If possible, obtain written documentation from the client stating their decision to discontinue BPAP therapy against medical advice.
  - Notify the physician before the client is discontinued from BPAP therapy.
  - Retrieve equipment from the client.
  - Enter the client's information, date and reason for discontinuation on the AADL monthly BPAP clients discontinued list. The AADL monthly BPAP clients discontinued list must be faxed to Alberta Blue Cross within the first two weeks of each month.
- When there is objective documentation and American Academy of Sleep Medicine compliance has been achieved.

## Procedure for authorizing NLT, SLT or PLT types

### BPAP Specialty Suppliers:

- On the Alberta Blue Cross online health portal, create a BPAP authorization request before the last authorization termination date. Select the appropriate authorization type:
  - For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NLT.
  - For adults with sleep disordered breathing – select SLT.
  - For pediatrics (younger than 18-years-old on submission date) – select PLT.
- Enter compliance start date, end date and per cent compliance for BPAP usage greater than or equal to four hours per day.
  - The number of days from the start and end date of the compliance must be greater than or equal to 60; and
  - Per cent compliance for at least four hours per day for the download period must be greater than or equal to 70 per cent.
- Upload compliance report (one to two page compliance summary).

### Alberta Blue Cross:

- Changes the authorization to "Approve" if the above requirements are met.

### BPAP Specialty Suppliers:

- Submit BPAP claim after the service date and it is up to the authorization termination date or the discontinued date whichever comes first. The items claimed are as follows:
  - Equipment:
    - Ongoing Equip Fee-BPAP without Backup Rate, or
    - Ongoing Equip Fee-BPAP with Backup Rate
  - Service:
    - BPAP Ongoing Service Fee-NM & Age < 13 Yrs. – for clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created; or
    - BPAP Ongoing Service Fee-sleep disordered breathing & Other – for clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions.

- When there is objective documentation and American Academy of Sleep Medicine compliance has not been achieved but client is working towards improving the compliance.

## Procedure for authorizing NST, SST or PST types

### BPAP Specialty Suppliers:

- On the Alberta Blue Cross online health portal, create a BPAP authorization request and select the appropriate authorization type:
  - For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NST.
  - For adults with sleep disordered breathing – select SST.
  - For pediatrics (younger than 18-years-old on submission date) – select PST.
- Enter compliance start date, end date and per cent compliance for BPAP usage greater than or equal to four hours per day.
- Upload the compliance report and Comprehensive Care Plan for BPAP form.

### Alberta Blue Cross:

- Changes the authorization to “Pending.”

### Alberta Blue Cross Registered Respiratory Therapist:

- Review submitted information and documents.
- Determine eligibility.

### Alberta Blue Cross:

- Updates BPAP authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.

### BPAP Specialty Suppliers:

- Submit BPAP claim after the service date and it is up to the authorization termination date or the discontinued date whichever comes first. The items claimed are as follows:
  - Equipment:
    - Ongoing Equip Fee-BPAP without Backup Rate, or
    - Ongoing Equip Fee-BPAP with Backup Rate
  - Service:
    - BPAP Ongoing Service Fee-NM & Age < 13 Yrs. – for clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created; or
    - BPAP Ongoing Service Fee-sleep disordered breathing & Other – for clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions.

## Procedure 3: Ongoing BPAP Service Delivery

### BPAP Specialty Suppliers:

- Provide support to address client concerns regarding BPAP equipment and therapy and support to promote and maintain BPAP compliance of at least four hours per day for 70 per cent of the time.
  - Ongoing service will be delivered by a registered respiratory therapist with clear understanding of client needs, condition and equipment used. Polysomnographic technologists, registered nurses or other health-care professionals with proof of competency may also provide these services. It is the responsibility of the specialty supplier to restrict themselves to those activities that they are competent to perform and to those appropriate to the specialty supplier’s area of practice and the procedure being performed. It will be the responsibility of the specialty supplier to confirm competency. However, their work must be supervised and signed off by a registered respiratory therapist.

- Document any changes in client's condition, BPAP settings, and BPAP therapy compliance issues on the client's file. Send copies of relevant documentation to the physician and other health professionals involved in the client's care.
- Maintain contact with the client's physician and other health professionals to ensure the client's needs are met and there is continuity of care amongst the client's health care team.
- Adjust BPAP settings based on a revised prescription from physician.
  - Update the information card (or Respiratory Therapy BPAP Communication Tool) that is inserted in the pouch attached to the BPAP device.
  - Notify other health professionals involved in the client's care.
- Extend long-term funding (current authorization type is SLT, NLT or PLT) if all of the following requirements are met:
  - Objective compliance remains at least four hours per day for 70 per cent of the time and the download period is at least 60 days.
  - A compliance download is done every six months and it must be kept on client's file.
  - Yearly face to face assessment is done within three months from the expiry date.
  - On the Alberta Blue Cross online health portal, create a new authorization request prior to the last authorization termination date.
- Request prior approval for the short-term (NST, SST or PST) funding extension if the most recent compliance download shows American Academy of Sleep Medicine compliance standard has not been achieved but the client is working towards compliance, and:
  - Client's current authorization type is SST, NST or PST and the maximum term of nine months funding from initiation has not been reached: or
  - Client's current authorization type is SLT, NLT or PLT.
- Authorize long-term (SLT, NLT or PLT) funding for the client currently on short-term (SST, NST or PST) funding if all of the following requirements are met:
  - Most recent compliance report shows American Academy of Sleep Medicine compliance standard has been achieved;
  - Compliance download period is at least 60 days; and
  - A new BPAP authorization request is created prior to the last authorization termination date.

## Procedure 4: Restart BPAP Therapy

Clients who were previously discontinued from AADL BPAP funding and are now requesting funding to restart BPAP therapy.

### Physicians, Alberta Health Services Health Professionals, or BPAP Specialty Suppliers:

- Complete the Prescription and Request for BPAP Funding for Clients Requiring a Restart of BPAP Therapy form. This must be done by a certified pulmonologist or physician trained in sleep disordered breathing. The following information must be included:
  - rationale to restart therapy
  - confirmation of the client's commitment to achieve compliance with BPAP therapy
  - physician's signature on the form to confirm the client still requires BPAP therapy and the physician agrees with the client restarting therapy, and
  - BPAP settings
- The completed form may be faxed to the BPAP specialty suppliers.
- On the Alberta Blue Cross online health portal, create a BPAP authorization request and select the appropriate authorization type:
  - For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NRS.
  - For adults with sleep disordered breathing – select SRS.
  - For pediatrics (younger than 18-years-old on submission date) – select PRS.
- Upload the completed Prescription and Request for BPAP Funding for Clients Requiring a Restart of BPAP Therapy form on the Alberta Blue Cross online health portal.

### Alberta Blue Cross:

- Changes the authorization to "Pending."

### Alberta Blue Cross Registered Respiratory Therapist:

- Review submitted information and document.
- Determine eligibility.

### **Alberta Blue Cross:**

- Sends out notification by email to the sender about funding outcome.
- Updates BPAP authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to “Approve” and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to “Denied” with reason provided.
- If approved and the sender is from the physician’s office/lab/clinic, gives referral and faxes prescription to BPAP specialty supplier.
  - If oxygen is approved with the BPAP and both oxygen and BPAP setups are required, it is preferred both services are provided by the same specialty supplier. Alberta Blue Cross will create a new oxygen authorization with authorization type NDS and changes this authorization to “Approve.” The effective and termination dates of the oxygen authorization are the same as the BPAP authorization.
  - If oxygen is approved with the BPAP and client is already on oxygen, the BPAP referral is given to the specialty supplier who is currently providing oxygen service to the client unless it is not an AADL approved BPAP specialty supplier. Alberta Blue Cross will update oxygen authorization effective and termination dates as specified by Alberta Blue Cross registered respiratory therapist.

### **BPAP Specialty Suppliers:**

- Contact client and complete BPAP setup.
- Submit BPAP claim after the service date and up to the authorization termination date or the discontinued date, whichever comes first.
  - The first claim eligible start date for the equipment and service is usually the date when BPAP is restarted. However, AADL does not provide BPAP funding prior to the approval date. Therefore if BPAP is restarted prior to the approval date, the first claim eligible start date is the approval date.
- The items claimed are based on the following conditions:
  - The first time BPAP restart, the items claimed are:
    - Equipment:
      - Reconstruct-Equip Fee BPAP without Backup Rate, or
      - Reconstruct-Equip Fee BPAP with Backup Rate
    - Service:
      - BPAP Reconstruct-Service Fee NM & < 13 Yrs. - for clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created, or
      - BPAP Reconstruct-Service Fee SDB & Other - for clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions.

Note: Clients are eligible for reconstruction period equipment and service benefits only once in their lifetime (even if clients do not complete the full three months or 92 days term).

- The second or subsequent BPAP restart, the items claimed are:
  - Equipment:
    - Ongoing Equip Fee-BPAP without Backup Rate, or
    - Ongoing Equip Fee-BPAP with Backup Rate
  - Service:
    - BPAP Ongoing Service Fee-NM & Age < 13 Yrs. – F or clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created; or
    - BPAP Ongoing Service Fee-SDB & Other
    - For clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions.
  - Interface system:
    - Interface System 12-Mth Transition BPAP (if an interface system is provided to the client within the first 12 months of the restart).
    - The authorization number for the interface system is the same as the BPAP authorization for service and equipment.



## Procedure 5: Addition of a Second BPAP (the first unit was approved after July 1, 2014)

### Physicians, Alberta Health Services Health Professionals, or BPAP Specialty Suppliers:

- Complete the Prescription and Request for Funding for an Additional BPAP Device form. This must be done by a certified pulmonologist or a physician trained in sleep disordered breathing.
  - A recent BPAP compliance download (at least 30 days period) must show the BPAP usage is greater than or equal to 16 hours per day.
  - For rapidly progressive neuromuscular conditions, a recent BPAP compliance download (at least 14 day period) must show the BPAP usage is greater than or equal to 16 hours per day.
- Fax the Request for Funding for an Additional BPAP Device form and the most recent BPAP compliance download to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583.

### Alberta Blue Cross Registered Respiratory Therapist:

- Review submitted information and documents.
- Determine eligibility.
- Send out notification to the sender about funding outcome.
- Document funding outcome notes on Alberta Blue Cross online health portal.
- If approved, give BPAP referral to the BPAP specialty supplier who provided the first BPAP device.

### BPAP Specialty Suppliers:

- Contact client and complete second BPAP device setup.
- Review BPAP authorization information.
  - No new BPAP authorization will be created for the second BPAP device.
    - The authorization number for the second BPAP is the same as the BPAP authorization for the first unit.
    - The termination date for the second BPAP is the same as the termination date on the BPAP authorization for the first unit.
- Submit claim for the second BPAP benefit after the service date and it is up to the authorization termination date or the discontinued date whichever comes first. The items claimed are as follows:
  - Equipment:
    - 2nd BPAP -Equip Fee-BPAP without Backup Rate; or
    - 2nd BPAP -Equip Fee-BPAP with Backup Rate.
    - The first claim eligible start date for the 2nd BPAP -Equip Fee is the date when the 2nd BPAP was provided.
  - Interface system:
    - Interface System Fee for 2nd BPAP (one in 12 months).
    - The authorization number for the interface system is the same as the BPAP for service and equipment.

## Procedure 6: Enroll Previous BPAP Clients to the New BPAP Service Delivery Model (SDM)

This procedure applies to previous BPAP clients who were approved for BPAP benefits prior to the new service delivery model implementation date, July 1, 2014.

### For Previous BPAP Clients Requiring Equipment Assistance

AADL expects BPAP specialty suppliers to assist the client to troubleshoot equipment issues even though the client's BPAP was approved prior to July 1, 2014. The provision of basic equipment trouble-shooting will not be funded by AADL.

### Physicians, Alberta Health Services Health Professionals, or BPAP Specialty Suppliers:

- Refers client directly to a BPAP specialty supplier to troubleshoot equipment issues.

### BPAP Specialty Suppliers:

- Contact the client. The client may bring the unit to the specialty supplier's office if needed.

- At the discretion of the specialty supplier, a visit may be provided in the client's home or hospital setting.
- Address the equipment issue if possible.
- Confirm client's BPAP unit was funded by AADL by:
  - Signing on to the Alberta Blue Cross online health portal and going to client's authorization history. If there is an active authorization with the authorization type of GRF, the client's BPAP unit was funded by AADL.
- Complete the Request for BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014 form if the equipment issue cannot be resolved and the client requires a BPAP replacement.
  - If the equipment has been replaced, provide the provision date on the request form.
- Upload the completed Request for BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014 form to the Alberta Blue Cross online health portal.
  - The specialty supplier must verify BPAP settings and obtain a new prescription if required.

### **Alberta Blue Cross Registered Respiratory Therapist:**

- Review submitted information.
- Determine eligibility.
- Send out notification to the sender about funding outcome.
- If approved:
  - Create a new BPAP authorization request on the Alberta Blue Cross online health portal and selects the authorization type of sleep disordered breathing, NMS or PED. Change the authorization to "Approve."
  - Terminate the GRF-type BPAP authorization, setting the termination date to a day before the effective date of the new BPAP authorization.

### **BPAP Specialty Suppliers:**

- Contact client and replace the BPAP unit.
- Submit claim for the BPAP benefit after the service date and it is up to the authorization termination date or the discontinued date whichever comes first. The first claim eligible start date for the equipment and service is the date when the equipment is being replaced.
- The items claimed are as follows:
  - Equipment:
    - Ongoing Equip Fee- BPAP without Backup Rate, or
    - Ongoing Equip Fee- BPAP with Backup Rate
  - Service:
    - BPAP Ongoing Service Fee-NM & < 13 Yrs. - for clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created, or
    - BPAP Ongoing Service Fee-sleep disordered breathing & Other – for clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions
  - Interface system (for the first 12 months, if provided):
    - Interface System-12 Mth Transition BPAP (one-time payment only). It can be claimed if an interface system is provided to the client within the first 12 months from the new enrollment start date.
    - The authorization number for the interface system is the same as the BPAP authorization for service and equipment.

### **For Previous BPAP Clients Requiring Clinical Support**

AADL expects BPAP specialty suppliers to address the client's issue if only a one-time service is required (e.g. change of the settings). The provision of a one-time clinical support will not be funded by AADL. The procedure to enroll the client to the BPAP new service delivery model based on extensive clinical support is as follows:

### **BPAP Specialty Suppliers:**

- Confirm client's BPAP benefit was funded by AADL by signing on to online health portal and going to client's authorization history. If there is an active GRF-type authorization, the client's BPAP benefit was funded by AADL.
- Identify the client requires clinical support (e.g. assistance with habituation to BPAP therapy or assistance in increasing hours of usage/compliance).



- Advise the client to followup with the pulmonologist or the specialist who last prescribed the client's BPAP therapy.
  - Once assessed and supported by the pulmonologist or the specialist for the clinical support, the client may be enrolled to the new BPAP service delivery model as a restart.

### **Physicians, Alberta Health Services Health Professionals, or BPAP Specialty Suppliers:**

- Complete the Prescription and Request for BPAP Funding for Clients Requiring a Restart of BPAP Therapy form. This must be done by a certified pulmonologist or a physician trained in sleep disordered breathing. The following information must be included:
  - rationale to restart therapy
  - confirmation of the client's commitment to achieve compliance with BPAP therapy
  - physician's signature on the form to confirm the client still requires BPAP therapy and the physician agrees with the client restarting therapy, and
  - BPAP settings
- The completed form may be faxed to the BPAP specialty suppliers.
- On the Alberta Blue Cross online health portal, create a BPAP authorization request and select the appropriate authorization type:
  - For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NRS.
  - For adults with sleep disordered breathing – select SRS.
  - For pediatrics (younger than 18-years-old on submission date) – select PRS.
- Upload the completed Prescription and Request for BPAP Funding for Clients Requiring a Restart of BPAP Therapy form to the online health portal.

### **Alberta Blue Cross:**

- Changes the authorization to "Pending."

### **Alberta Blue Cross Registered Respiratory Therapist:**

- Review submitted information and document.
- Determine eligibility.

### **Alberta Blue Cross:**

- Sends out notification by email to the sender about funding outcome.
- Updates BPAP authorization status on Alberta Blue Cross online health portal.
  - For approval – changes the authorization to "Approve" and updates the effective and termination date of the authorization as specified by Alberta Blue Cross registered respiratory therapist.
  - For denial – changes the authorization to "Denied" with reason provided.
- If approved and the sender is from the physician's office/lab/clinic, gives referral and faxes prescription to BPAP specialty supplier.
  - If oxygen is approved with the BPAP and both oxygen and BPAP setups are required, it is preferred both services are provided by the same specialty supplier. Alberta Blue Cross will create a new oxygen authorization with an authorization type of NDS and changes this authorization to "Approve." The effective and termination dates of the oxygen authorization are the same as the BPAP authorization.
  - If oxygen is approved with the BPAP and client is already on oxygen, the BPAP referral is given to the specialty supplier who is currently providing oxygen service to the client unless it is not an AADL approved BPAP specialty supplier. Alberta Blue Cross will update oxygen authorization effective and termination dates as specified by Alberta Blue Cross registered respiratory therapist.
- Terminates the GRF-type BPAP authorization setting the termination date to a day before the effective date of the new BPAP authorization.

### **BPAP Specialty Suppliers:**

- Contact client and complete BPAP setup.

- Submit BPAP claim for BPAP restart after the service date and it is up to the authorization termination date or the discontinued date, whichever comes first.
  - The first claim eligible start date for the equipment and service is usually the date when BPAP is restarted. However, AADL does not provide BPAP funding prior to the approval date. Therefore if BPAP is restarted prior to the approval date, the first claim eligible start date is the approval date.
- The items claimed are as follows:
  - Equipment:
    - Reconstruct- Equip Fee BPAP without Backup Rate, or
    - Reconstruct-Equip Fee BPAP with Backup Rate
  - Service:
    - BPAP Reconstruct-Service Fee NM & < 13 Yrs. – for clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created, or
    - BPAP Reconstruct-Service Fee SDB & Other – for clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions.

## For Previous BPAP Clients Requiring an Additional BPAP Unit

The procedure to request an additional BPAP device for a client who still has the BPAP unit that was approved prior to July 1, 2014 is as follows:

### Physicians, Alberta Health Services Health Professionals, or BPAP Specialty Suppliers:

- Complete the Request for Funding for an Additional BPAP Device form. This must be done by a certified pulmonologist or a physician trained in sleep disordered breathing.
  - A recent BPAP compliance download (at least 30 days period) must show the BPAP usage is greater than or equal to 16 hours per day.
  - For rapidly progressive neuromuscular conditions, a recent BPAP compliance download (at least 14 day period) must show the BPAP usage is greater than or equal to 16 hours per day.
- Fax the completed Request for Funding for an Additional BPAP Device form and the most recent BPAP compliance download to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583.

### Alberta Blue Cross Registered Respiratory Therapist:

- Review submitted information and documents.
- Determine eligibility.
- Send out notification to the sender about funding outcome.
- Document funding outcome notes on Alberta Blue Cross online health portal.
- If approved:
  - give BPAP referral to the BPAP specialty supplier
  - create a new BPAP authorization on the Alberta Blue Cross online health portal and selects an authorization type of SDB, NMS or PED

### BPAP Specialty Suppliers:

- Contact client and complete the new enrollment with a second BPAP.
- Submit claim for the BPAP benefit after the service date and it is up to the authorization termination date or the discontinued date whichever comes first.
  - The first claim eligible start date for the equipment and service is usually the date when the second BPAP is setup. However, AADL does not provide BPAP funding prior to the approval date. Therefore if the second BPAP is setup prior to the approval date, the first claim eligible start date is the approval date.
- The items claimed are as follows:
  - Equipment:
    - Ongoing Equip Fee- BPAP without Backup Rate, or
    - Ongoing Equip Fee- BPAP with Backup Rate
  - Service:

- BPAP Ongoing Service Fee-NM & < 13 Yrs. – for clients with diagnosis of neuromuscular condition or clients younger than 13-years-old when the authorization is created, or
  - BPAP Ongoing Service Fee-SDB & Other – for clients with diagnosis of sleep disordered breathing and other diagnosis excluding neuromuscular conditions.
- Interface system:
- Interface System 12-Mth Transition BPAP (if an interface system is provided within the first 12 months from the new enrollment start date). It is a one-time payment. The authorization number for the interface system (R213) is the same as the BPAP authorization for service and equipment.
  - Since clients still have a BPAP unit from the old service delivery model, they are eligible for BPAP supply funding (Q204 to Q212) for that unit. The authorization type for the BPAP supply is GRF.

## Procedure 7: Change of Catalogue Number

Claim for BPAP product and service must be billed accordingly to reflect the following changes:

- BPAP prescription (settings) has been changed and the unit must be replaced (from the unit without the back-up rate to the one with the back-up rate and vice versa).
- Client is no longer younger than 13-years-old and client does not have a diagnosis of neuromuscular disorder.
- Specialty suppliers must document the reason for the product and/or service change and its effective date on the specialty supplier client's file.

## Schedule 1 – BPAP Equipment Specifications

The specialty supplier must provide the client with a BPAP machine approved for use by Health Canada meeting the requirements of the client's prescription. Only one BPAP machine will be provided to each client unless prior approval is provided by the Alberta Blue Cross registered respiratory therapist. Provision of a second BPAP is based on the approval of a physician's request in accordance with AADL policies. The BPAP specialty supplier must provide equipment, as appropriate, from the following categories within the initiation timelines specified in this agreement:

### Spontaneous Mode Machine

- Ventilation mode: Spontaneous (S).
- Pressure range: IPAP 4 cm H<sub>2</sub>O to 25 cm H<sub>2</sub>O, EPAP 4 cm H<sub>2</sub>O to 15 cm H<sub>2</sub>O.
- Ramp or ramp-like capabilities with unlimited number of ramps per night.

### Spontaneous, Spontaneous/Timed, Pressure Control & Pressure Regulated Volume Control Mode Machine

- Ventilation Modes: Spontaneous (S), Spontaneous/Timed (S/T), Pressure Control (PC) and Pressure Regulated Volume Control.
- Pressure range: IPAP 4 cm H<sub>2</sub>O to 25 cm H<sub>2</sub>O, EPAP 4 cm H<sub>2</sub>O to 15 cm H<sub>2</sub>O.
- Ramp or ramp-like capabilities with unlimited number of ramps per night.
- Rate 0 – 30 breaths per minute.

### Spontaneous, Spontaneous/Timed Mode Machine with IPAP up to 30 cm H<sub>2</sub>O

- Ventilation Modes: Spontaneous (S), Spontaneous/Timed (S/T).
- Pressure range: IPAP 4 cm H<sub>2</sub>O to 30 cm H<sub>2</sub>O, EPAP 4 cm H<sub>2</sub>O to 20 cm H<sub>2</sub>O.
- Ramp or ramp like capabilities with unlimited number of ramps per night.
- Rate 0 – 30 breaths per minute.

### All BPAP machines must have the following accessories/capabilities:

- Heated humidifier, a carrying case, connector, tubing (six feet from machine to mask), filters, and masks.
- Pressure adjustment: clinical menu system not easily accessible or obvious to patient.
- Compliance capability, therapy memory retrievable through direct computer link (200 days minimum).

- Memory content: pressure settings, date and time of each use, including actual usage hours at set pressure.
- Associated software to accept data downloads.
- Electrical requirements: 100 – 240 VAC, 12 VCD capabilities.
- Altitude compensation capability.
- Complete with all necessary operation manuals and instructions.

The BPAP specialty supplier will ensure that all equipment is maintained and repaired per manufacturer's specifications.

The client is responsible for batteries, as required.

**Table 3: BPAP Authorization Types and Terms**

| BPAP authorization type | Prior approval required | Description  | Maximum term (months) |
|-------------------------|-------------------------|--|-----------------------|
| SDB                     | Yes                     | Initial, short-term, adult with sleep disordered breathing.  | 3                     |
| NMS                     | Yes                     | Initial, short-term, adults with neuromuscular, musculoskeletal or spinal cord disorder.   | 3                     |
| PED                     | Yes                     | Initial, short-term, pediatric (under 18-years-old) with respiratory failure.  | 3                     |
| SRS                     | Yes                     | Restart, short-term, adult with sleep disordered breathing.  | 3                     |
| NRS                     | Yes                     | Restart, short-term, adult with neuromuscular, musculoskeletal or spinal cord disorder.  | 3                     |
| PRS                     | Yes                     | Restart, short-term, pediatric (under 18-years-old) with respiratory failure.  | 3                     |
| SST                     | Yes                     | Short-term, adult with sleep disordered breathing. Client is somewhat compliant to the therapy and is making progress towards achieving compliance of four hours per day for 70 per cent of the time.  | 3 + 3                 |
| NST                     | Yes                     | Short-term, adult with neuromuscular, musculoskeletal or spinal cord disorder. Client is somewhat compliant to the therapy and is making progress towards achieving compliance of four hours per day for 70 per cent of the time.  | 3 + 3                 |
| PST                     | Yes                     | Short-term, pediatric (under 18-years-old) with respiratory failure. Client is somewhat compliant to the therapy and is making progress towards achieving compliance of four hours per day for 70 per cent of the time.  | 3 + 3                 |
| SLT                     | No                      | Long-term, Adult with sleep disordered breathing. Achieved at least 60 days compliance of greater than or equal to four hours per day for at least 70 per cent of the time.  | 12                    |
| NLT                     | No                      | Long-term, Adult with neuromuscular, musculoskeletal or spinal cord disorder. Achieved at least 60 days compliance of greater than or equal to four hours per day for at least 70 per cent of the time.  | 12                    |
| PLT                     | No                      | Long-term, pediatric (under 18-years-old) with respiratory failure. Achieved at least 60 days compliance of greater than or equal to four hours per day for at least 70 per cent of the time.  | 12                    |
| GRF                     | NA                      | Active grandfathered BPAP clients who received AADL BPAP funding prior to July 1, 2014. They are eligible for AADL BPAP supplies funding (refer to Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits, catalogue number Q204 to Q212 for quantity and frequency limitations). | NA                    |

## Policy R – 37

### Home BPAP Supplies: Quantity and Frequency Limits

#### Policy Statement

BPAP clients who received AADL BPAP funding approval prior to July 1, 2014 can get their BPAP supplies from any AADL-approved BPAP specialty suppliers. There are two groups of previous BPAP clients who are eligible for the AADL BPAP supply funding:

#### Group 1

Clients who received their AADL BPAP funding approval prior to July 1, 2014 and have not been enrolled in the new BPAP service delivery model.

- An exception to this is clients who have two BPAP machines: one serviced through the old BPAP program and the second one serviced through the new BPAP model. Since clients still have a BPAP unit from the old BPAP program, they are eligible for BPAP supply funding (Q204 to Q212) for that unit. They are also eligible for one interface system (R213) for the first 12 months from the new enrollment start date.

For each benefit year (from July 1 to June 30), the maximum quantities and frequency of the BPAP items for this group of clients are as follows:

- interface system (e.g. full face mask, nasal mask or nasal pillows with headgear) – one per year
- headgear – one per year
- chin strap – one per year
- filters – 12 per year
- tubing – one per year
- humidifier chamber – one per year
- one-way pressure valve (if client requires oxygen with the BPAP) – one per year

For catalogue number, pricing, quantity and frequency limit of the BPAP supply for this group of clients, refer to Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits for BPAP supplies.

#### Group 1 – Procedure

##### BPAP Specialty Suppliers:

- Receive contact from client for BPAP supplies.
- Confirm client's eligibility for AADL BPAP supplies funding:
  - sign on to online health portal and go to the client's authorization history
    - If there is an active GRF authorization-type, the client is eligible for BPAP supplies funding.
  - ensure the quantity of the item supplied is within the maximum allowed for the current benefit year (refer to Alberta Aids to Daily Living Approved Product List R – Respiratory Benefits)
  - if uncertain about client's eligibility, contact Alberta Blue Cross
- Provide BPAP supplies to the client.
- Submit claim for the BPAP supplies.

#### Group 2

Clients who received their BPAP funding approval prior to July 1, 2014 and are now enrolled in the new SDM due to equipment failure are eligible for an interface system (R213) if it is provided to the clients.

- The interface system (R213) must be claimed within the first 12 months from the new enrollment start date. It is a one-time payment.

## **Group 2 – Procedure**

### **BPAP Specialty Suppliers:**

- Receive approval from Alberta Blue Cross to enroll client (who got BPAP funding prior to July 1, 2014) to the new BPAP Service Delivery Model (SDM). The requirements to enroll client to the new SDM are:
  - ensure client's BPAP unit received before July 1, 2014 is not functioning properly
  - confirm client's BPAP unit was funded by AADL prior to July 1, 2014:
    - Sign on to online health portal and go to the client's authorization history. If there is an active GRF authorization-type, client is on AADL old BPAP program.
  - upload the Request for funding for Clients with BPAP Approved Prior to July 1, 2014 form to the Alberta Blue Cross online health portal for prior approval

### **Alberta Blue Cross Registered Respiratory Therapist:**

- Reviews submitted information.
- Determines eligibility.
- Notifies BPAP specialty supplier about the funding decision outcome.
- If approved,
  - creates a BPAP authorization on the Alberta Blue Cross online health portal, selects an authorization type of SDB, NMS or PED, and changes the authorization to "Approve"
  - changes the termination date of the GRF authorization to a day before the new BPAP authorization effective day

### **BPAP Specialty Suppliers:**

- Confirm the approval by signing on to online health portal and ensure there is an active BPAP authorization under client's authorization history.
- Provide BPAP replacement unit to the client.
- Provide an interface system to the client as needed. If the provision date of the interface system is within 12 months from the new enrollment start date, submit claim for the interface system (R213).
  - the authorization number for R213 is the same as the BPAP authorization for service and equipment



## **Policy R – 38**

### **Home BPAP Equipment: Disposals**

#### **Policy Statement**

Client's BPAP equipment that was provided prior to July 1, 2014 shall be disposed of when it is no longer used or required

#### **Procedure**

##### **Clients (Caregivers)/Specialty Suppliers:**

- Dispose of the unit if the BPAP unit was provided to the clients prior to July 1, 2014 and it is now not working or no longer required.
- Contact Alberta Blue Cross AADL team if uncertain about the provision date of the BPAP unit.



## **Policy R – 39**

### **Other Respiratory Equipment: Manufacturer's Warranties**

#### **Policy Statement**

AADL is considered the original purchaser with regards to all manufacturers' 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.





## **Policy R – 40**

### **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:

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

# Policy R – 41

## Forms

### Policy Statement

Respiratory benefits forms shall be used for communication between AADL and assessors, Alberta Health Services health professionals, specialty suppliers and Alberta Blue Cross. These forms are subject to change at AADL's discretion and will be updated as required.

### Procedure

#### For BPAP start funding request:

- On the Alberta Blue Cross online health portal, create a BPAP authorization request for BPAP start with an authorization type of SDB, NMS or PED.
  - For SDB authorization type, either of the following forms must be uploaded:
    - Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing, or
    - Prescription and Request for BPAP Funding for Adults with Sleep Disordered Breathing (No PSG)
  - For NMS authorization type, the following form must be uploaded:
    - Prescription and Request for BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders
  - For PED authorization type, the following form must be uploaded:
    - Prescription and Request for BPAP Funding for Pediatric Clients

#### For BPAP restart funding request:

On the Alberta Blue Cross online health portal, create a BPAP authorization request for BPAP restart with an authorization type of SRS, NRS or PRS. Upload the Prescription and Request for BPAP Funding for Clients Requiring a Restart of BPAP Therapy form.

#### For short-term BPAP funding extension request:

On the Alberta Blue Cross online health portal, create a BPAP authorization request for BPAP extension with an authorization type of SST, NST or PST. Upload the Comprehensive Care Plan for BPAP Therapy form.

#### For an additional BPAP device funding request:

Complete the Prescription and Request for Funding of Additional BPAP Device form and upload it to Alberta Blue Cross online health portal.

#### For enrolling client from the old BPAP program to the new service delivery model:

Complete the Request for BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014 form and fax to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583.

#### For request to challenge AADL walk test:

On the Alberta Blue Cross online health portal, create an oxygen authorization request with an authorization type of ETS. Upload the Request form to Challenge AADL Walk Test for Clients with Severe Lung Disease.

#### For walk test interpretation:

Complete the AADL Walk Test Interpretation Request form and fax to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583.

**For specialty or custom tracheostomy tube funding request:**

On the Alberta Blue Cross online health portal, create an authorization request for other respiratory benefits with an authorization type of PATT. Upload the Request for Pre-Approval of Tracheostomy Tube.

**For an increase of quantity and frequency request:**

Complete the Quantity and Frequency Review Request for Respiratory Benefits form and fax to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583.

Requests for an increase of quantity and frequency are limited to the following items:

- Increase the number of specialty or custom tracheostomy tubes;
- Add a portable to a non-portable suction or add a non-portable to a portable suction;
- Replace a suction, heavy duty compressor or manual resuscitator within five years;
- Increase the number of full face mask, nasal pillows or nasal mask for the grandfathered BPAP clients for the current year or ongoing years.

**Other forms used in the AADL respiratory benefits program:**

- Client Consent form
- Client Responsibility form
- BPAP Client Education Package Checklist
- BPAP Communication Tool
- BPAP Client's Roles and Responsibilities
- BPAP Specialty Suppliers' Roles and Responsibilities
- Home Ventilator Funding form

## Appendix 1

### Oximetry Report

When oximeter strips are not submitted, an oximetry report from an oximeter download onto a computer must include the following:

- client name and Alberta Personal Health Number
- date of assessment
- monitoring time (i.e. length of time of each intervention)
- client condition (at rest, on exertion, post exertion, etc.)
- on/off oxygen, O2 flowrate
- oximeter model
- registered respiratory therapist signature

Handwritten oximetry results will not be accepted for AADL funding determination.

## Appendix 2

### Respiratory Benefits Program Oximetry Guide for Funding Requests

The following guide for oximetry is consistent with the standards of practice for the profession of respiratory therapy and must be followed by AADL oxygen specialty suppliers for all oximetry results submitted with funding requests, when funding is dependent on pulse oximetry:

- An oximetry report must be clearly labeled with either room air or the oxygen flow rate and activity (rest, exertion or post exertion). A complete oximetry report (on room air, on oxygen, at rest, on exertion and post exertion) is expected unless client circumstances do not permit e.g., client in wheelchair, exertional testing would not be expected. Exertional activity must be on level ground walking only.
- Oximetry readings before and after a noted poor signal or no signal will not be considered. Oximetry with poor quality will not be accepted for funding request.
- Oximetry monitoring requirements:
  - Resting Room Air Oxygen Saturation Measurement
    - oximetry should not be measured or reported as a one-time spot check or post exertion
    - oximetry must be done when the client is at rest for a minimum of 20 minutes
    - resting saturations and heart rate must be stable for a minimum time period of five consecutive minutes

For safety reasons, room air oximetry may not be appropriate to do on all respiratory clients. If proof of hypoxemia is required for funding purposes based on oximetry, please use clinical discretion when assessing clients and collecting qualifying data.

- Room Air Oxygen Saturation Measurements on Exertion (only if appropriate)
  - a client should not be exerted if saturations at rest are less than 85 per cent
  - stop exertion immediately if the client desaturates to less than 80 per cent
- Room Air Oxygen Saturations Measurement Post Exertion
  - monitor post exertion saturations closely and monitor lowest desaturation and corresponding heart rate
  - document the time required for the client to return to their baseline resting room air saturation
- Resting Oxygen Saturation Measurement
  - monitor resting oxygen saturations on prescribed oxygen flow rate
  - titrate the client's oxygen flow based on physician or nurse practitioner prescription or therapist driven protocol
- Oxygen Exertional and Post Exertional Saturation Measurement
  - oxygen titration must be based on physician or nurse practitioner prescription or therapist driven protocol

Note: Measurement of oximetry is less accurate at low values, and SpO<sub>2</sub> of 70 per cent is generally taken as the lowest accurate reading.

#### Factors affecting oximetry readings and suggested solutions:

- Poor perfusion of the extremity being used for monitoring – erroneously low readings
  - Compare the pulse rate displayed on the oximeter with a palpated pulse. If they don't match, the readings are probably not reliable.
  - Warm the extremity and rub skin if local poor perfusion or move the sensor to an alternative probe site (e.g. ear lobe) with a different probe.
  - This problem also occurs when exertional oximetry is done on client using a walker if the sensor is attached to a finger. In this case, use the ear lobe site.
- Movement of the fingers – erroneously low readings
  - If finger probe is used, the hand should be rested on the chest at the level of the heart rather than the affixed digit held in the air to minimize motion artifact, or
  - Try placing the sensor on a different part of the body, e.g. ear, cheek or nose. Also, flexible probes that are taped in place are less susceptible to motion artifacts than clip-on probes.
- Incorrect sensor application – erroneously low readings
  - Position the oximeter's LED and the photodetector directly opposite to each other when tape sensor is used.

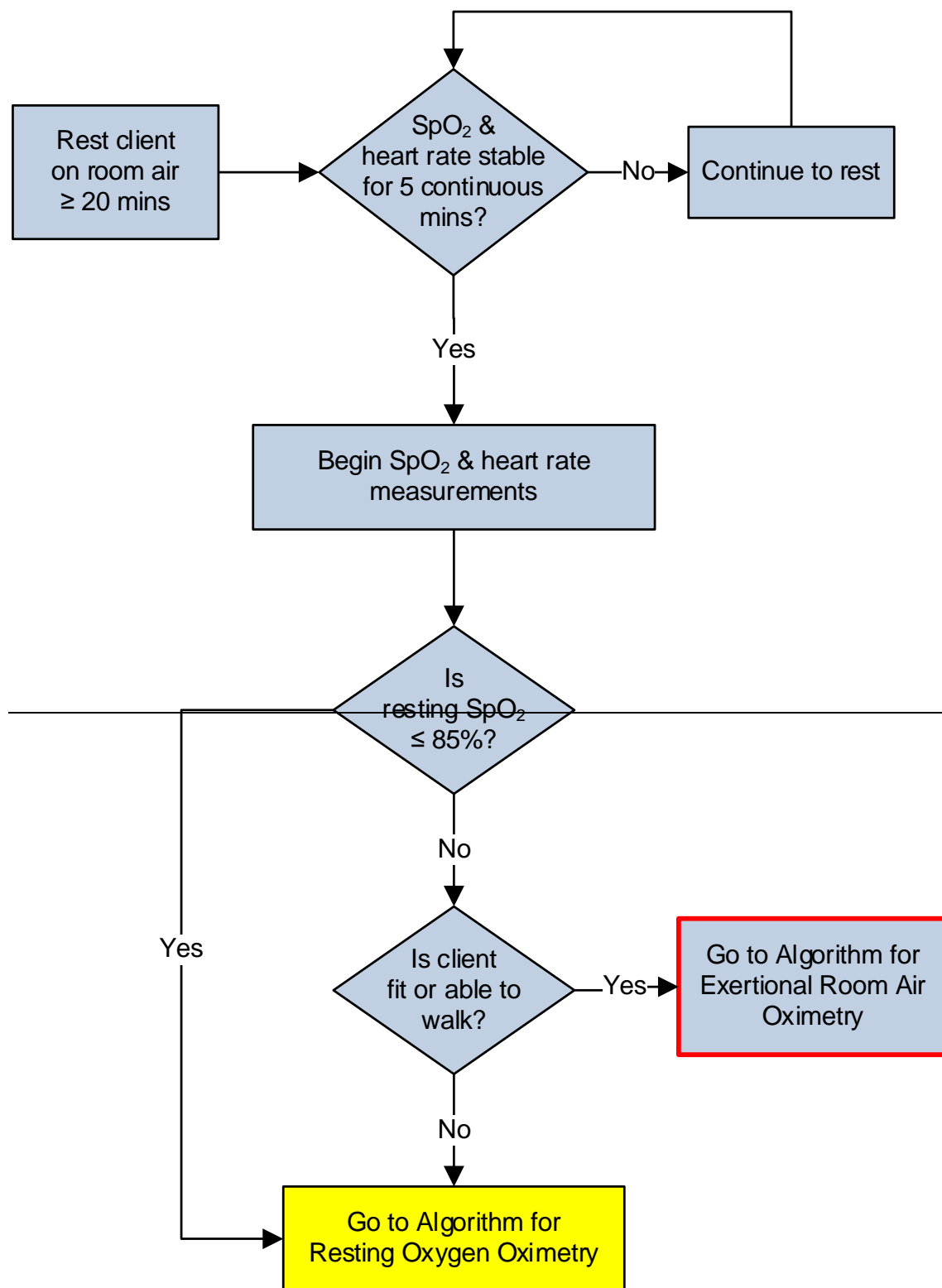
- Recent exposure to carbon monoxide or abnormal amounts of carbon monoxide – erroneously high readings
  - Hemoglobin binds 200-250 times more readily to carbon monoxide than to oxygen.
  - The oximeter cannot distinguish between the two. Therefore, the device will give a high SpO<sub>2</sub> reading if the hemoglobin molecules are filled with carbon monoxide.
  - Carboxyhemoglobin levels in non-smokers are less than two per cent, and they may be as high as 10 – 20 per cent in heavy smokers
  - For every one per cent of circulating carboxyhemoglobin, the oximeter over reads by one per cent.
- Methemoglobin level above normal range – readings stay at approximately 85 per cent.
- Dark nail polish (e.g. blue, green or black), bruising under the nail – erroneously low readings
  - Turn the finger probe 90 degrees so the light will pass through the finger side-to-side rather than through the nail bed, or
  - Remove the nail polish from at least one finger nail, or
  - Attach the sensor to an alternative probe site (e.g. ear lobe).
- Direct sunlight or bright light in the immediate environment
  - If the reading changes when you cup your hand around the sensor, it is likely that external light is affecting the oximetry readings.
  - Cover the sensor or move it away from the light source or environment.
- Weak or nonexistent peripheral pulses produce unreliable readings
  - It can occur when the blood pressure or the cardiac output is low or when the client has an arrhythmia.
  - Some oximeters show a pulse despite inadequate tissue perfusion or even when no pulse is present, as ambient light may produce a false signal.
  - An arterial blood gas may be necessary.
- Venous pulsations like tricuspid regurgitation – erroneously low readings
  - Cause the oximeter to record venous instead of arterial oxygen saturation.
  - Caution in interpreting the information obtained by pulse oximetry in this group of clients when the oximeter is under reading the actual saturation.

### **Oximetry Monitoring Sequence**

Room air monitoring may not be necessary or appropriate during an initial respiratory assessment. Monitoring will be done for oxygen titration purposes.

The oximetry sequence listed in the figures below should be followed during a routine or followup assessment.

Figure 2: Room Air at Rest



**Figure 3: Room Air on Exertion and Post Exertion**

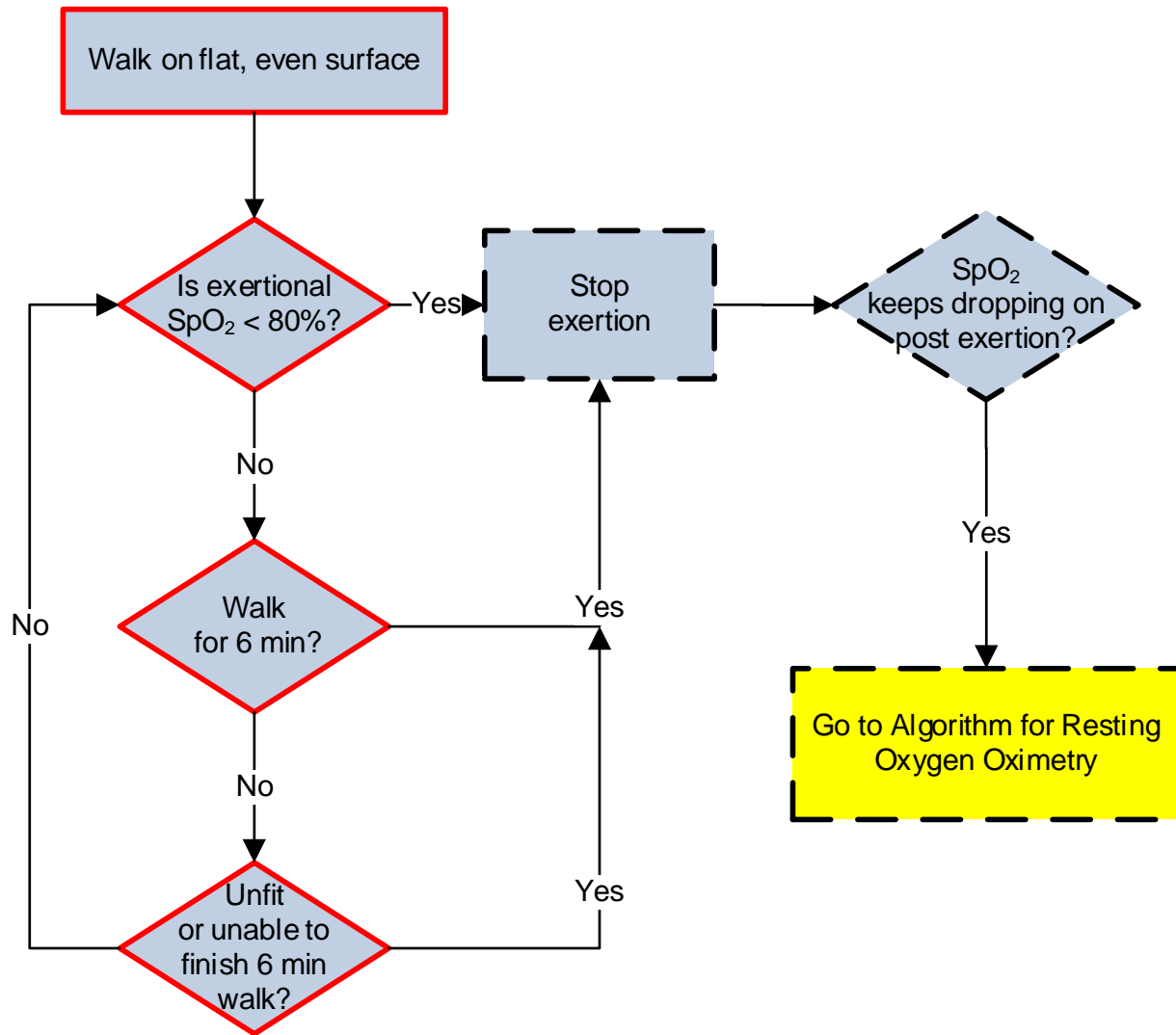
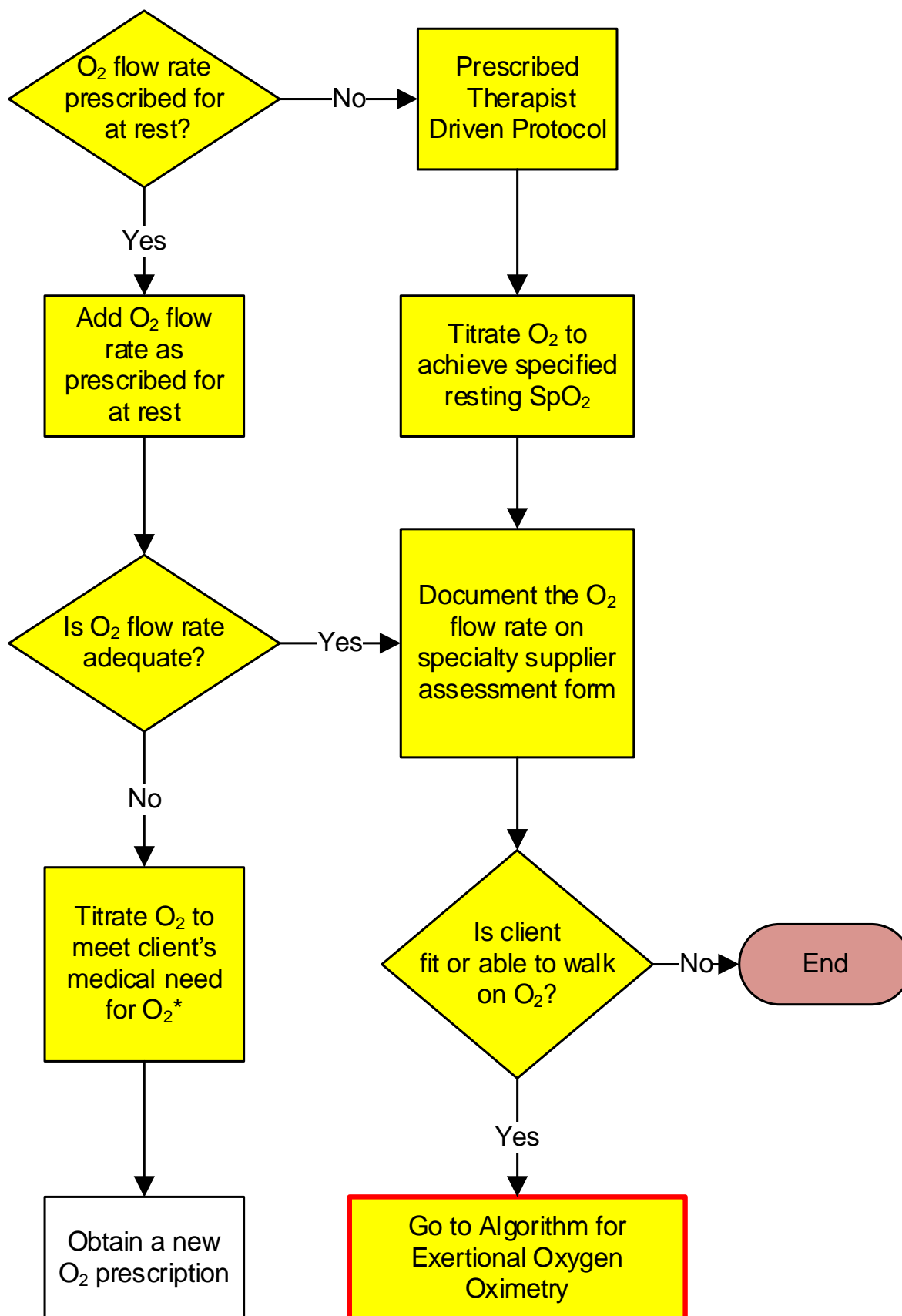
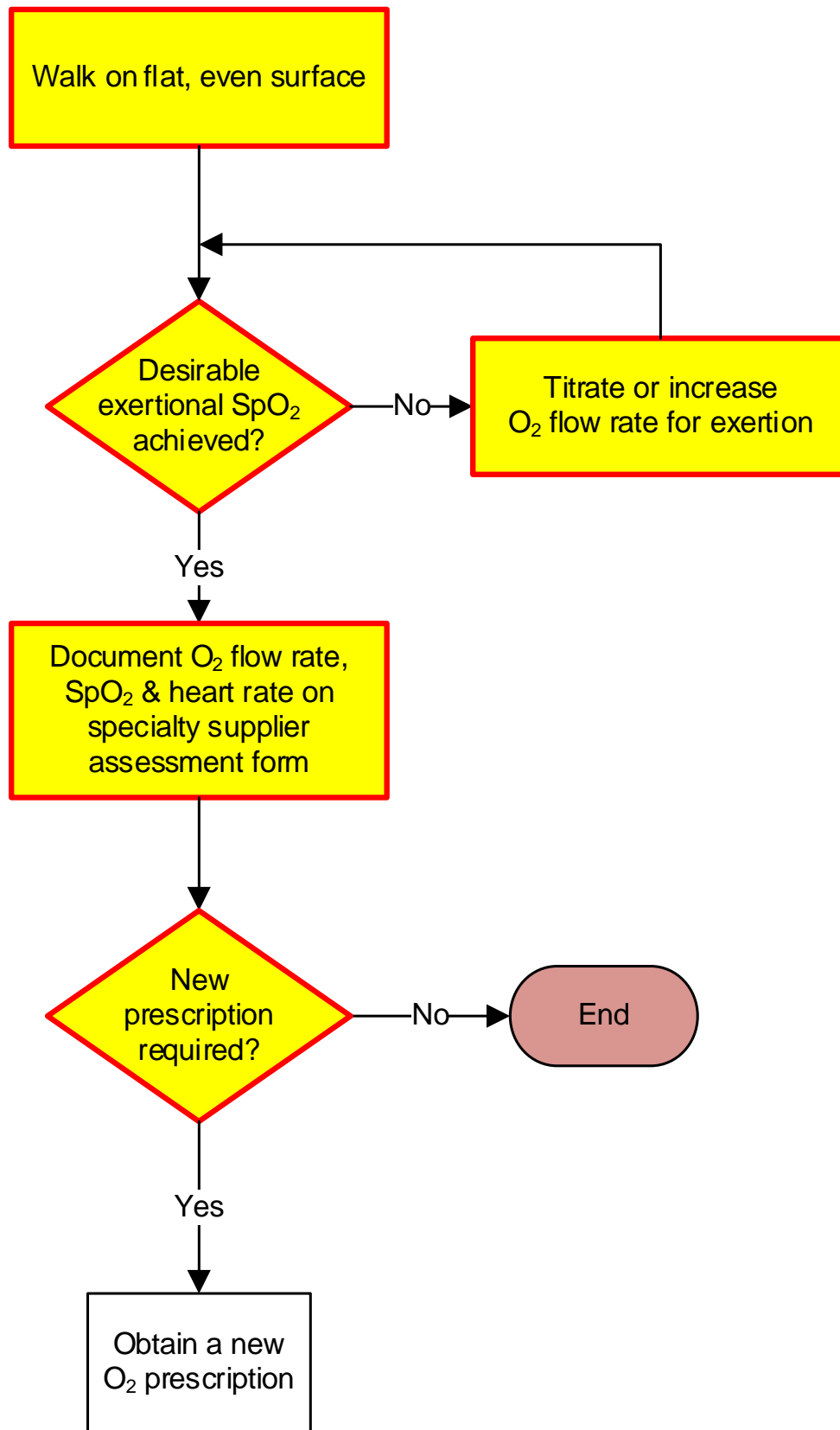




Figure 4: Oxygen at Rest



**Figure 5: Oxygen on Exertion**



## Appendix 3

### Definitions

#### Positive Airway Pressure Compliance

Positive airway pressure therapy of at least four hours per night for at least 70 per cent of the time.

#### Severe Lung Disease

- Obstructive Lung Disease: Airway obstruction supported by pulmonary function test showing both of the following values post bronchodilator:
  - FEV1 less than 50 per cent predicted; and
  - FEV1/FVC less than 0.70 or 70 per cent (actual value, not percent predicted)
- Restrictive Lung Disease: Restrictive lung disease supported by both of the following:
  - Pulmonary function test showing at least one of the following values:
    - FVC less than 70 per cent predicted with the absence of obesity (BMI less than 37), or
    - unadjusted DLCO less than 50 per cent predicted
  - Confirmation of diagnosis by at least one of the following:
    - chest CT scan, or
    - open lung biopsy

In addition, the diagnosis of severe restrictive lung disease can be supported by the following:

- recent hospital admission for an acute exacerbation of Interstitial Lung disease within the past 24 weeks
- greater than 50 metre decline in distance walked over a 24 week period, or
- SpO2 decrease to less than or equal to 79 per cent within six minutes of a room air exertion walk

## Appendix 4

### Home Ventilator Client Roles and Responsibilities

Home ventilator clients must:

- Contact the Respiratory Outreach Program if there are issues with the ventilator(s) or ventilator settings.
- Notify the Respiratory Outreach Program if:
  - moving to a different address
  - moving to long term care
  - changing physician or nurse practitioner
  - admitted to hospital
  - your ventilator prescription has changed
  - traveling to another province or country
  - moving to another province or the equipment is no longer required. The home ventilator(s) must be returned to the Respiratory Outreach Program
- Contact the Respiratory Outreach Program if they choose not to use the therapy after consultation with their physician.
- Take good care of the equipment supplied. Clients are responsible for replacing any equipment that is lost, stolen or damaged. The Respiratory Outreach Program can withdraw equipment and services if equipment is misused.
- Acknowledge that AADL does not replace lost, damaged due to misuse or stolen ventilator(s) and obtain appropriate insurance as required.
- Comply with the Respiratory Outreach Program's policies regarding abuse-free environments. Failure to comply may result in removal of equipment and service discontinuation.
- Must return the BPAP equipment (if any) to BPAP specialty supplier if two ventilators have been received.
- Sign the AADL Client Responsibility and Client Consent forms.

## Appendix 5

### BPAP Client Roles and Responsibilities

- Contact the BPAP specialty supplier if there are issues with the equipment and the BPAP therapy. If problems cannot be resolved over the phone, the client or their caregiver is expected to bring the equipment to the specialty supplier's office.
- Notify the BPAP specialty supplier if their address changes, if they no longer use or require BPAP, and if they enter a long-term care facility, move out of province or change physician.
- Contact the BPAP specialty supplier if they choose not to use the therapy. BPAP funding will be discontinued.
- Take good care of the equipment supplied. Clients are responsible for replacing any equipment that is lost, stolen or damaged. BPAP specialty suppliers can withdraw equipment and services if equipment is misused.
- Pay privately for the rental or purchase of BPAP if the unit from the BPAP specialty supplier was taken out of the province and is not working.
- Comply with the BPAP specialty supplier policies regarding abuse-free environments. Failure to comply may result in the specialty supplier removing equipment and services.
- Comply with the therapy. If client is not compliant to the therapy, the client must be actively working towards achieving compliance of four hours per day for 70 per cent of the time. If the client has not reached this standard of compliance within nine months from the BPAP initiation, BPAP funding will be discontinued.
- Collaborate in their care by participating in the required assessment and/or tests arranged by the specialty supplier or physician to determine the continuation of BPAP funding. Failure to comply may result in an invoice from the specialty supplier that clients may be required to pay.
- Obtain the BPAP supplies from their current BPAP specialty supplier. The eligible BPAP items and their quantities provided are based on client's clinical needs as assessed by the specialty supplier. The basic eligible BPAP items and their maximum quantities are as follows:
  - interface system (full face mask, nasal pillows or nasal mask with headgear) – one per year
    - There is an option to replace the interface or to replace parts of the interface (e.g. cushions, forehead gel, etc.) at the specialty supplier's discretion.
    - Clients who require ventilation for long hours (e.g. 16 hours or more per day) are eligible for two interface systems per year.
    - Clients under the age of 13 are eligible for two interface systems per year.
  - headgear – one per year
  - chin strap – one per year
  - filters – 12 per year
  - tubing – one per year
  - oxygen diverter or pressure one way valve – one per year if client is using oxygen with the BPAP
- Sign the BPAP Client's Roles and Responsibilities form and Client Consent form.

## Appendix 6

### BPAP Specialty Supplier Roles and Responsibilities

- Lead client care services to ensure clients are receiving acceptable benefits from BPAP treatment.
- Inform physician of client therapy issues.
- Manage treatment in collaboration with client, physician and other health professionals involved in client's care.
- Provide 24-hour emergency service to address client BPAP concerns and return client calls within one hour of notification of a client problem.
- Ensure a registered respiratory therapist experienced with BPAP therapy is available during all regular business hours to address client concerns.
- Provide BPAP service at their office/clinic if problems cannot be resolved over the phone. Home visits are only required by exception and at the specialty supplier's discretion.
- Initiate BPAP therapy in a timely manner upon receipt of the approval.
  - for urgent requests, initiation will be provided within 24 hours of the approval
  - for routine requests, contact the client within one business day of the approval. Initiation will be provided within three business days of the approval unless a delay is required by the client
- Ensure clients meet the BPAP eligibility criteria.
- Contact Alberta Blue Cross with concerns, questions, and unusual requests. If a client's eligibility is uncertain, an authorization or reauthorization must not be done.
- Ensure all items on the Client Education Package Checklist are covered with the client (and/or their caregiver during the BPAP initiation.
- Determine the appropriate equipment to best meet the client's needs (refer to Schedule 1 – BPAP Equipment Specifications).
- Obtain any updated BPAP prescription from the physician and adjust BPAP settings based on the revised prescription, and:
  - update the information card (or Respiratory Therapy BPAP Communication Tool) that is inserted in the pouch attached to the BPAP device
  - notify other health professionals involved in client's care
- Adhere to the Alberta Blue Cross Health Provider Agreement, AADL Provider Agreement and both the general AADL and BPAP policies and procedures.
- 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.
- Bill the BPAP at per diem rate based on the number of days client is eligible for funding and before discontinuation.  
**Exception:** If client is discontinued less than one month after the BPAP initiation, the specialty supplier can bill one month (30 days) initiation or reinstruction period service fee.
- Document comments and concerns about difficulties with client's compliance in client's record. Files must be available for audit by AADL and Alberta Blue Cross.
- Ensure clients sign the BPAP Client's Roles and Responsibilities form and the Client Consent form.
- Extend long-term clients on-line within three months prior to the last authorization termination date if:
  - client's objective compliance is at least four hours per day for 70 per cent of the time
  - a minimum of 60-day compliance download is done every six months
  - yearly respiratory assessment is done within three months from the expiry date
- Fax the AADL monthly BPAP clients discontinued list within the first two weeks of every month to Alberta Blue Cross.