

Alberta Health

Alberta Aids to Daily Living Respiratory Benefits Program

Policy & Procedures Manual

November 16, 2020

Classification: Public



Revision History

Description	Date
R-32 to R34 Updated for transition to Alberta Blue Cross R-27 and R-28 wording has been updated.	November 16, 2020
R-29 Non-Oxygen Benefits policy updated R-11A- Physician Appeal of Funding Decision wording updated	December 2, 2019
R-14A Adult Resting Hypoxemia Eligibility Criteria and R-14B Procedure for Creating Oxygen Authorizations created and updated. Appendix added.	November 4, 2019
R-05A and R05B Fire Safety and Notification of Harmful Incidences, Near Misses and Hazards created and updated. R-11A and R-11B Appeal Policies created and updated.	October 1, 2019
R-14 Updated reference to Homebound Assessment form R-25 Procedure for claiming oxygen cylinder holders updated. R-35 and R-36 – updated to reflect authorization adjudication process changes	August, 2019
R-12, R-14, R-19- references to scripts with company logos updated	April, 2019
Policy number changes for R-27 to R-30. Wording changes to identify Alberta Blue Cross Registered Respiratory Therapists in R-14, R-15, R-19 and R-36. Wording changes in R-17 and criteria has been updated in R-19. Clarification of process for suction catheter benefit in R-29 and R-30.	March 1, 2019
Policy Manual updated to reflect transition of administration of Respiratory Benefits to Alberta Blue Cross.	October 1, 2018
Call Alberta Blue Cross AADL Provider Contact Centre at 1-888-828-8738 or 587-756-8629 (Edmonton and area) for questions and concerns from the prescribers, practitioners/assessors and respiratory specialty suppliers. Call Alberta Blue Cross AADL Customer Services at 1-888-808-8678 for questions and concerns from clients and caregivers. Alberta Blue Cross AADL Team fax number is 1-855-598-3583 or 780-498-3585 (Edmonton and area) and the email address is HealthServicesAADLInquiries@ab.bluecross.ca	October 1, 2018
R-20; Cardiac Palliative Policy removed. Numbering of policies updated.	August 1, 2018
Removed references to benefit quantities, frequencies and price which are now in Respiratory Approved Product List	July 1, 2016
R-39: Replaced BPAP Re-Assessment form with Comprehensive Plan for BPAP Therapy	July 1, 2015
R-38: Updated BPAP funding criteria for Neuromuscular, Musculoskeletal and Spinal Cord Conditions	July 1, 2015
R-36, R-37: Change of catalogue numbers, pricing and procedures for requesting interface systems (e.g. full face mask, nasal mask and nasal pillows with headgear) and chin strap on clients who are using the interface with their ventilator	July 1, 2015

R-39, R-40: Change of catalogue numbers, pricing and procedures for requesting BPAP supplies on clients who got their BPAP funding approved prior to July 1, 2014 and have not been enrolled into the new service delivery model	July 1, 2015
R-39, R-40: Change of catalogue numbers, pricing and procedures for requesting BPAP supplies on clients during their first 12 months transition from their old BPAP service delivery model (SDM) into the new SDM	July 1, 2015
Removed policy statement and procedures on Home BPAP Equipment: Maintenance and Service. Subsequent policies renumbered.	July 1, 2015
R-39, R-42 Updated BPAP warranty coverage (new units approved prior to July 1, 2014)	July 1, 2015
Amended document to add nurse practitioner	February 13, 2015
R-38 to R-43: New policy – subsequent policies renumbered	October 1, 2014
R-17: Content added to policy	July 16, 2013
Overall manual formatting revisions, including updating of all policy numbers.	July 1, 2013
Removed Respiratory Medical Advisory Committee	July 1, 2013
Removed reference to Cost-Sharing throughout	July 1, 2013
Removed reference to Quantity and Frequency Review process throughout	July 1, 2013

Contents

Policy R – 01	9
Respiratory Benefits Background.....	9
Policy Statement.....	9
Policy R – 02	10
Approved Respiratory Benefits	10
Policy Statement.....	10
Policy R – 03	11
AADL Respiratory Assessors.....	11
Policy Statement.....	11
Procedure.....	11
Policy R – 04	12
AADL Respiratory Specialty Suppliers Roles and Responsibilities	12
Policy Statement.....	12
Procedure.....	12
Respiratory Benefits Program (RBP) Oximetry Guide for Funding Requests	15
Policy R – 05 A	22
Fire Safety	22
Policy Statement.....	22
Procedure.....	22
Policy R – 05 B	23
Notification of Harmful Incidences, Near Misses, and Hazards	23
Policy Statement.....	23
Procedure.....	23
Policy R – 06	25
AADL Clients Roles and Responsibilities	25
Policy Statement.....	25
Procedure.....	25
Policy R – 07	27
AADL Authorization.....	27
Policy Statement.....	27
Procedure.....	27
Policy R – 08	28
AADL Hard Copy Requirement.....	28
Policy Statement.....	28
Procedure.....	28
Policy R – 09	29
Authorization Corrections.....	29
Policy Statement.....	29
Procedure.....	29

Policy R – 10	30
Specialty Supplier Changes	30
Policy Statement.....	30
Procedure.....	30
Policy R – 11 A	31
Physician Appeal of Funding Decision.....	31
Policy Statement.....	31
Procedure.....	31
Policy R - 11 B	33
Specialty Provider Review of Funding Decision	33
Policy Statement.....	33
Procedure.....	33
Policy R – 12	35
General Home Oxygen Eligibility Criteria.....	35
Policy Statement.....	35
Procedure.....	35
Policy R – 13	36
Home Oxygen Therapy Clinical Eligibility: Documented Hypoxemia Criteria.....	36
Policy Statement.....	36
Procedure.....	36
Policy R – 14 A	37
Adult Resting Hypoxemia Eligibility Criteria	37
Policy Statement.....	37
Initial Funding Criteria for RH1 or RE2 (3 month term).....	37
Interim Funding Criteria for RH4 or RH2 (9 month term).....	38
Long Term Funding Criteria for RH6 (New) (12 month term)	39
Exceptional Funding Criteria for RH5 (12 month term).....	40
Long Term Funding Criteria for RH6 (Ext) (12 month term)	40
Exceptional Funding Criteria RE1 (3 month Term).....	41
Policy R – 14 B	42
Procedure for Creating Oxygen Authorizations	42
Procedure for authorizing RH1 or RE2.....	42
Procedure for authorizing RH4	42
Procedure for authorizing RH2.....	43
Procedure for authorizing RH6 (New)/RH5	43
Procedure for authorizing RH6 (Ext).....	44
Procedure for authorizing RE1	45
Policy R – 15	46
Clinical Eligibility Criteria: Paediatric Hypoxemia.....	46
Policy Statement.....	46
Procedure for authorizing RH3 (Start)	46
Procedure for authorizing RH3 (Ext).....	47

Policy R – 16	48
Clinical Eligibility Criteria: Adult Nocturnal Desaturation.....	48
Policy Statement.....	48
Part 1 - Procedure for authorizing ND (New) – SLD.....	49
Part 2.....	50
Part 2A - Procedure for authorizing NDS.....	50
Part 2B - Procedure for authorizing NDS and BPAP at the same time.....	51
Part 3.....	52
Part 3 - Procedure for authorizing ND (New) – SDB.....	52
Procedure for authorizing ND (Ext).....	53
Policy R – 17	55
Clinical Eligibility Criteria: AADL Walk Test for Clients with Severe Lung Disease	55
Eligibility	55
Procedure for authorizing ETS or EOT (New)	57
Procedure for authorizing EOT (Ext)	59
Policy R – 18	60
AADL Walk Test Protocol: Assessing the Need for Oxygen during Exertion	60
Background	60
Policy R – 19	67
Clinical Eligibility Criteria: Palliative - General	67
Policy Statement.....	67
Eligibility	67
Procedure for authorizing PAL (Start) or PAL (New)	68
Procedure for authorizing PAL (Ext)	68
Policy R – 20	70
Follow-Up Assessment: Re-Confirming Authorization	70
Policy Statement.....	70
Reconfirming Client Eligibility	70
Procedure.....	70
Policy R – 21	72
Reimbursement for Home Oxygen Benefits	72
Policy Statement.....	72
Procedure.....	72
Policy R – 22	74
Home Oxygen Reauthorization: Short-Term Oxygen (RH1, RH2, RH3, RH4, RH5, RE1, RE2, ETS and NDS).....	74
Policy Statement.....	74
Procedure.....	74
Policy R – 23	75
Home Oxygen Reauthorization: Long-term Oxygen.....	75
Policy Statement.....	75
Procedure.....	75
Policy R – 24	76
Oxygen Authorization Types.....	76
Policy Statement.....	76

Policy R – 25	78
Oxygen Cylinder Holders for Wheelchairs	78
Policy Statement.....	78
Procedure.....	78
Policy R – 26	79
Out-of-Province Reimbursement of Home Oxygen	79
Policy Statement.....	79
Procedure.....	79
Policy R – 27	81
Duplicate Oxygen Systems	81
Policy Statement.....	81
Procedure.....	81
Policy R – 28	82
Multiple Oxygen Systems.....	82
Policy Statement.....	82
Procedure.....	82
Policy R – 29	83
Non-Oxygen Benefits	83
Policy Statement.....	83
Eligibility	83
Policy R – 30	86
Authorization Process: Non-Oxygen Benefits.....	86
Policy Statement.....	86
Procedure.....	86
Policy R – 31	88
Repairs and Surplus of AADL Equipment (excluding Oxygen, Home Ventilators and BPAP) .	88
Policy Statement.....	88
Procedure.....	88
Policy R – 32	90
Home Ventilators.....	90
Policy Statement.....	90
Eligibility Criteria	90
Policy R – 33	92
Procedures for Creating and Entering Home Ventilator Authorizations and Claims	92
Procedure for Initial Authorization.....	92
Procedure for Entering Claims.....	94
Policy R – 34	95
Roles and Responsibilities for Home Ventilator Services.....	95
Policy R – 35	97
Clinical Eligibility Criteria for BPAP	97
Policy Statement.....	97
Part 2B	99
Part 3.....	100
Procedure for Initial BPAP Funding Request.....	101

Policy R – 36	106
Provision of Home BPAP Equipment and Service.....	106
Policy Statement.....	106
Procedure (1): Initiation of BPAP.....	106
Procedure (2): Initiation Period (First Three Months).....	109
Procedure for authorizing NLT, SLT or PLT.....	110
Procedure for authorizing NST, SST or PST.....	111
Procedure (3): Ongoing BPAP Service Delivery.....	112
Procedure (4): Restart BPAP Therapy.....	114
Procedure (5): Addition of a Second BPAP (the first unit was approved after July 1, 2014).....	116
Procedure (6): Enroll Previous BPAP Clients to the New BPAP Service Delivery Model (SDM).....	117
For Previous BPAP Clients Requiring Equipment Assistance.....	117
For Previous BPAP Clients Requiring Clinical Support.....	119
For Previous BPAP Clients Requiring an Additional BPAP Unit.....	121
Procedure (7): Change of Catalogue Number.....	122
Schedule 1 – BPAP Client’s Roles and Responsibilities.....	123
Schedule 2 – BPAP Specialty Supplier’s Roles and Responsibilities.....	124
Schedule 3 – BPAP Equipment Specifications.....	125
Schedule 4 – BPAP Authorization Types and Terms.....	127
Policy R – 37	129
Home BPAP Supplies: Quantity and Frequency Limits.....	129
Policy Statement.....	129
Group 1.....	129
Group 1 - Procedure.....	130
Group 2.....	130
Group 2 – Procedure.....	130
Policy R – 38	132
Home BPAP Equipment: Disposals.....	132
Policy Statement.....	132
Procedure.....	132
Policy R – 39	133
Other Respiratory Equipment: Manufacturer’s Warranties.....	133
Policy Statement.....	133
Policy R – 40	134
Respiratory Equipment: Recycle and Repair Warranties.....	134
Policy Statement.....	134
Policy R – 41	135
Approved AADL Respiratory Specialty Suppliers.....	135
Policy Statement.....	135
Policy R – 42	136
Forms.....	136
Policy Statement.....	136
Procedure.....	136
Appendix I – Oximetry Report	139
Appendix II – Roles and Responsibilities for Home Ventilator Client	141

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 (AHS) Clinical Advisory Committee.

AADL respiratory authorizations/reauthorizations and claims are completed at Alberta Blue Cross Online Health Portal.

Policy R – 02

Approved Respiratory Benefits

Policy Statement

AADL respiratory benefits available to eligible clients include:

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

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

AADL does not fund for 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: Respiratory Assessor is usually a Specialty Supplier respiratory therapist who is initiating the therapy and will be following the client's progress.

Procedure

Assessors:

1. Ensure the client:
 - a) Has a valid Personal Health Number (PHN).
 - b) Signs the Client Declaration Form.
 - c) Is provided with setup and follow-up assessments (as outlined in policy).
2. Confirm:
 - a) The client meets the current respiratory eligibility criteria by reviewing the necessary data.
3. Ensure the appropriate generic prescription is dated and signed by a physician or nurse practitioner. Home oxygen prescriptions must include:
 - a) O₂ flow and hours per day; or
 - b) Therapist Driven Prescription (TDP).
 - c) For palliative oxygen funding request, the prescription must include (a) or (b) with written diagnosis and "palliative" status.
4. 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.

Procedure

Respiratory Specialty Suppliers:

1. Assess clients who are palliative, have a long-term disability or chronic illness that requires home oxygen.
2. Ensure:
 - a) 24-hour emergency service.
 - b) Phone calls are returned to AADL clients within one hour of notification of client problems.
 - c) Problems are resolved by agreeing to have an employee attend the client's home for equipment failure within a reasonable time, unless the client agrees attendance is not required.
 - d) A respiratory therapist is available during all regular business hours.
 - e) Client's Personal Health Numbers (PHNs) are valid.
 - f) Clients meet the respiratory eligibility criteria.
 - g) Clients are advised of their responsibilities related to program benefits including the termination date of their oxygen and/or BPAP authorization.
 - h) Clients sign the AADL Client Responsibility form and Client Declaration form.
 - i) 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.

- i. AADL will not pay for oxygen rental if the set-up is done prior to the testing date.
 - ii. Testing for oxygen reauthorization must be done within three weeks prior to the authorization termination date.
- j) Follow-up assessments done at a minimum of once every 6 months or as requested by AADL is required for continued oxygen funding.
 - i. Assessments may be conducted in collaboration with Alberta Health Services respiratory therapists.
 - ii. All assessments must be retained on the Specialty Supplier file.
 - iii. All re-authorization documentation 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.
3. Advise clients and/or caregivers to inform the Specialty Supplier when they are admitted to a hospital or long term care facility.
4. Suspend oxygen billing for the period when the client is hospitalized or traveling outside the Province of Alberta.
5. Obtain an appropriate generic, signed physician or nurse practitioner's prescription with date. Home oxygen prescriptions must include:
 - a) O₂ flow and hours per day; or
 - b) Therapist Driven Prescription (TDP).
 - c) For palliative oxygen funding request, the prescription must include (a) or (b) with written diagnosis and "palliative" status.
6. Conduct a respiratory assessment at time of set up which includes:
 - a) Oximetry on room air at rest and on exertion.
 - b) Oximetry on oxygen at rest and on exertion; if applicable, history, medication regime and chest auscultation.
 - c) For oximetry guidelines, refer to the Respiratory Benefits Program (RBP) Oximetry Guide for Funding Requests.
7. Determine the appropriate equipment to best meet the client's needs.
8. Obtain the required test data, e.g. ABGs, hard copy oximetry, pulmonary function test, initial set-up assessments, etc. and retain on the Specialty Supplier file.
9. 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.
10. Suspend the billing for oxygen and/or BPAP benefits if the client is discontinued from the therapy, or deceased.

11. 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.
12. Adhere to the Alberta Blue Cross Health Provider Agreement and the AADL Provider Agreement both the general AADL and Respiratory Policies and Procedures.
13. 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.
14. Provide assistance to client and physicians or nurse practitioners in arranging tests for benefit authorization and re-authorization.
15. 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.
16. Provide clients with information and answers regarding AADL eligibility criteria.
17. Submit information, when required, for **prior approval** to Alberta Blue Cross AADL Provider Contact Centre.
18. Adhere to all Federal and Provincial safety standards for the transportation and handling of hazardous materials.
19. Inform Alberta Blue Cross AADL Provider Contact Centre if there is a change of ownership.

Respiratory Benefits Program (RBP) 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 the AADL Oxygen Specialty Suppliers for all oximetry results submitted with funding requests, when funding is dependent on pulse oximetry:

1. 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. Please refer to the appendix for oximetry report submission requirements.
2. 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.
3. Oximetry Monitoring Requirements:
 - a) Resting Room Air Oxygen Saturation Measurement
 - Oximetry should not be measured or reported as a onetime spot check or post exertion.
 - Oximetry must be done when the client is at rest for a minimum of twenty 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 AADL-RBP clients. If proof of hypoxemia is required for funding purposes based on oximetry, please use clinical discretion when assessing clients and collecting qualifying data.

- b) Room Air Oxygen Saturation Measurements on Exertion (only if appropriate)
 - A client should not be exerted if saturations at rest are $\leq 85\%$.
 - Stop exertion immediately if the client desaturates to $< 80\%$.
- c) 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.
- d) 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
- e) 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 SpO₂ of 70% is generally taken as the lowest accurate reading.

Factors Affecting Oximetry Readings and suggested solutions:

1. 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.
2. 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.
3. Incorrect sensor application – erroneously low readings
 - Position the oximeter's LED and the photodetector directly opposite to each other when tape sensor is used.
4. 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 SpO₂ reading if the hemoglobin molecules are filled with carbon monoxide.
 - Carboxyhemoglobin levels in non-smokers are less than 2%, and they may be as high as 10-20% in heavy smokers
 - For every 1% of circulating carboxyhemoglobin, the oximeter over reads by 1%.
5. Methemoglobin level above normal range – readings stay at approximately 85%.
 6. 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).
 7. 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.
 8. 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.
 9. 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.

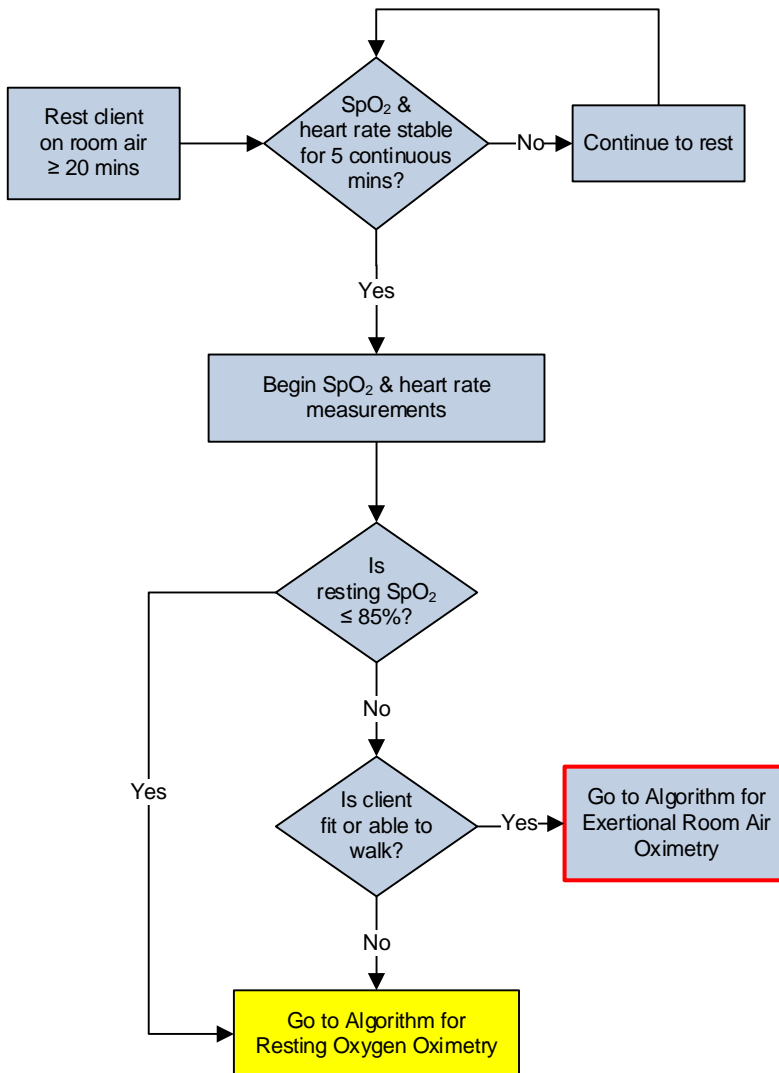
Oximetry Monitoring

1. Room air not be necessary or during an initial assessment. Monitoring will be done for oxygen titration purposes.
2. The oximetry sequence listed below should be followed during a routine or follow-up assessment

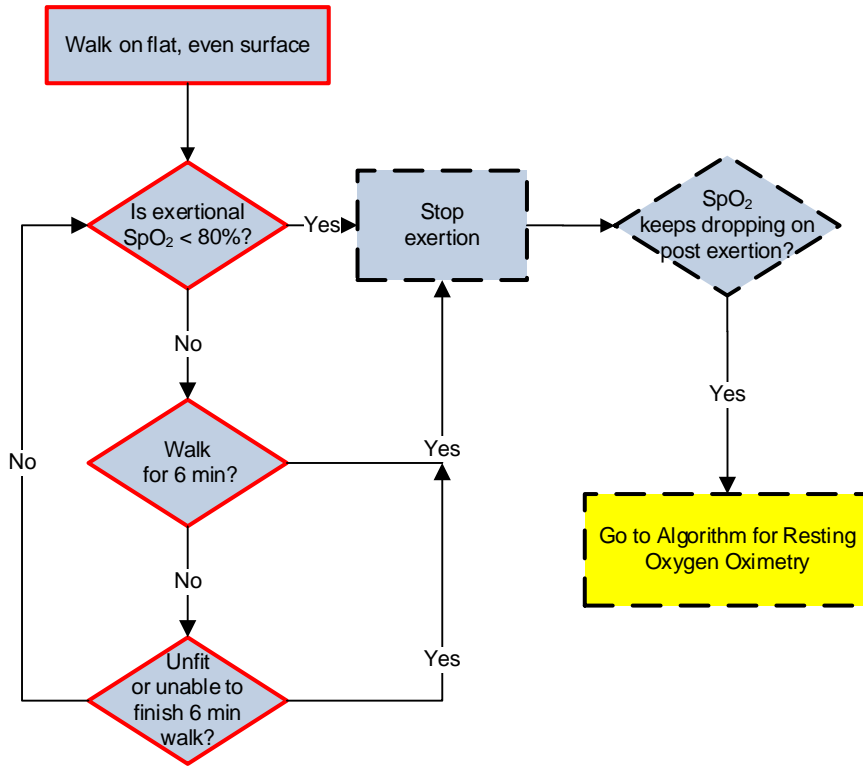
Sequence

monitoring may appropriate respiratory

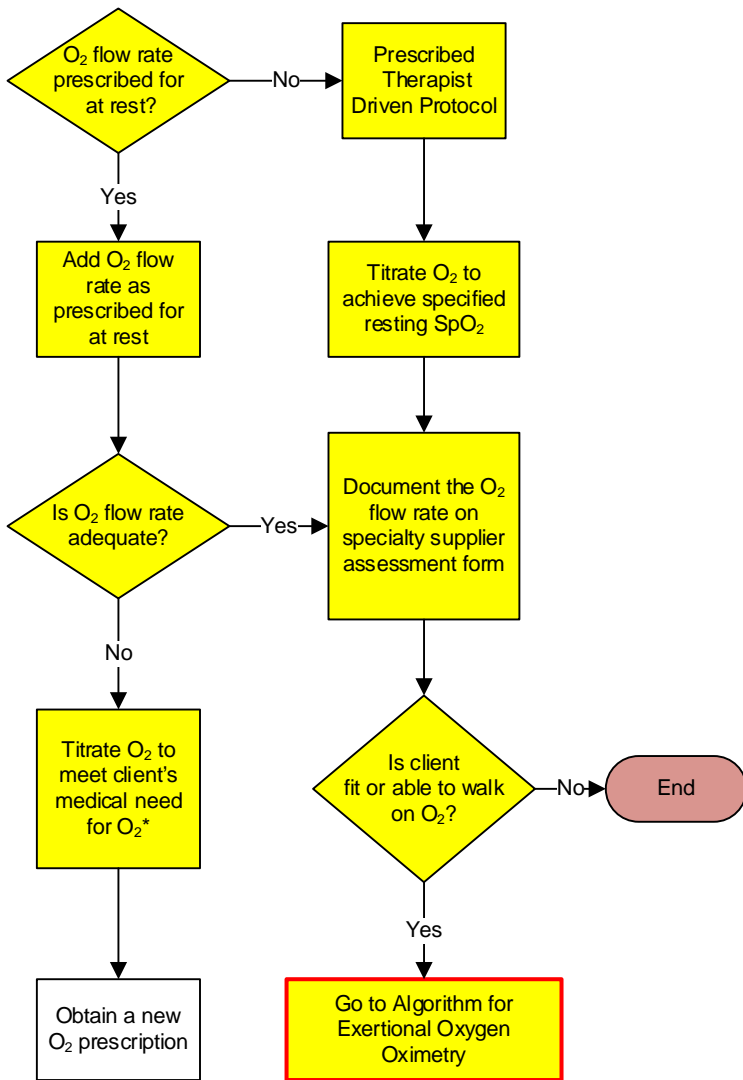
Room Air at Rest



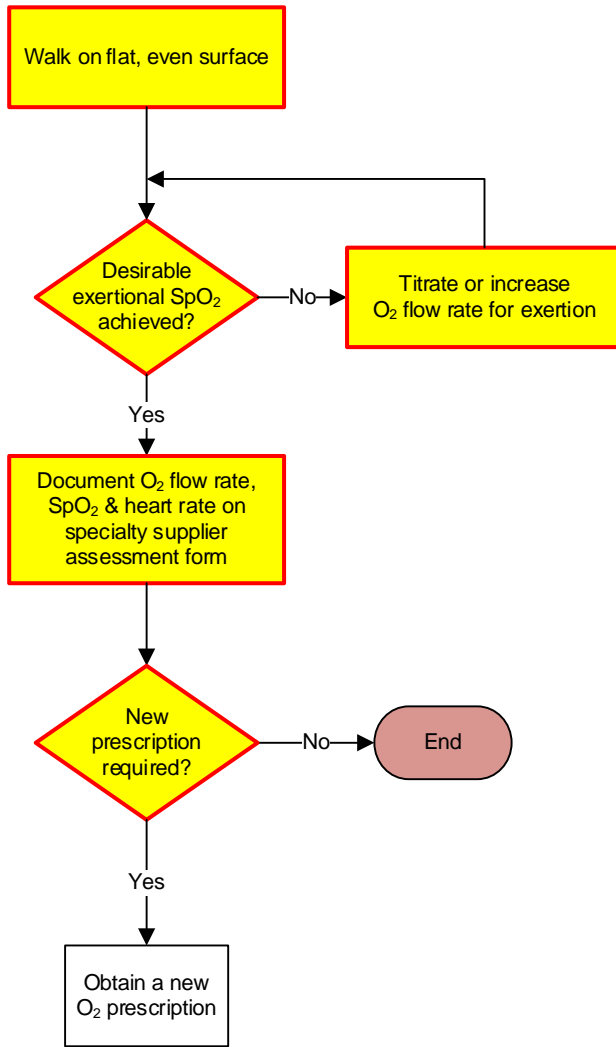
Room Air on Exertion and Post Exertion



Oxygen at Rest



Oxygen on Exertion



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:

1. Advise clients not to smoke when using oxygen, including smoking electronic cigarettes. Any source of a flame must be kept away from the oxygen.
2. Provide "No Smoking" signs.
3. Advise families/others who smoke to keep lit cigarettes or other sources of a flame, a minimum of five (5) feet away from clients who are using oxygen. This includes electronic cigarettes.
4. Follow fire safety guidelines.
5. May discontinue supply of therapy if smoking habit endangers the safety of self or others. This must be documented on the file and the client's physician 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 AHS ROP to notify Alberta Aids to Daily Living (AADL) when a harmful incident, near miss or hazard occurs in relation to a RBP 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 (AHS) Respiratory Outreach Program (ROP):

1. Respiratory Specialty Supplier/AHS ROP will notify Alberta Blue Cross (ABC) and the AADL Respiratory Benefits Program Manager when a harmful incident, near miss or hazard has occurred in relation to one of their RBP clients that resulted in medical intervention or involved RBP funded equipment.

- a. The reporting of a harmful incident, near miss or hazard may be in addition to any internal Specialty Supplier or AHS reporting procedure.
 - b. If a Respiratory Specialty Supplier or AHS ROP removes the respiratory equipment and services due to conditions considered unsafe, this occurrence must also be reported to ABC and AADL Respiratory Benefits Program Manager.
2. Notification will be made as soon as possible (within 2 business days).
3. The Respiratory Specialty Supplier/AHS ROP will endeavor to provide the following details whenever possible:
 - a. Client demographics and clinical condition
 - b. Details about the harmful incident, near miss or hazard
 - c. Details regarding respiratory equipment involvement
 - d. Actions taken
 - e. Next steps/follow-up
4. Respiratory Specialty Supplier/AHS ROP and the AADL Respiratory Benefits Program Manager will determine whether any actions should be taken and how best to proceed.
5. AADL RBP funded equipment involved in any clinical harmful incident must be sequestered and reviewed to determine if there was any equipment malfunction.
 - a. For equipment supplied by AHS ROP, Clinical Engineering at UAH would examine equipment and provide report on findings.
6. The AADL Respiratory Benefits Program Manager will communicate with ABC and AHS, regarding the harmful incident, near miss or hazard, and any actions taken.
7. ABC will retain this information on the client file on the Online Health Portal.
8. The AADL Respiratory Benefits Program Manager will maintain a summary listing of all notifications to enable the identification of possible trends related to safety.
9. The AADL Respiratory Benefits Program Manager will bring forward a summary of trends to the joint meetings with Respiratory Home Care Association of Alberta (RHCAA), AHS and ABC.
10. Respiratory Specialty Supplier can inquire with ABC and/or the AADL Respiratory Benefits Program Manager if a client has had previous safety issues reported.

Policy R – 06

AADL Clients Roles and Responsibilities

Policy Statement

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

Procedure

Clients:

1. Pay the Specialty Supplier for disposable supplies such as oxygen tubing, nasal cannula, humidifier bottles, etc. These items are not covered by AADL.
2. Notify the Specialty Supplier if:
 - a) Moving to a different address;
 - b) Equipment is no longer required;
 - c) Moving to a long-term care facility;
 - d) Changing family physician or nurse practitioner;
 - e) Admitting to the hospital; or
 - f) 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 AADL Team by fax at 1-855-598-3583 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 on the Respiratory Approved Product List for oxygen, only if the Specialty Supplier has stopped billing during the travel dates.

3. 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.
4. 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.
5. Take good care of the equipment supplied. Clients are responsible to replace any equipment that is lost, stolen or damaged.
6. Comply with Specialty Supplier policies regarding abuse-free environments. Failure to comply may result in the supplier removing their equipment and services.
7. Follow the fire safety guidelines if on oxygen.
8. Sign the AADL Client Responsibility form and Client Declaration form.

Policy R – 07

AADL Authorization

Policy Statement

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

1. All oxygen and BPAP authorizations must be completed separately with the exception when BPAP start or restart accompanies the oxygen start.
2. All other respiratory benefits (excluding oxygen, BPAP, specialty and custom tracheostomy tube benefits) are combined onto one (1) authorization and is given a lifetime termination date.

Procedure

Assessors/Specialty Suppliers:

1. For starts and restarts, complete applicable online authorizations for Respiratory Benefits within one month of the set-up.
2. For extensions on the oxygen and BPAP short-term authorization types, complete applicable online authorizations within 3 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:

1. Obtain a hard copy of all diagnostic tests.
2. 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:

1. Updates authorizations when there is a change in the client's:
 - a) Oxygen, BPAP and other respiratory 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:

1. Contact current Specialty Supplier to address the service and/or equipment issue. If it cannot be resolved, search for a new Specialty Supplier.
2. Arrange setup time and date with the new Specialty Supplier.
3. 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.

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:

1. View the decision of funding in the Reports section of the Alberta Blue Cross Online Health Portal (OHP).
2. 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, by **fax to Alberta Blue Cross at 780-498-3585 or 1-855-598-3583**.
3. Physician appeal letter should explain the rationale and circumstances explaining the reason the respiratory benefit should be funded.

Alberta Blue Cross:

1. Receive the appeal request via fax.
2. Review the client file and collect any pertinent new and historic information submitted about the decision.
3. Forward the information, via fax, to AHS (RBP) RRT for review.
4. Update the previously rejected authorization to "Pended" and insert notification "Appeal under Review".
5. Once Alberta Blue Cross receives response to the request from AADL, Alberta Blue Cross will update OHP with the funding decision.

Alberta Health Services RBP RRT:

1. Reviews appeal file and additional information with the appropriate AHS Medical Lead.
2. Once the AHS Medical Lead has reviewed the file, AHS RBP transfers entire file, funding recommendation and rationale for decision to AADL Director and AADL Respiratory Manager.

AADL Director:

1. AADL Director reviews information and funding recommendation and makes a funding decision.
2. AADL will provide Alberta Blue Cross and AHS RBP with the final decision, letter (if applicable) and comments to add to the client's authorization in the OHP.
3. AADL will be responsible for sending any letters to the requesting physician/nurse practitioner.

A decision on funding may take up to 3 weeks or 15 business days.

Policy R - 11 B

Specialty Provider Review of Funding Decision

Policy Statement

A Specialty Supplier may resubmit an authorization (which was previously rejected) for adjudication when new qualifying documentation is obtained.

Procedure

Specialty Suppliers:

1. Obtain any missing qualifying documentation identified with the rejected authorization.
2. If documentation or testing does not meet funding criteria, please submit as a physician appeal. See Policy R – 11A.
3. Log on to the Alberta Blue Cross OHP and enter a new authorization, for the appropriate authorization type.
4. In the Comments section of the authorization, enter “Appeal”.
5. Upload all required documents, including all the original documents from the rejected authorization plus the new documentation obtained.
6. Examples of acceptable supporting information to be submitted with the review can include the following:
 - a. Specialist consultation report;
 - b. Current interpreted pulmonary function testing;
 - c. Bronchoscopy and pathology report;
 - d. Open lung biopsy report;
 - e. Diagnostic imaging: chest x-ray, CT scan, fluoroscopy, echocardiogram, etc.;
 - f. Sleep study,
 - i. Level 1: Interpretation and Histogram; or

- ii. HSAT/Level 3: Interpretation and raw data
- g. PAP therapy compliance report;
- h. Respiratory specialty supplier progress notes; and/or
- i. Published medical evidence supporting the use of the applicable respiratory benefit(s) in the client's clinical presentation.

Alberta Blue Cross:

1. Process the authorization according to authorization type.
2. Update OHP with decision as per policy.

A decision on funding may take up to 2 weeks or 10 business days, depending on the authorization type.

Policy R – 12

General Home Oxygen Eligibility Criteria

Policy Statement

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

Procedure

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain a physician or nurse practitioner's prescription and hardcopy proof of client eligibility for oxygen therapy.
2. Enter authorization on Alberta Blue Cross Online Health Portal.
3. Obtain assessment data for oxygen eligibility from:
 - a) facilities within the province of Alberta;
 - b) physician or nurse practitioner testing; or
 - c) testing done by Registered Respiratory Therapists.

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:

1. Resting Hypoxemia
2. Paediatric Hypoxemia
3. Nocturnal Desaturation
4. Exertional Desaturation
5. Hypoventilation syndrome on ventilatory support
6. 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

1. Refer to Procedures R-14 to R-19 for specific clinical criteria.

Policy R – 14 A

Adult Resting Hypoxemia Eligibility Criteria

Policy Statement

Initial funding (3 months) for home oxygen therapy is provided to clients who have documented resting hypoxemia, based on arterial blood gas results.

Interim Funding (9 months) for home oxygen therapy is provided to clients who have documented resting hypoxemia (based on arterial blood gas 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) for home oxygen therapy is based on:

1. Resting hypoxemia, and
2. Presence of severe lung disease, or
3. Sleep disordered breathing (SDB) being ruled out or if SDB is present, client compliant with PAP therapy. Oxygen funding may be in jeopardy if a client is not compliant with PAP therapy.

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

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

Initial Funding Criteria for RH1 or RE2 (3 month term)

RH1: $\text{PaO}_2 \leq 55$ mmHg on room air at rest.

RE2: $\text{PaO}_2 = 56-59$ mmHg on room air at rest.

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

1. Conduct an initial respiratory assessment by RRT within two days from the qualifying ABG testing date; and
2. 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
3. Obtain hard copy of the ABG results.

Interim Funding Criteria for RH4 or RH2 (9 month term)

1. Resting Hypoxemia:

RH4: PaO₂ ≤ 55 mmHg on room air at rest.

RH2: PaO₂ = 56-59 mmHg on room air at rest; and

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

- a. P-pulmonale ECG pattern, increase in P-wave amplitude (> 2 mm) in leads II, III and AVF.
- b. Erythrocytosis with a hematocrit > 55 per cent; or
- c. Documentation of pulmonary hypertension with evidence of pulmonary artery pressure > 25 mmHg or echocardiogram showing RVSP > 35 mmHg.

ABG done within three weeks of the oxygen authorization termination date confirming resting hypoxemia. Hard copy of the ABG result must be submitted.

2. Severe Lung Disease (SLD)*:

- a. Submit a Pulmonary Function Test (PFT) with physician interpretation done within one year of the current authorization termination date.
 - i. If a client is unable to perform a PFT or if client is ≥ 90 years old, the following may be submitted for consideration:
 1. Chest X-ray or CT Scan
 2. Spirometry may be submitted for consideration for obstructive disease

If the PFT 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.

3. Sleep Disordered Breathing (SDB) must be treated or ruled out if the client does not have Severe Lung Disease:

- a. If client is on PAP therapy, submit a 60 day compliance report and the sleep study in which PAP therapy was prescribed.
- b. If client is not on PAP therapy and BMI ≥ 37, prepare to submit documentation to rule out or confirm SDB:
 - i. Interpreted Sleep Study
 - ii. Pulmonologist Consultation

*See Appendix for definition of Severe Lung Disease

SDB needs to be treated or be ruled out before long-term funding, RH6 (New) is approved (if client does not have severe lung disease*). Client must be compliant** with PAP therapy before long-term funding, RH6 (New) is approved.

If client ≥ 90 years old, SDB does not need to be investigated.

If client does not have SLD or SDB, a pulmonary consult is required to explain hypoxemia.

Long Term Funding Criteria for RH6 (New) (12 month term)

1. Resting Hypoxemia

- a. Third ABG done within three weeks of the RH4 oxygen authorization termination date confirming resting hypoxemia, $\text{PaO}_2 \leq 55$ mmHg on room air at rest. OR
- b. Third ABG done within three weeks of the RH2 oxygen authorization termination date confirming resting hypoxemia, $\text{PaO}_2 < 60$ mmHg on room air at rest.
- c. Submit a hard copy of the ABG results.

2. Severe Lung Disease*

- a. Proof of severe lung disease: PFT previously submitted for RH4/RH2 authorization.
- b. If client ≥ 90 years, 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:

- Internist or Pulmonologist consult report required explaining the cause of hypoxemia in the absence of SLD.

3. SDB must be treated or ruled out if the client does not have Severe Lung Disease:

- a. If client ≥ 90 years old, testing for SDB does not need to be completed for oxygen funding.

***See Appendix for definition of Severe Lung Disease**

- b. If BMI \geq 37, confirm or rule out SDB. Suitable documents to submit:
 - i. Level 1 sleep study with interpretation and histogram, or
 - ii. Home Sleep Apnea Test (HSAT) with interpretation and raw data.
 - iii. Pulmonologist or Internist consult stating SDB has been confirmed or ruled out. If SDB is confirmed, PAP therapy must be initiated.
- c. If client on PAP therapy, submit one to two page summary of a 60 day compliance report.

Client is expected to be compliant** with PAP therapy.
4. 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.

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.

Maximum authorization term is 12 months.

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

- a) Repeat ABG.
- b) Recent follow-up respiratory assessment.
- c) Level 1 sleep study with interpretation and histogram.
- d) Internist or Pulmonologist consult report.
- e) Other testing.

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

Long-term oxygen clients have to be reassessed by the specialty supplier RRT 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.

****See Appendix for definition of PAP Compliance**

Exceptional Funding Criteria RE1 (3 month Term)

Maximum authorization term is three months. RE1 is a one time authorization.

1. Unsuccessful ABG or negative Allen's test:
 - a) Submit room air oximetry report*** with $SpO_2 \leq 89$ per cent for three continuous minutes at rest.
 - b) Hard copy of documented attempts to obtain ABG or negative Allen's test.
 - c) Require repeat ABG at a different puncture site (e.g., brachial or femoral artery if applicable) prior to the authorization termination date.

Or:

2. Non-palliative clients who are bedridden, unable to leave home for ABG:
 - a) Submit room air oximetry report*** with $SpO_2 \leq 89$ per cent for three continuous minutes at rest.
 - b) AADL Homebound Assessment Form or a physician or nurse practitioner letter confirming that client is bedridden or homebound must be provided.

Or:

3. Clients are recently (within 60 days from the application date) discharged from the hospital and do not qualify for oxygen funding based on resting hypoxemia criteria. However, clients desaturate to ≤ 79 per cent on exertion:
 - a) Submit at rest and exertional (walking on level ground) room air oximetry report***.
 - b) Most recent hospital discharge summary is required.
 - c) 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 ABG with a PaO_2 of 56-59 mmHg (authorization type of RE2) if the restart date and the ABG 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.

*****See Appendix for requirements of oximetry report**

Policy R – 14 B

Procedure for Creating Oxygen Authorizations

Procedure for authorizing RH1 or RE2

Oxygen Specialty Suppliers:

1. Create oxygen authorization request on the Online Health Portal and select authorization type of RH1 (if $\text{PaO}_2 \leq 55$) or RE2 (if $\text{PaO}_2 = 56-59$).
2. Enter setup assessment date, ABG date, PaO_2 value, oximetry date and resting SpO_2 .
 - Setup must be done within two days after ABG date; and
 - Authorization must be created within one month from the setup date.
3. Upload setup respiratory assessment, ABG record, prescription and oximetry report***.

Alberta Blue Cross System:

1. Places the authorization to APPROVE if the above requirements are met.

Procedure for authorizing RH4

Oxygen Specialty Suppliers:

1. Create oxygen authorization request online at the Online Health Portal and select authorization type of RH4 (if $\text{PaO}_2 \leq 55$).
2. Enter ABG date, PaO_2 value and BMI.
3. Upload ABG record and PFT report.

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Updates authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization and any required documentation as specified by ABC RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Procedure for authorizing RH2

Oxygen Specialty Suppliers:

1. Create oxygen authorization request online at the Online Health Portal and select authorization type of RH2.
2. Enter ABG date, PaO₂ value and BMI.
3. Upload ABG record, PFT report and evidence confirming diagnosis of cor pulmonale, secondary polycythemia or pulmonary hypertension.

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Updates authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination dates of the authorization and any required documentation as specified by ABC RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Procedure for authorizing RH6 (New)/RH5

Oxygen Specialty Suppliers:

1. 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.
2. Enter Assessment date, ABG date, PaO₂ value, oximetry date and resting SpO₂.
3. Upload ABG record, recent respiratory assessment, tests showing severe lung disease and documents that rule out sleep disordered breathing, such as:
 - a) Level 1 or HSAT sleep study with interpretation.
 - b) Internist or pulmonologist consultation report.
 - c) CPAP/BPAP compliance confirmed by the machine download
 - Submit only one to two-page summary of the compliance report.

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Updates authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination dates of the authorization and any required documentation as specified by ABC RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Procedure for authorizing RH6 (Ext)

Oxygen Specialty Suppliers:

1. Create a new oxygen authorization request and select authorization type of RH6 (Ext).
 - The authorization must be created within 3 months prior to the last authorization termination date.
2. Enter the last respiratory assessment date.
 - It must be within 6 months from the submission date or the date when this authorization is created.
3. Upload the last respiratory assessment.

Alberta Blue Cross System:

- 1 Places authorization to APPROVE if the requirements for RH6 (Ext) are met.

Procedure for authorizing RE1

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain appropriate test results and documentation (refer to Exceptional Funding Criteria).
2. Create oxygen authorization request online at the Online Health Portal and select authorization type of RE1.
3. Enter the respiratory assessment date and oximetry date with SpO₂.
4. 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 System:

1. Places authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Updates RE1 authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Policy R – 15

Clinical Eligibility Criteria: Paediatric Hypoxemia

Policy Statement

Paediatric clients (under 18 years old) shall be approved for oxygen funding if oximetry testing confirming hypoxemia and the medical need for oxygen therapy is provided. A dated hard copy of oximetry showing room air SpO₂ ≤ 89 per cent is required.

A paediatrician should assess clients requiring oxygen longer than three (3) months. Maximum initial authorization term is six (6) months and prior approval is not required.

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

Procedure for authorizing RH3 (Start)

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Complete a setup respiratory assessment and obtain a hard copy of oximetry, physician or nurse practitioner's prescription and diagnosis.
2. Create oxygen authorization request online at the Online Health Portal and select authorization type of RH3 (Start).
3. Enter the setup date, oximetry date and SpO₂.
 - a) Submission date must be within a month from the setup date.
 - b) SpO₂ must be less than or equal to 89%.
 - c) Age of client must be less than 18 on assessment date.
4. Upload setup respiratory assessment, hard copy of oximetry and oxygen prescription with written diagnosis.

Alberta Blue Cross System:

1. Places authorization to APPROVE if the above requirements are met.

Procedure for authorizing RH3 (Ext)

Specialty Suppliers:

1. Complete a follow-up respiratory assessment and obtain a hard copy of oximetry.
2. Create a new oxygen authorization request online at Online Health Portal website and select authorization type of RH3 (Ext).
3. Enter the respiratory assessment date and oximetry date with SpO₂.
 - a) SpO₂ must be less than or equal to 89%.
 - b) Age of client must be less than 18 on the follow-up assessment date.
4. Upload the following documents:
 - Follow-up respiratory assessment
 - Oximetry report

Alberta Blue Cross System:

1. Places authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Updates RH3 (Ext) authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Policy R – 16

Clinical Eligibility Criteria: Adult Nocturnal Desaturation

Policy Statement

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

Part 1

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

1. Recent full Pulmonary Function Test (done within 1 year from the application date) with interpretation confirming client has severe pulmonary disease (airway obstruction or restriction) * see definition below.), and calculated body mass index (BMI) of < 37 (If $\text{BMI} \geq 37$, Level 1 sleep study must be done); and
 2. Recent Level 3 sleep study with interpretation showing:
 - a) At least a continuous recording of oxygen saturation, heart rate, and a direct measurement of airflow or nasal pressure. Technical quality must be good and free of excessive artifact;
 - b) No evidence of sleep disordered breathing;
 - c) Respiratory Disturbance Index (RDI) < 10 ; and
 - d) At least one (1) episode of $\text{SpO}_2 \leq 83$ per cent for five continuous minutes.
- OR
3. Recent Level 1 sleep study with interpretation, histogram and summary showing:
 - a) No evidence of sleep disordered breathing;
 - b) Apnea Hypopnea Index (AHI) < 10 ; and
 - c) At least one (1) episode of $\text{SpO}_2 \leq 83$ per cent for five continuous minutes.

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

* Definition of severe lung diseases:

- 1) Airway obstruction supported by PFT showing both of the following values post bronchodilator:
 - i. FEV1 less than 50% predicted; and
 - ii. FEV1/FVC less than 0.70 or 70% (actual value, not percent predicted).
- 2) Restrictive lung disease supported by both (i) and (ii) of the following:
 - i. PFT showing at least one of the following values:
 - FVC less than 70% predicted with the absence of obesity (BMI less than 37); or
 - Unadjusted DLCO less than 50% predicted.
 - ii. Confirmation of diagnosis by at least one of the following:
 - Chest CT scan; or
 - Open lung biopsy.

Part 1 - Procedure for authorizing ND (New) – SLD

Specialty Suppliers/Assessors:

1. Obtain appropriate testing results and documentation (refer to policy for Part 1).
2. Create oxygen authorization request online at the Online Health Portal and select authorization type of ND (New) – SLD.
3. Enter the respiratory assessment date, oximetry date and SpO₂, BMI and sleep study date.
4. Upload:
 - a) Respiratory assessment,
 - b) PFT with interpretation and BMI,
 - c) Oxygen prescription, and
 - d) Sleep study results with interpretation.

Alberta Blue Cross System:

1. Places authorization to PEND.

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

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

Alberta Blue Cross Staff:

1. Updates ND (New) – SLD authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by AHS (RBP) RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Part 2

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

1. Recent Level 1 sleep study with interpretation showing optimal titration:
 - a) Apnea Hypopnea Index (AHI) < 10 with CPAP/BPAP titration.
 - b) Raw data showing $SpO_2 \leq 83$ per cent for at least 5 continuous minutes on room air with CPAP/BPAP.
 - c) Evidence of $SpO_2 > 85$ per cent on oxygen with CPAP/BPAP.

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

For consideration of long-term oxygen funding (ND (New)-SDB) (see Part 3), AHS (RBP) RRT may request one or more of the following to be submitted prior to the short-term authorization termination date:

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

Part 2A - Procedure for authorizing NDS

Specialty Suppliers/Assessors:

1. Obtain appropriate testing results and documentation (refer to policy for Part 2).
2. Create oxygen authorization request online at Online Health Portal and select authorization type of NDS.
3. Enter the respiratory assessment date and sleep study date.
4. Upload:
 - a) Sleep study results with interpretation.
 - b) For new start also upload respiratory assessment and prescription.

Alberta Blue Cross System:

1. Places authorization to PEND.

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

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

Alberta Blue Cross Staff:

1. Updates NDS authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by AHS (RBP) RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Part 2B - Procedure for authorizing NDS and BPAP at the same time

Staff at Sleep Clinic/Lab, Respirologist's office:

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

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determines eligibility for both BPAP and oxygen funding requests.
3. Notifies Alberta Blue Cross about funding decision outcome.

Alberta Blue Cross Staff:

1. Updates BPAP SDB authorization status on Alberta Blue Cross system.
 - a) For approval – places the BPAP authorization to APPROVE and updates the effective and termination date of the SDB authorization as specified by AHS (RBP) RRT.
 - b) For denial – places the authorization to REJECT with reason provided.
2. **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

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

1. Client must already be on short-term nocturnal oxygen funding (NDS).
2. Recent Level 3 sleep study with interpretation done on room air with CPAP/BPAP with optimal titration showing:
 - a) $SpO_2 \leq 83$ per cent for at least 5 continuous minutes, and
 - b) Compliance report of CPAP/BPAP (one to two-page summary from the machine download). Client is expected to use the CPAP/BPAP nightly with a minimum usage of four hours/night.
3. If eligibility criteria are met, long-term nocturnal oxygen funding (ND (New)-SDB) will be approved.

Part 3 - Procedure for authorizing ND (New) – SDB

Specialty Suppliers/Assessors:

1. Obtain appropriate testing results and documentation (refer to policy for Part 3).
2. Create oxygen authorization request online at the Online Health Portal and select authorization type of ND (New) – SDB.
3. Enter the sleep study date.
4. Upload:
 - a) Sleep study results with interpretation, and
 - b) CPAP/BPAP compliance download.

Alberta Blue Cross System:

1. Places authorization to PEND.

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

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

Alberta Blue Cross Staff:

1. Updates ND (New) – SDB authorization status on Alberta Blue Cross system.
 - a) For approval – updates the effective and termination date of the authorization as specified by AHS (RBP) RRT.
 - b) For denial – updates the authorization status to REJECT and reason provided.

Long-term oxygen clients (ND (New)-SLD, ND (New)-SDB, ND (Ext)) have to be reassessed by the specialty supplier RRT 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 clients who use oxygen as an adjunctive treatment with the CPAP or BPAP, a 60-day compliance report indicating clients are compliant to the PAP therapy (i.e. using PAP therapy \geq 4 hours/night for at least 70% of the time) is required for oxygen funding to continue.

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.

Procedure for authorizing ND (Ext)

Oxygen Specialty Suppliers:

1. Create a new oxygen authorization request and select authorization type of ND (Ext).
 - The authorization must be created within 3 months prior to the last authorization termination date.
2. Enter the last respiratory assessment date.
 - It must be within 6 months from the submission date or the date when this authorization is created.
3. Upload the last respiratory assessment.

Alberta Blue Cross System:

1. Places authorization into APPROVE if the requirements for ND (Ext) are met.

Adult Nocturnal Oxygen Funding Requirements At a Glance			
Requirement	Authorization Type		
	ND (New) - SLD Long-Term Nocturnal Oxygen Funding for Adults with Severe Lung Disease	NDS Short-Term Nocturnal Oxygen Funding for Adults with Sleep Disordered Breathing	ND (New) - SDB Long-Term Nocturnal Oxygen Funding for Adults with Sleep Disordered Breathing
Age ≥ 18	√	√	√
Does NOT have Daytime Resting Hypoxemia	√	√	√
Already on Short-Term Nocturnal Oxygen Funding	X	May or May Not Be	√
Pulmonary Function Test	√	X	X
Severe Lung Disease	√	Unknown	Unknown
BMI < 37	√	Not Necessarily	Not Necessarily
Level 3 or Level 1 Sleep Study	Mostly Level 3	Must be Level 1	Mostly Level 3
Sleep Study Interpretation	√	√	√
Sleep Disordered Breathing	X	√	√
CPAP/BPAP	X	√	√
Sleep Study Results	1. RDI or AHI < 10; and 2. At least 1 episode of SpO ₂ ≤ 83% x 5 continuous mins	Based on optimal titration: 1. SpO ₂ ≤ 83% on room air with CPAP/BPAP for at least 5 continuous mins; 2. Evidence of SpO ₂ ≥ 85% on O ₂ with CPAP/BPAP; and 3. AHI < 10 with CPAP/BPAP	Based on optimal titration: 1. SpO ₂ ≤ 83% on room air with CPAP/BPAP for at least 5 continuous mins; and 2. Compliant with CPAP/BPAP therapy

Policy R – 17

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

Eligibility

Testing for exertional oxygen must be ordered by a physician or nurse practitioner; the screening for the AADL Walk Test for Clients with Severe Lung Disease has to be approved by AADL. All criteria listed on the *Request Form to Challenge AADL Walk Test for Clients with Severe Lung Disease (WT-REQ)* must be met.

The screening for AADL Walk Test eligibility criteria include:

1. Client is not hypoxemic at rest. Obtain recent ABG results (done within 3 months from the requested date). If unavailable, arrange for ABG to be completed to ensure client does not qualify for AADL oxygen funding based on resting hypoxemia criteria (see R-14). ABG record must be submitted.
2. Assess and interview client to confirm client is:
 - a) Ambulatory, including walking outside the house regularly;
 - b) Medically stable (i.e. Client is on optimal medical treatment with no exacerbation of COPD or hospitalization within the preceding 60 days of testing);
 - c) Capable of exercise without angina, cardiac risk, arthritic pain, vascular disease, etc.;
 - d) Functionally capable (i.e. Client can comprehend verbal instruction and is physically and cognitively capable of using exertional oxygen);
 - e) Using the portable oxygen when going out; and
 - f) 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 RRT. Oximetry report must be submitted.
3. If on BPAP, client is not eligible to challenge the walk test.
4. Submit full Pulmonary Function Test (PFT) results with interpretation.
5. If BMI is greater than or equal to 37, client is not eligible to challenge the walk test.

6. If BMI is less than 37 and is on CPAP, submit the following information:
 - a) 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
 - b) CPAP 60-day compliance download report.
 - If non-compliant to the prescribed CPAP treatment, client is not eligible to challenge the walk test.
 7. Client has severe primary lung disease including:
 - a) Severe airway obstruction
 - Supported by PFT showing both of the following values post bronchodilator:
 - 1) FEV1 less than 50% predicted; and
 - 2) FEV1/FVC less than 0.70 or 70% (actual value, not percent predicted).
 - OR
 - b) Severe restrictive lung disease
 - Supported by both (1) and (2) of the following:
 - 1) PFT showing at least one of the following values:
 - i. FVC less than 70% predicted with the absence of obesity (BMI less than 37); or
 - ii. Unadjusted DLCO less than 50% predicted.
 - 2) Confirmation of diagnosis by at least one of the following:
 - i. Chest CT scan; or
 - ii. 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% within 6 minutes of a room air exertion walk.
- Note: Pulmonary function test (PFT) must meet all of the following conditions:
- a) Completed no earlier than 1 year before current authorization termination date;
 - b) Includes interpretation and physician signature; and
 - c) Meets ATS criteria and shows good quality/effort.
8. If there is normal to mild lung disease, confirm diagnosis, obtain specialist consultation report that details why the client is hypoxemic on exertion and the underlying cause(s). If unavailable, the client is not eligible to challenge the walk test.
9. The Assessor will complete, sign and date the WT-REQ form only if s/he is confident that the client meets all criteria.

10. Submit the WT-REQ form with the ABG record, PFT report and its interpretation and the hard copy of pre-screen oximetry with print out date and time.

Additional Notes:

1. Client may perform the walk test every 6 months. A new WT-REQ form must be submitted each time by the assessor.
2. Depending on the client's oxygen history, medical condition, test results, feedback from the testing site and the Medical Lead's discretion, the client may be granted long-term (EOT) or short-term (ETS) status.
3. ETS clients may re-challenge the AADL walk test prior to the termination of the oxygen authorization, if the eligibility criteria are met.
4. Walk Test authorizations (WTS) remain active for 90 days after request to challenge the Walk Test is approved.

Procedure for authorizing ETS or EOT (New)

Assessors/Specialty Suppliers:

1. Assess client and confirm the screening for walk test requirements are met.
2. Create a new oxygen authorization request and select the authorization type of ETS.
3. Enter the oximetry date with SpO₂ (lowest SpO₂ on exertion), BMI, ABG date with PaO₂, and diagnosis.
4. Upload the following documents:
 - *Request to Challenge AADL Walk Test for Clients with Severe Lung Disease (WT-REQ)* form
 - Oximetry report
 - PFT with interpretation and BMI
 - ABG record
 - Sleep study with interpretation and compliance report (if on CPAP)
 - Chest CT scan or open lung biopsy report (if applicable)

Alberta Blue Cross Staff:

1. Creates authorizations for WTS and ETS.
2. Places both authorizations for WTS and ETS to PEND.

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

1. Reviews test results and documents.
2. Determine eligibility for walk test screening/request.
3. Notifies Alberta Blue Cross about decision on walk test screening/request.

Alberta Blue Cross Staff:

1. Updates WTS and ETS authorizations on Alberta Blue Cross system.
 - a) For approval – places WTS authorization to APPROVE. ETS authorization remains PENDING.
 - a. For WTS PENDING authorization, enter an authorization end date of 90 days from date of authorization submission.
 - b. Send reminder email to authorizer if WTS PENDING authorization will expire within one week of the 90 day term.
 - b) For denial – places both WTS and ETS authorizations to REJECT.

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

Assessors/Specialty Suppliers:

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

AADL Walk Test Site Staff:

1. Arrange walk test with client.
2. Ensure client signs the Client's Consent form prior to doing the walk test.
3. Perform the walk test following the AADL Walk Test Protocol.
4. Discuss the walk test results with the client.
5. Complete *AADL Walk Test Interpretation Request (WT-INTERP) form*.
6. Fax WT-INTERP form (including the negative ones) with hard copy oximetry of the walk test to Alberta Blue Cross.

Alberta Blue Cross Staff:

1. Forwards completed WT-INTERP form and supporting document to AHS (RBP) RRT.

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

1. Reviews submitted information.
2. Determines eligibility for exertional oxygen funding.
3. Notifies Alberta Blue Cross about exertional oxygen funding outcome.

Alberta Blue Cross Staff:

1. Updates ETS authorization on Alberta Blue Cross system.

- a) For approval – places ETS authorization to APPROVE and updates the effective and termination dates on the authorization as specified by AHS (RBP) RRT.
 - b) For denial – places ETS authorization to REJECT with reason provided.
2. Notifies walk test site about the exertional oxygen funding outcome.

AADL Walk Test Site Staff:

1. 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.
2. Notify the client on AADL exertional oxygen funding outcome.
3. If the client is eligible for AADL exertional oxygen funding and is currently not on AADL's oxygen program, provide the referral to an AADL approved oxygen specialty supplier.

Long-term oxygen clients (EOT (New) or EOT (Ext)) have to be reassessed by the specialty supplier RRT 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:

1. Create a new oxygen authorization request and select authorization type of EOT (Ext).
 - The authorization must be created within 3 months prior to the last authorization termination date.
2. Enter the last respiratory assessment date.
 - It must be within 6 months from the submission date or when this authorization is created.
3. Upload the last respiratory assessment.

Alberta Blue Cross System:

1. Places 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

Background

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

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

Personnel and Equipment Requirements

The walking test requires:

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

7. A pre-arranged course with distances 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 6 minute sections, although each section may be terminated earlier by client dyspnea or discomfort, or by the tester based upon end point criteria described in the following paragraphs. At the conclusion of the walk test, the results are conveyed immediately to the client to ensure that the client understands whether or not the oxygen therapy has benefited their walking performance.

Walk Test: Summary

Briefly, for each subject tested, the steps are:

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

For a typical patient, this would be:

1. Introduction, documentation.
2. Six-minute seated, receiving compressed air.
3. Six-minute practice walk and compressed air.
4. Selection of compressed air or oxygen as first test gas, e.g. selection of compressed air.
5. Six-minute seated rest, receiving test gas (compressed air).

6. Six-minute walk test, receiving compressed air.
7. Six-minute rest period, receiving alternate gas (oxygen).
8. Six-minute walk, receiving oxygen.
9. Final rest period on oxygen.
10. Discussion of results with client.

Walk Test: Detailed Methods

Introduction

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

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 he/she normally would in any shopping area, *en route* to a particular shop or destination. The walking pace should feel normal and comfortable for the client, and they should not feel rushed, or as if they are running or hurrying. The client is informed that he/she will be asked about their progress and any feelings of dyspnea at approximately 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 6 minute practice walk, the client is immediately seated utilizing the portable chair, changed to the first test gas and then allowed to rest once again for six

minutes in the seated position, while monitoring of SpO₂ 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 (SpO₂ < 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 SpO₂ 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 client test record would normally include an initial six minute rest period and a six minute practice walk on the same baseline gas (either oxygen or air), a six minute rest period on the first test gas, a six minute walk on the test gas, a six minute rest period on the alternate gas, a final six minute walk on the alternate gas, and a final rest. The maximum test duration should be about 42 minutes if

each walk test continued for the full 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 to the client. Interpretation of these walk test results is performed by AADL's Medical Consultant.

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

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

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

1. The client desaturates to a $SpO_2 < 80$ per cent, regardless of dyspnea or distance walked;
OR
2. Distance walked increases by 25 per cent (at least 30 meters) on oxygen;
OR
3. 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 AADL's Medical Consultant.

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

Technical Background

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

The testing protocol is based upon a series of standard 6 minute walk tests. The 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 ($\text{SpO}_2 < 90$ per cent) was extrapolated from values for continuous resting hypoxemia. This previous value of $\text{SpO}_2 < 90$ 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 which does NOT indicate a need for oxygen at rest, would perform this walk test. Therefore, all the clients undergoing the walk test are seeking oxygen solely to improve or increase their ability to exercise, walk, or perform other tasks of daily living.

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

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

Talk About the Weather. Avoiding bias during the test

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

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

Prepared for Alberta Aids to Daily Living,
Health Related Supports, Disability Supports Division
© Paul A. Easton, MD, PhD, FRCPC, FACP, FCCP, ABSM
Medical Director, Chinook Regional Sleep Laboratory
Associate Professor, Department of Critical Care Medicine
Medical Consultant, AADL

May 6, 1998/Revised July 1, 2010

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 6 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 SpO₂ < 92 percent while awake for at least three continuous minutes.

Eligibility

Home oxygen starts for palliative clients (for a maximum term of 6 months) shall be approved if a hard copy of oximetry is submitted showing room air SpO₂ less than 92 per cent at rest during the daytime for at least 3 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 (TDP) 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:

1. Assess client and confirm the requirements for palliative oxygen funding are met for:
 - a) Initial oxygen start; or
 - b) Continued oxygen funding changing from a different pathway (e.g. resting hypoxemia) to the palliative oxygen funding pathway.
2. Create a new oxygen authorization request and select the authorization type of:
 - a) PAL (Start) – if it is an oxygen start; or
 - b) PAL (New) – if it is a funding extension changing from a different pathway to the palliative oxygen pathway.
 - c) Can authorize PAL (Start) or PAL (New) one-time only.
3. Enter the respiratory assessment date, mMRC, oximetry date with resting SpO₂.
 - 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.
4. 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 System:

1. Places authorization to APPROVE if the requirements for the first time palliative oxygen funding are met.

Procedure for authorizing PAL (Ext)

Specialty Suppliers:

1. Assess client and confirm the requirements for palliative oxygen funding extension are met.
2. Create a new oxygen authorization request and select authorization type of PAL (Ext).
3. Enter the respiratory assessment date and oximetry date with resting SpO₂.
4. 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 System:

1. Places authorization to PENDING.

Alberta Blue Cross Registered Respiratory Therapist:

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

Alberta Blue Cross Staff:

1. Updates PAL (Ext) authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

Policy R – 20

Follow-Up Assessment: Re-Confirming Authorization

Policy Statement

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

Reconfirming Client Eligibility

1. Adult clients started on oxygen therapy for hypoxemia (Policy Number R-14) require an arterial blood gas with $\text{PaO}_2 \leq 55$ and recent Pulmonary Function Test (PFT) results three (3) months after initial oxygen therapy to confirm eligibility. **Prior approval** is required for continued funding. Refer to Policy Number R-14 for subsequent extensions.
2. Paediatric clients on oxygen therapy for hypoxemia (Policy Number R-15) require oximetry (with print-out date and time) testing to be submitted to AADL within 3 weeks from the authorization expiry date. **Prior approval** is required for continued funding.
3. 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.
4. Clients with short-term Exertional Oxygen Testing (ETS) status will receive O₂ 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:

1. Follow policies and procedures described above.

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

1. Reviews documentation and test results to determine ongoing client eligibility.

2. Notifies Specialty Supplier of the approval or denial.

Policy R – 21

Reimbursement for Home Oxygen Benefits

Policy Statement

Reimbursement for home oxygen benefits are according to the Respiratory Approved Product List. Restart fees are available if oxygen is restarted within twelve (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:

1. 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.
2. Approve authorizations, usually with a termination date three (3) months from the date of set-up, e.g. if the set-up date is November 15/2017, the termination date is February 14/2018. Exceptions include:
 - a) When **prior approval** for a longer authorization period has been provided by AHS-RBP based on a positive walk test or nocturnal desaturation.
 - b) Palliative and pediatric clients which may be authorized initially for up to six (6) months.
3. Performs oxygen set-up within 2 days from the ABG test date. Any ABG outside of this time frame will only be accepted if **prior approval** is provided by Alberta Blue Cross.

AADL:

1. 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.

Policy R – 22

Home Oxygen Reauthorization: Short-Term Oxygen (RH1, RH2, RH3, RH4, RH5, RE1, RE2, ETS and NDS)

Policy Statement

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

Procedure

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Advise clients of their oxygen authorization termination date.
2. Access reports via Alberta Blue Cross Online Health Portal indicating the authorization type and termination date.
3. Reassess client and arrange testing to be done within three weeks prior to the authorization termination date.
4. 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) – SDB, ND (Ext), EOT (New) and EOT (Ext).

Procedure

Alberta Health Services Health Professionals/Specialty Suppliers:

1. Access on-line reports indicating the termination dates of long-term oxygen clients.
2. 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 PAP therapy (i.e. using PAP therapy \geq 4 hours/night for at least 70% of the time) is required for oxygen funding to continue.

3. Create authorization request on-line within three (3) 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/Specialty Suppliers shall use the following oxygen authorization types in conjunction with eligibility criteria for all authorizations.

Auth Type	Required Prior Approval	Description	Maximum Term
RH1	No	Adult Resting Hypoxemia Short-Term, 1 Acceptable ABG (PaO ₂) ≤ 55). Policy Number R-14	3 Months
RE1	Yes	Adult Exception Funding Short-Term, Acceptable Oximetry. Policy Number R-14	3 Months
RH2	Yes	Adult Resting Hypoxemia Short-Term, 2 Acceptable ABG (PaO ₂) = 56-59), Documentation of Cor Pulmonale, Secondary Polycythemia or Pulmonary Hypertension, and PFT Already Received. Policy Number R-14, Part 2	9 Months
RE2	No	Adult Resting Hypoxemia Exception Short-Term, 1 Acceptable ABG (PaO ₂) = 56-59). Policy Number R-14	3 Months
RH3 (Start)	No	Pediatric Hypoxemia First Short-Term, 1 Acceptable Oximetry. Policy Number R-14	6 Months
RH3 (Ext)	Yes	Pediatric Hypoxemia First Short-Term, 1 Acceptable Oximetry. Policy Number R-15	12 Months
RH4	Yes	Adult Resting Hypoxemia Short-Term, 2 Acceptable ABG, Full PFT Already Received. Policy Number R-14, Part 1	9 Months
RH5	Yes	Adult Resting Hypoxemia Short-Term, 3 Acceptable ABG (PaO ₂) ≤ 55). Policy Number R-14	12 Months
RH6 (New)	Yes	Adult Resting Hypoxemia Long-Term (Newly Approved). Policy Number R-14	12 Months
RH6 (Ext)	No	Adult Resting Hypoxemia Long-Term. Policy Number R-14	12 Months

Auth Type	Required Prior Approval	Description	Maximum Term
NDS	Yes	Adult Nocturnal Desaturation Short-Term Policy R-16, Part 2	6 Months
ND(New)-SLD	Yes	Adult Nocturnal Desaturation Long-Term (Newly Approved) With Diagnosis of Severe Lung Disease (e.g. COPD) Policy R-16, Part 1	12 Months
ND (New)- SDB	Yes	Adult Nocturnal Desaturation Long-Term (Newly Approved) with Diagnosis of Sleep Disordered Breathing Policy R-16, Part 3	12 Months
ND (Ext)	No	Adult Nocturnal Desaturation Long-Term Policy R-16	12 Months
ETS	Yes	Adult Exertional Oxygen Testing Short-Term Policy R-17	6 Months
EOT (New)	Yes	Adult Exertional Oxygen Testing Long-Term (Newly Approved) Policy R-17	12 Months
EOT (Ext)	No	Adult Exertional Oxygen Testing Long-Term Policy R-17	12 Months
PAL (Start)	No	Palliative Initial Oxygen Start, Short-Term Policy R-19	6 Months
PAL (New)	No	Palliative, Change of Funding Pathway, Short-Term Policy R-19	6 Months
PAL (Ext)	Yes	Palliative Short-Term (One Time Extension) Policy R-19	6 Months

Policy R – 25

Oxygen Cylinder Holders for Wheelchairs

Policy Statement

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

Procedure

The procedure is outlined in the AADL Manual Wheelchair Benefits Policy & Procedure Manual or the AADL Power Wheelchair Benefits Manual found here:

<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:

1. 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 one of the AADL Oxygen Specialty Suppliers) must obtain **prior approval** before claiming the oxygen cost.
2. Inform Specialty Supplier of all travel arrangements including dates.
3. Submit rental receipts indicating client's full name, PHN, date of birth, full payment and the dates of travel to the Alberta Blue Cross AADL Team by fax at 1-855-598-3583. The required information can also be mailed to Alberta Blue Cross AADL Team at 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 on the Respiratory Approved Product List for oxygen.

Specialty Suppliers:

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

Alberta Blue Cross (AADL Program):

1. Processes claims.

2. Does not reimburse any portion of expenses incurred outside of Alberta that exceed the maximum per diem rate as specified on the Respiratory Approved Product List for oxygen.
3. 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.

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:

1. 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:

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

AADL:

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

Policy R – 28

Multiple Oxygen Systems

Policy Statement

The AADL program shall approve funding for one (1) 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:

1. Do not pay extra for combination systems.

Specialty Suppliers:

1. Do not charge clients extra for combination systems.

AADL:

1. 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)

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

Non - Portable Suction and Portable Suction

1. A suction machine is provided to clients who require oral and/or tracheal suctioning. Clients may or may not have a tracheostomy tube.
2. Clients without a tracheostomy tube will be funded if they meet the following criteria:
 - a. Clients who are too weak to manipulate secretions

- b. Clients who have had fluoroscopy confirming aspiration
3. Suction machines are owned by the AADL program and are recycled.
4. A Physician's prescription is required.
5. AADL does NOT provide funding for the connecting tubing, specimen collection bottles, Yankauer suction, etc.
6. 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.
7. 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.
8. A stationary and a portable suction unit is funded for clients who require frequent suction (2-4 times/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.
9. Suction benefits will not be provided for:
 - a. Seizure disorders
 - b. Drooling
 - c. Agonal breathing
 - d. Clients who are considered to be “at risk for aspiration”.

Standard Tracheostomy Tube

1. It is provided to clients who require a standard tracheostomy tube.
2. It is supplied by AADL respiratory Specialty Suppliers.
3. A Physician's prescription is **NOT** required.
4. 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.
5. Maximum number of tracheostomy tubes provided or delivered is 3 in 2 months. 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, 2017, they would be eligible for 13 units from November 1, 2017 to October 31, 2018. Once this period was completed, if the next service was provided on January 5, 2019, clients would have a new benefit period of January 5, 2019 to January 4, 2020.

Standard or Custom Tracheostomy Tube

1. It is for clients who require a specialty or custom tracheostomy tube.

2. It is available only with **prior approval** from AADL.
3. It is supplied by AADL respiratory Specialty Supplier.
4. For specialty or custom tracheostomy tube funding request, create an authorization request for non-oxygen benefits with an authorization type of PATT. The tracheostomy tube purchase order (including the purchase price) and the following completed form must be uploaded:
 - *Request for Pre-Approval of Tracheostomy Tube (PATT)*.
5. A Physician's prescription is **NOT** required.

Suction Catheters

1. It is for clients who require tracheal suctioning.
2. Catheters are purchased by AADL through a tendered contract and are available through Market Drugs.
3. 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.
4. A Physician's prescription is **NOT** required.
5. Maximum quantity and frequency of the suction catheters are listed in the AADL Approved Product List.

Disposable Manual Resuscitators

1. It is for clients with a tracheostomy requiring manual resuscitation for suctioning, emergency back-up.
2. A Physician's prescription is **NOT** required.
3. 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:

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

2. Request **prior approval** from AADL for clients requiring additional quantities and frequency. The Assessor must complete a *Quantity and Frequency Review (QFR) Request* form and submit to Alberta Blue Cross (AADL Program) for **prior approval**.
3. Provide recycled equipment first. New equipment should only be provided if there is no recycled equipment available.
4. Authorization term is lifetime. Notify Alberta Blue Cross if clients no longer require any of the respiratory benefits.

Suction Catheters:

1. Client contacts Market Drugs (780-422-1397 or 1-800-282-3913) to place order for suction catheters.
2. Market Drugs confirms with the client whom their specialty supplier is and if they have received an AADL funded suction unit.
3. Market Drugs accesses Alberta Blue Cross Online Health Portal (OHP) to confirm the client has an active OR authorization. Once an active authorization has been confirmed, Market Drugs completes the suction catheter order.
 - If a client does not have an OR authorization, Market Drugs must contact the applicable AADL specialty supplier to have them create the authorization in the Alberta Blue Cross OHP.
4. Market Drugs accesses the Alberta Blue Cross Online Health Portal to submit claims.
5. Catheters are delivered to client's home.
6. Maximum quantity and frequency limits are listed in the AADL Approved Product List.

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 the AADL Respiratory Specialty Suppliers to repair the other respiratory equipment (not under manufacturer's warranty) within the maximum repair amount and frequency as stated on the Respiratory Approved Product List. If the repair cost is prohibitive, or repair is not possible, AADL will approve the equipment status as surplus.

Procedure

Specialty Suppliers:

1. Determine if equipment is repairable.
2. Supply the client with a loaner at no cost if the other respiratory equipment (excluding oxygen, BPAP and ventilator) is not functioning.
3. 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 Respiratory Approved Product List). No prior approval is required.
4. 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 5 years, provide a replacement unit to the client. If the unit has been received for less than 5 years, complete and fax a *Quantity and Frequency Review (QFR) Request* form to Alberta Blue Cross.
5. Return the repaired equipment to the client.
6. Dismantle the equipment that is declared surplus.
7. Store salvageable parts for repair of other units as required.

AADL:

1. Reviews QFR submission and determines eligibility. If eligible, approves a replacement unit.

Clients:

1. 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: 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 ROP 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 (AHS) Respiratory Outreach Program (ROP).

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:

1. Completed Respiratory Benefits Program (RBP) Request for Home Ventilator Funding form.

2. If client is > 18 years old, client must have a diagnosis of neuromuscular disease, spinal cord disorders or chest wall dysfunction.
3. Consult completed by a pulmonologist with expertise in modes of ventilatory support to include:
 - a. diagnosis
 - b. client history
 - c. documentation of prior BPAP compliance and indication for ventilator:
 - i. extension of ventilation into daytime hours; or
 - ii. retained bulbar function in the case of mouthpiece ventilation request; or
 - iii. dependence on BPAP greater than 16 hours;
 - d. documentation of respiratory failure to include daytime hypercapnia or failure to thrive secondary to daytime increased work of breathing.
4. **Client Declaration Form** signed by client or individual for client. See form for clarification.

Invasive Ventilation

1. Completed **RBP Request for Home Ventilator Funding** form.
2. 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).
3. Provision of a second ventilator is based on one or both of the following:
 - Client residence > 100 km from ROP Service site
 - >16 hours per day ventilator usage
4. **Client Declaration 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 (AHS) Health Professionals:

1. Complete the RBP Request for Home Ventilator Funding form and have the client complete the AADL Client Declaration Form (CDF).
2. Sign on to the Alberta Blue Cross Online Health Portal (OHP) 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.
3. Select the appropriate authorization type:

Note: For the addition of a second ventilator, when client already has an AADL funded ventilator:

- Create a new ventilator authorization and select an appropriate authorization type of Invasive-Two vents or Non-Invasive-Two vents.
 - a. Ventilator - Invasive-One vent or Invasive-Two vents; or
 - b. Ventilator - Non-Invasive-One vent or Non-Invasive-Two vents.
- Indicate the client's medical condition:
 - a. Neuromuscular disease
 - b. Spinal cord disorder
 - c. Chest wall dysfunction
 - d. Other (pediatric)
- Has client been on BPAP therapy? If yes, how many months?
- Indicate Interface mode (select one of the following):
 - a. Trach

- b. Mouthpiece
 - c. Mask/Nasal Pillow
 - d. Mouthpiece and mask
 - e. Dental Appliance.
4. Is client in home or hospital at time of request?
 5. If requesting a second ventilator, please provide rationale:
 - Client residence >100 km from ROP service site; &/or
 - >16 hours per day usage
 6. Upload the **CDF, RBP Request for Home Ventilator Funding Form** and other supporting documents.
 7. 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 System:

1. For Invasive: place authorization to APPROVE if the eligibility criteria for Invasive Ventilation are met.
2. For Non-Invasive: place authorization to PEND.

Alberta Blue Cross RRT:

1. Review PEND authorizations.
2. Determine eligibility.

Alberta Blue Cross Staff:

1. Update ABC OHP 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.
2. Notify the prescriber who submitted the request about the funding outcome on the PEND authorizations.
3. Add all uploaded documentation and information regarding ventilator authorizations to the existing AHS RBP authorization zip file and Daily Summary that is sent to AHS via sFTP.
4. Notify ROP of any manually reviewed authorizations that have been approved.
5. Notify specialty provider if BPAP authorization is changed or discontinued once Alberta Blue Cross has received notification, from AHS ROP, of ventilator set up date.

Procedure for Entering Claims

Respiratory Outreach Program (ROP):

1. Log onto Alberta Blue Cross OHP.
2. Enter claims for ventilator services and products provided.

Clinical Engineering, University of Alberta Hospital (UAH):

1. Log onto Alberta Blue Cross OHP.
2. Enter claims for parts and labor for repairing the home ventilator(s).

AADL Respiratory Specialty Suppliers/ROP:

1. Provide non-invasive interface to the client for use with the ventilator. Refer to the Respiratory Approved Product List for the complete list of interfaces.
2. Submit claim for the interface on Alberta Blue Cross OHP.
3. 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.

AHS Respiratory Outreach Program (ROP):

1. Initiate home ventilator services in a timely manner upon receipt of the approval.
2. Provide the home ventilator, supplies and education to the client, family and caregiver(s).
3. ROP will use equipment that meets the clinical needs of the patient.
4. Provide clients with non-invasive interfaces if not provided by an AADL Respiratory Specialty Supplier.
5. Exchange home ventilators when they are due for service or if the ventilator is not working properly.
6. Troubleshoot equipment issues over the phone or in person and exchange equipment if issues cannot be resolved.
7. Provide 24-hour emergency service to address client ventilator concerns and return client calls within thirty minutes of notification of a client problem.
8. Obtain any updated home ventilator prescription from the physician and adjust ventilator settings based on the revised prescription.
9. Contact UAH Clinical Engineering when ventilators require service.
10. Advise clients on their responsibilities related to the Respiratory Outreach Program.
11. Ensure client signs the AADL Client Responsibility and Client Declaration forms.
12. Adhere to the Alberta Blue Cross Health Provider Agreement, AADL Provider Agreement and both the general AADL and home ventilator policies and procedures.
13. Report any harmful incidences, near misses or adverse events, as stated in Policy R-05 B, to AADL and Alberta Blue Cross.
14. Submit a claim on the Alberta Blue Cross OHP for service and products provided.
15. Notify Alberta Blue Cross when a client is discontinued from AADL home ventilator benefits.
16. ROP ensure all equipment is maintained and repaired as per manufacturer's specifications.

Clinical Engineering, University of Alberta Hospital (UAH):

1. Perform checks on all new home ventilators.
2. Repair and service home ventilators, as per manufacturer's specifications.
3. Determine if home ventilator(s) is repairable.
4. Salvage home ventilators, as per AADL procedure, that are no longer repairable, or meet the salvage criteria developed by AADL, and provide the model(s) and serial number(s) of salvaged units to AADL.
5. Return equipment to the ROP office after servicing is complete.
6. Submit claims on the Alberta Blue Cross OHP 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 (RBP). BPAP therapy will be provided to clients who meet the requirements of Part 1, Part 2A, Part 2B or Part 3.

Part 1

Clients (age 18 or older) who request BPAP support for respiratory insufficiency caused by:

- A. Rapidly progressive neuromuscular conditions, or
- B. Stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions.

A. For rapidly progressive neuromuscular conditions:

- 1. Client must have one of the following diagnoses:
 - a) Amyotrophic Lateral Sclerosis
 - b) Primary Lateral Sclerosis
 - c) Progressive Muscular Atrophy
 - d) Pseudobulbar Palsy
 - e) Progressive Bulbar Palsy
- 2. Client must meet one of the following requirements:
 - a) ABG obtained at rest with PaCO₂ greater than or equal to 45 (attach copy)
 - b) Pulmonary function test showing Forced Vital Capacity (FVC) less than or equal to 50% predicted (attach copy with interpretation)
 - c) Sniff nasal pressure less than 40 cmH₂O
 - d) PI max less than 40 cmH₂O
 - e) Persistent orthopnea
 - f) PSG showing nocturnal hypoventilation with an increase of TcCO₂ at least 10 mmHg (attach histogram, summary and interpretation).

B. For stable or slowly progressive neuromuscular, musculoskeletal or spinal cord conditions:

1. Client must have one of the following:
 - a) Stable or slowly progressive neuromuscular disorders, e.g., Post Polio Syndrome
 - b) Primary disorders of respiratory muscles, e.g., Muscular Dystrophy
 - c) Chest wall deformities leading to restrictive disorders of the lung, e.g., Kyphoscoliosis
 - d) Traumatic spinal injuries, e.g., Quadriplegia
2. Client must meet one of the following requirements obtained while in a stable state (recovered to baseline from any acute illness):
 - a) ABG obtained at rest with PaCO₂ greater than or equal to 45 (attach copy)
 - b) Orthopnea with a drop in Vital Capacity (VC) of at least 20% in supine versus sitting upright (attach copy)
 - c) PSG showing nocturnal hypoventilation with an increase of TcCO₂ at least 10 mmHg (attach histogram, summary and interpretation).

A physician, staff at a physician's office or an Alberta Health Services (AHS) health professional is required to complete and/or review the "*BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Conditions Prescription and Request (B-NMS)*" 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 (OHP). Alberta Blue Cross will send out notification by email to the sender about the funding outcome. Also, the sender can view the funding outcome on the OHP.

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

1. Diagnosis of sleep disordered breathing and most current full Pulmonary Function Test (PFT) 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 (COPD).
2. Complete list of current medications to identify if some of the ingested medications may induce hypoventilation.
3. Level 1 sleep study histogram, summary and interpretation showing the date of the study and the data of Minimum Saturation (Sat), Average Saturation (Sat), Maximum TcCO₂ and Apnea Hypopnea Index (AHI) for the events in the following sequence:
 - a) Diagnostic test.
 - b) Maximum CPAP titration.

- BPAP funding is usually offered only if CPAP has not resolved respiratory insufficiency.
 - If CPAP was not attempted or trialed to greater than or equal to 18 cmH₂O, provide reason.
- c) BPAP without rate
- When respiratory insufficiency was not resolved with maximum IPAP/EPAP, and rate was not attempted, provide reason.
- d) BPAP with rate
- When respiratory insufficiency was not resolved with maximum IPAP/EPAP, and rate was added, provide maximum rate.
- e) BPAP with rate and O₂
- When respiratory insufficiency was not resolved with maximum IPAP/EPAP and rate, and then O₂ was added, provide oxygen flow rate.
- f) Data of the Level 1 sleep study shall meet all of the following requirements:
- Significant decrease or elimination of respiratory events.
 - Decrease of peak TcCO₂ level.
 - Improved oxygenation with BPAP.
4. A physician, staff at a physician's office or an AHS health professional is required to complete and/or review the "*BPAP Funding for Adults with Sleep Disordered Breathing Prescription and Request (B-SDB)*" 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 PFT, and Level 1 sleep histogram, summary and interpretation must be submitted to Alberta Blue Cross Online Health Portal (OHP). Alberta Blue Cross will send out notification by email to the sender about the funding outcome. Also, the sender can view the funding outcome on the OHP.

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 (age 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:

1. Diagnosis of sleep disordered breathing and most current full Pulmonary Function Test (PFT) 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 (COPD).

2. Complete list of current medications to identify if some of the ingested medications may induce hypoventilation.
3. ABG must be done before and after BPAP titration (attach ABG records). The results must show improvement of PaCO₂ and PaO₂ levels with BPAP therapy.
4. Post BPAP titration ABG must be done on room air at rest and the client must be clinically stable.
5. 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).
6. A physician, staff at a physician's office or an AHS health professional is required to complete and/or review the "***BPAP Funding for Adults with Sleep Disordered Breathing (No PSG) Prescription and Request (B-SDB-NOPSG)***" 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 PFT, and ABG records must be submitted to Alberta Blue Cross Online Health Portal (OHP). Alberta Blue Cross will send notification by email to the sender about the funding outcome. Also, the sender can view the funding outcome on the OHP.

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 (age less than 18) who request BPAP support for respiratory insufficiency must meet the following requirements:

1. Letter from the pulmonologist or attending physician which includes the client's diagnosis and reason(s) for the BPAP funding request.
2. Sleep study with interpretation, the prescribed settings and any other documents supporting the BPAP request.
3. A physician, staff at a physician's office or an AHS health professional is required to complete and/or review the "***BPAP Funding for Pediatric Clients Prescription and Request (B-PED)***" 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 (OHP). Alberta Blue Cross will send notification by email

to the sender about the funding outcome. Also, the sender can view the funding outcome on the OHP.

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 AHS Health Professionals:

1. Complete the appropriate BPAP funding request form for BPAP start. The list of the forms are as follow:
 - *B-SDB (BPAP Funding for Adults with Sleep Disordered Breathing Prescription and Request)*
 - *B-SDB-NOPSG (BPAP Funding for Adults with Sleep Disordered Breathing (No PSG) Prescription and Request)*
 - *B-NMS (BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders Prescription and Request)*
 - *B-PED (BPAP Funding for Pediatric Clients Prescription and Request)*
2. Obtain the prescribing physician's signature on the request form.
3. Sign on to Alberta Blue Cross OHP website and create a BPAP authorization request. Select the appropriate authorization type¹:
 - a) For adults with sleep disordered breathing - select SDB.
 - b) For adults with neuromuscular, musculoskeletal and spinal cord disorder - select NMS.
 - c) For pediatrics (age less than 18) - select PED.
4. Enter ABG date (if any), PaO₂ (if any) and sleep study date (if any).
5. Upload supporting documents and the appropriate BPAP funding request form:
 - a) For authorization type of SDB:
 - B-SDB or B-SDB-NOPSG form must be uploaded.
 - b) For authorization type of NMS:
 - B-NMS form must be uploaded.
 - c) For authorization type of PED:
 - B-PED form must be uploaded.
6. 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.
 - a) If urgent criteria² are not met, Alberta Blue Cross notifies the sender the urgent status has not been accepted.
 - b) 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.

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information and documents for NMS requests.
2. Determines eligibility.

Alberta Health Services (Respiratory Benefits Program) Registered Respiratory Therapist:

1. Reviews submitted information and documents for SDB and PED requests.
2. Determines eligibility.
3. Notifies Alberta Blue Cross about funding outcome.

Alberta Blue Cross Staff:

1. Sends out notification by email to the sender about funding outcome.
2. Updates BPAP authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT or AHS (RBP) RRT.
 - b) For denial – places the authorization to REJECT with reason provided.
3. If approved, gives referral and faxes prescription to BPAP specialty supplier³. If the request is urgent, calls BPAP specialty supplier after the fax confirmation is generated.
 - a) 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 places this authorization to APPROVE. The effective date and termination date of the oxygen authorization are the same as the BPAP authorization.
 - b) 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 AHS (RBP) RRT.

BPAP Specialty Suppliers:

1. 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.

2. Submits BPAP claim for BPAP Initiation Period Service and Initiation Period Equipment⁴ 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 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.

Notes:

¹For the list and details of the BPAP authorization type and term, refer to Policy R-36, Schedule 4.

²Urgent criteria are:

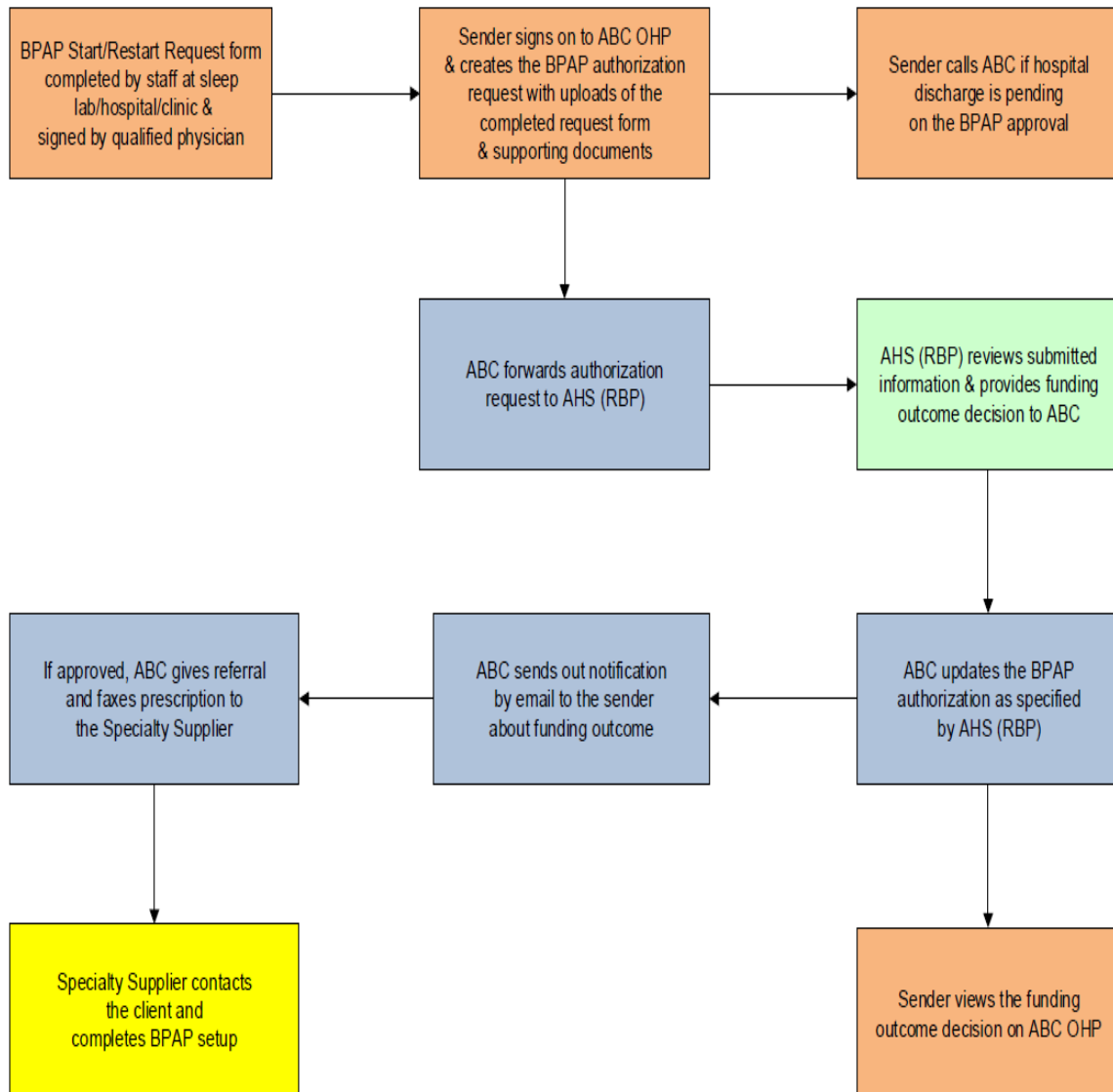
1. Client requires BPAP for hospital discharge or to prevent hospital (re)admission.
2. Client starts on BPAP and oxygen at the same time.
3. Any other exceptional circumstances as noted by the physician on the request form are subject to final decision by Alberta Blue Cross Registered Respiratory Therapist.

³Selection of BPAP specialty supplier is based on:

1. Client's needs and client's current relationship with the specialty suppliers.
2. If oxygen is approved with the BPAP, a specialty supplier that provides both benefits will be selected.

⁴Clients 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 3 months or 92 days term).

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 3).
- 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 (refer to Policy R-37 will continue 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:

1. 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.
 - a) For urgent requests, initiation will be provided within 24 hours of the approval.
 - b) 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.
2. 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.

3. 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.
4. Deliver BPAP therapy.
 - Activities will be provided by a Registered Respiratory Therapist (RRT) with clear understanding of client needs, condition and equipment used. Polysomnographic Technologists (PSGT), Registered Nurses (RN) 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 RRT.
5. Review and rate client's level of understanding on the information listed on the Client Education Package Checklist. The content of the Client Education Package must include:
 - a) Program Information (written and verbal):
 - i. BPAP client's roles and responsibilities (refer to Policy R-36, Schedule 1)
 - ii. BPAP Specialty Supplier's roles and responsibilities (refer to Policy R-37, Schedule 2)
 - iii. Purpose of the 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.
 - iv. AADL BPAP policies, testing requirements and timelines
 - v. 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
 - b) Treatment Instructions (written and verbal):

Once an assessment of the clients' understanding of their condition and need for BPAP is completed, provide the following treatment instructions:

- i. 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.
- ii. Reason(s) for BPAP therapy and its benefits.

- iii. Importance of BPAP compliance and expectation that clients achieve utilization of at least 4 hours per day, 70% of the time in order to obtain clinical benefit and receive continued funding for BPAP therapy.
- iv. Potential compliance issues (e.g. mask fit, nasal symptoms and pressure issues).
- v. Process of habituation to BPAP therapy and expectations for clients.
- vi. Follow up schedule.

c) 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.

- i. 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.
 - ii. Interface fitting
 - Choose the appropriate interface for the client if it has not been identified by the referrer (physician or AHS professional).
 - Inform client about the interface trial period and process.
 - iii. Manufacturer's contact information including phone number and website where they may view instructional videos.
 - iv. 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.
6. Complete the Information Card (or Respiratory Therapy BPAP Communication Tool) which 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.

7. Select appropriate BPAP equipment (refer to Policy R-36 Schedule 3) and set the parameters as specified on the BPAP prescription.
8. Complete the assessment.
9. Submit claim after the service date. The details of the billing for the Initiation Period are as follow:
 - a) If client completes the full 3-month initiation:
 - Submit claim for Initiation Period Service and Initiation Period Equipment fee for a maximum of 92 days (refer to Respiratory Approved Product List for the per diem fee).
 - b) If client discontinues BPAP before 1 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.
 - c) If client discontinues BPAP after 1 month but before 3 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.

Notes:

1. 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 3 months or 92 days term).
2. 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:

1. Provide ongoing support and intervention as required to assist client to achieve compliance with BPAP therapy. The activities include:
 - a) Monitor compliance.
 - b) 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 (AASM): 4 hours per day, 70% of the time for at least 60 days.
 - c) Therapy support to address comfort, desensitization and habituation.
 - d) Interface(s) evaluations.
 - e) Document the remedy measures attempted during the period if client is experiencing difficulty in achieving compliance.
 - f) 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.
 - g) Obtain a new prescription if settings are updated.
 - i. 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.
 - ii. Notify other health professionals participating in the client's care.
2. Complete the following steps when compliance can't be achieved and client is refusing to work on improving the compliance:
- a) If possible, obtain written documentation from the client stating their decision to discontinue BPAP therapy against medical advice.
 - b) Notify the physician before the client is discontinued from BPAP therapy.
 - c) Retrieve equipment from the client.
 - d) 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.
3. When there is objective documentation and AASM compliance has been achieved.

Procedure for authorizing NLT, SLT or PLT

BPAP Specialty Suppliers:

1. Create a BPAP authorization request before the last authorization termination date. Select the appropriate authorization type:
 - a) For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NLT.
 - b) For adults with sleep disordered breathing – select SLT.
 - c) For pediatrics (age less than 18 on submission date) – select PLT.
2. Enter compliance start date, end date and % compliance for BPAP usage greater than or equal to 4 hours/day.
 - a) The number of days from the start and end date of the compliance must be greater than or equal to 60; and

- b) % compliance for at least 4 hours/day for the download period must be greater than or equal to 70%.
3. Upload compliance report (1-2 page compliance summary).

Alberta Blue Cross System:

1. Places the authorization to APPROVE if the above requirements are met.

BPAP Specialty Suppliers:

1. 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 follow:
 - a) Equipment
 - Ongoing Equip Fee-BPAP without Backup Rate; or
 - Ongoing Equip Fee-BPAP with Backup Rate.
 - b) Service
 - BPAP Ongoing Service Fee-NM & Age < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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.
2. When there is objective documentation and AASM compliance has not been achieved but client is working towards improving the compliance.

Procedure for authorizing NST, SST or PST

BPAP Specialty Suppliers:

1. Create a BPAP authorization request and select the appropriate authorization type:
 - a) For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NST.
 - b) For adults with sleep disordered breathing – select SST.
 - c) For pediatrics (age less than 18 on submission date) – select PST.
2. Enter compliance start date, end date and % compliance for BPAP usage greater than or equal to 4 hours/day.
3. Upload:
 - Compliance report; and
 - *Comprehensive Care Plan for BPAP (B-CCP)*

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information and documents.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Updates BPAP authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT.
 - b) For denial – places the authorization to REJECT with reason provided.

BPAP Specialty Suppliers:

1. 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 follow:
 - a) Equipment
 - Ongoing Equip Fee-BPAP without Backup Rate; or
 - Ongoing Equip Fee-BPAP with Backup Rate.
 - b) Service
 - BPAP Ongoing Service Fee-NM & Age < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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.

Procedure (3): Ongoing BPAP Service Delivery

BPAP Specialty Suppliers:

1. Provide support to address client concerns regarding BPAP equipment and therapy and support to promote and maintain BPAP compliance of at least 4 hours per day for 70% of the time.
 - a) Ongoing service will be delivered by a Registered Respiratory Therapist (RRT) with clear understanding of client needs, condition and equipment used. Polysomnographic Technologists (PSGT), Registered Nurses (RN) 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 RRT.
2. 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.
 3. 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.
 4. Adjust BPAP settings based on a revised prescription from physician.
 - a) Update the Information Card (or Respiratory Therapy BPAP Communication Tool) which is inserted in the pouch attached to the BPAP device.
 - b) Notify other health professionals involved in the client's care.
 5. Extend long-term funding (current authorization type is SLT, NLT or PLT) if all of the following requirements are met:
 - a) Objective compliance remains at least 4 hours per day for 70% of the time and the download period is at least 60 days.
 - b) A compliance download is done every 6 months and it must be kept on client's file.
 - c) Yearly face to face assessment is done within 3 months from the expiry date.
 - d) Create a new authorization request prior to the last authorization termination date.
 6. Request prior approval for the short-term (NST, SST or PST) funding extension if the most recent compliance download shows AASM compliance standard has not been achieved but the client is working towards compliance, and:
 - a) Client's current authorization type is SST, NST or PST and the maximum term of 9 months funding from initiation has not been reached: or
 - b) Client's current authorization type is SLT, NLT or PLT.
 7. 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:
 - a) Most recent compliance report shows AASM compliance standard has been achieved;
 - b) Compliance download period is at least 60 days; and
 - c) 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, AHS Health Professionals, or BPAP Specialty Suppliers:

1. Complete the restart BPAP funding request form, *BPAP Funding for Clients Requiring a Restart of BPAP Therapy Prescription and Request (B-RESTART)* by the physician who must be a certified pulmonologist or trained in sleep disordered breathing. The following information must be included:
 - a) Rationale to restart therapy;
 - b) Confirmation of the client's commitment to achieve compliance with BPAP therapy;
 - c) Physician's signature on the form to confirm the client still requires BPAP therapy and the physician agrees with the client restarting therapy; and
 - d) BPAP settings.
2. The completed form may be faxed to the BPAP specialty suppliers.
3. Create a BPAP authorization request and select the appropriate authorization type:
 - a) For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NRS.
 - b) For adults with sleep disordered breathing – select SRS.
 - c) For pediatrics (age less than 18 on submission date) – select PRS.
4. Upload the completed *B-RESTART* form.

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information and document.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Sends out notification by email to the sender about funding outcome.
2. Updates BPAP authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT.
 - b) For denial – places the authorization to REJECT with reason provided.
3. If approved and the sender is from the physician's office/lab/clinic, gives referral and faxes prescription to BPAP specialty supplier.
 - a) 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 places this authorization to APPROVE. The effective and termination dates of the oxygen authorization are the same as the BPAP authorization.
- b) 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 RRT.

BPAP Specialty Suppliers:

1. Contact client and complete BPAP setup.
2. Submit BPAP claim 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 based on the following conditions:

- a) The first time BPAP restart, the items claimed are:
 - i. Equipment:
 - Reconstruct- Equip Fee BPAP without Backup Rate; or
 - Reconstruct-Equip Fee BPAP with Backup Rate.
 - ii. Service:
 - BPAP Reconstruct-Service Fee NM & < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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 Reinstruction Period Equipment and Service benefits only once in their lifetime (even if clients do not complete the full 3 months or 92 days term).

- b) The second or subsequent BPAP restart, the items claimed are:
 - i. Equipment:
 - Ongoing Equip Fee-BPAP without Backup Rate; or
 - Ongoing Equip Fee-BPAP with Backup Rate.
 - ii. Service:
 - BPAP Ongoing Service Fee-NM & Age < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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.
- iii. 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, AHS Health Professionals, or BPAP Specialty Suppliers:

1. Complete the second BPAP funding request form, *BPAP Funding of Additional Device Prescription and Request (B-2)* by the physician who must be a certified pulmonologist or 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.
2. Fax the completed *B-2* form and the most recent BPAP compliance download to Alberta Blue Cross RRT at 780-498-3585 or 1-855-598-3583.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information and documents.
2. Determines eligibility.
3. Sends out notification to the sender about funding outcome.
4. Documents funding outcome notes on Alberta Blue Cross system
5. If approved, gives BPAP referral to the BPAP specialty supplier who provided the first BPAP device.

BPAP Specialty Suppliers:

1. Contact client and complete second BPAP device setup.
2. Review BPAP authorization information.
 - a) 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.
3. 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 follow:
 - a) 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.
 - b) An 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 authorization 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 July 1, 2014 (new SDM implementation date).

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, AHS Health Professionals, or BPAP Specialty Suppliers:

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

BPAP Specialty Suppliers:

1. 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.
2. Address the equipment issue if possible.
3. Confirm client's BPAP unit was funded by AADL by:
 - Signing on to the Online Health Portal website and going to client's authorization history.

- If there is an active authorization with the authorization type of GRF, client's BPAP unit was funded by AADL.
- 4. Complete the new enrollment funding request form, *Request for BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014 (B-NE)* 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.
- 5. Fax the completed *B-NE* form to Alberta Blue Cross AADL Team at 780-498-3585 or 1-855-598-3583.
 - The specialty supplier must verify BPAP settings and obtain a new prescription if required.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information.
2. Determines eligibility.
3. Sends out notification to the sender about funding outcome.
4. If approved,
 - a) Creates a new BPAP authorization request and selects the authorization type of SDB, NMS or PED.
 - Places the authorization to APPROVE.
 - b) Terminates the BPAP authorization with the authorization type of GRF to a day before the effective date of the new BPAP authorization.

BPAP Specialty Suppliers:

1. Contact client and replace the BPAP unit.
2. 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 follow:

- a) Equipment
 - Ongoing Equip Fee-BPAP without Backup Rate; or
 - Ongoing Equip Fee-BPAP with Backup Rate.
- b) Service
 - BPAP Ongoing Service Fee-NM & < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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.
- c) An 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 program (SDM) based on extensive clinical support is as follow:

BPAP Specialty Suppliers:

1. Confirm client's BPAP benefit was funded by AADL by:
 - Signing on to Online Health Portal website and going to client's authorization history.
 - If there is an active authorization with the authorization type of GRF, client's BPAP benefit was funded by AADL.
2. Identify the client requires clinical support (e.g. assistance with habituation to BPAP therapy or assistance in increasing hours of usage/compliance).
3. Advise the client to follow-up 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 SDM as a restart.

Physicians, AHS Health Professionals, or BPAP Specialty Suppliers:

1. Complete the restart BPAP funding request form, *BPAP Funding for Clients Requiring a Restart of BPAP Therapy Prescription and Request (B-RESTART)* by the physician who must be a certified pulmonologist or trained in sleep disordered breathing. The following information must be included:
 - a) Rationale to restart therapy;
 - b) Confirmation of the client's commitment to achieve compliance with BPAP therapy;
 - c) Physician's signature on the form to confirm the client still requires BPAP therapy and the physician agrees with the client restarting therapy; and
 - d) BPAP settings.
2. The completed form may be faxed to the BPAP specialty suppliers.
3. Create a BPAP authorization request and select the appropriate authorization type:
 - a) For adults with neuromuscular, musculoskeletal or spinal cord conditions – select NRS.
 - b) For adults with sleep disordered breathing – select SRS.
 - c) For pediatrics (age less than 18 on submission date) – select PRS.

4. Upload the completed *B-RESTART* form.

Alberta Blue Cross System:

1. Places the authorization to PEND.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information and document.
2. Determines eligibility.

Alberta Blue Cross Staff:

1. Sends out notification by email to the sender about funding outcome.
2. Updates BPAP authorization status on Alberta Blue Cross system.
 - a) For approval – places the authorization to APPROVE and updates the effective and termination date of the authorization as specified by Alberta Blue Cross RRT.
 - b) For denial – places the authorization to REJECT with reason provided.
3. If approved and the sender is from the physician's office/lab/clinic, gives referral and faxes prescription to BPAP specialty supplier.
 - a) 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 places this authorization to APPROVE. The effective and termination dates of the oxygen authorization are the same as the BPAP authorization.
 - b) 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 RRT.
4. Terminates the BPAP authorization with the authorization type of GRF to a day before the effective date of the new BPAP authorization.

BPAP Specialty Suppliers:

1. Contact client and complete BPAP setup.
2. 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:

- a) Equipment:
 - Reconstruct- Equip Fee BPAP without Backup Rate; or
 - Reconstruct-Equip Fee BPAP with Backup Rate.
- b) Service:
 - BPAP Reconstruct-Service Fee NM & < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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 for an additional BPAP device to the client who still has the BPAP unit that was approved prior to July 1, 2014 is as follow:

Physicians, AHS Health Professionals, or BPAP Specialty Suppliers:

1. Complete the second BPAP funding request form, *BPAP Funding of Additional Device Prescription and Request (B-2)* by the physician who must be a certified pulmonologist or 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.
2. Fax the completed *B-2* form and the most recent BPAP compliance download to Alberta Blue Cross AADL Team at 780-498-3585 or 1-855-598-3583.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information and documents.
2. Determines eligibility.
3. Sends out notification to the sender about funding outcome.
4. Documents funding outcome notes on Alberta Blue Cross system
5. If approved,
 - a) Gives BPAP referral to the BPAP specialty supplier.
 - b) Creates a new BPAP authorization and selects an authorization type of SDB, NMS or PED.
 - Places the authorization to APPROVE.

BPAP Specialty Suppliers:

1. Contact client and complete the new enrollment with a second BPAP.
2. 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 follow:

- a) Equipment
 - Ongoing Equip Fee-BPAP without Backup Rate; or
 - Ongoing Equip Fee-BPAP with Backup Rate.
- b) Service
 - BPAP Ongoing Service Fee-NM & < 13 Yrs
 - For clients with diagnosis of neuromuscular condition or clients with age less than 13 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.
- c) An 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 SDM, they are eligible for BPAP supply funding (Q204 to Q212) for that unit.
 - The authorization for the BPAP supply has an authorization type of 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's age is no longer under 13 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 Client’s Roles and Responsibilities

1. 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 (caregiver) is expected to come and/or bring the equipment to the specialty supplier’s office.
2. 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.
3. Contact the BPAP Specialty Supplier if they choose not to use the therapy. BPAP funding will be discontinued.
4. Take good care of the equipment supplied. Clients are responsible to replace any equipment that is lost, stolen or damaged. BPAP Specialty Supplier can withdraw equipment and services if equipment is misused.
5. 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.
6. Comply with the BPAP Specialty Supplier policies regarding abuse-free environments. Failure to comply may result in the Specialty Supplier removing their equipment and services.
7. Comply with the therapy. If client is not compliant to the therapy, the client must be actively working towards achieving compliance of 4 hours per day for 70% of the time. If the client has not reached this standard of compliance within 9 months from the BPAP initiation, BPAP funding will be discontinued.
8. 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.
9. 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:
 - a) Interface system (full face mask, nasal pillows or nasal mask with headgear) – one (1) per year.

- i. 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.
 - ii. Clients who require ventilation for long hours (e.g. 16 hours or more per day) are eligible for two (2) interface systems per year.
 - iii. Clients under age 13 are eligible for two (2) interface systems per year.
 - b) Headgear – one (1) per year.
 - c) Chin strap – one (1) per year.
 - d) Filters – twelve (12) per year.
 - e) Tubing – one (1) per year.
 - f) Oxygen diverter or pressure one way valve – one (1) per year if client is using oxygen with the BPAP.
10. Sign the BPAP Client's Roles and Responsibilities form and BPAP Client Declaration form.

Schedule 2 – BPAP Specialty Supplier's Roles and Responsibilities

1. Lead client care services to ensure clients are receiving acceptable benefits from BPAP treatment.
2. Inform physician of client therapy issues.
3. Manage treatment in collaboration with client, physician and other health professionals involved in client's care.
4. Provide 24-hour emergency service to address client BPAP concerns and return client calls within one hour of notification of a client problem.
5. Ensure a Registered Respiratory Therapist experienced with BPAP therapy is available during all regular business hours to address client concerns.
6. Provide BPAP service at their office/clinic if problems cannot be resolved over the phone. Home visits are only required by exception and at their discretion.
7. Initiate BPAP therapy in a timely manner upon receipt of the approval.
 - a) For urgent requests, initiation will be provided within 24 hours of the approval.
 - b) 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.
8. Ensure clients meet the BPAP eligibility criteria.
9. 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.
10. Ensure all items on the Client Education Package Checklist are covered with the client (caregiver) during the BPAP initiation.

11. Determine the appropriate equipment to best meet the client's needs (refer to Schedule 3 – BPAP Equipment Specifications).
12. Obtain any updated BPAP prescription from the physician and adjust BPAP settings based on the revised prescription, and:
 - a) Update the Information Card (or Respiratory Therapy BPAP Communication Tool) which is inserted in the pouch attached to the BPAP device.
 - b) Notify other health professionals involved in client's care.
13. Adhere to the Alberta Blue Cross Health Provider Agreement, AADL Provider Agreement and both the general AADL and BPAP policies and procedures.
14. 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.
15. 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.
16. 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.
17. Ensure clients sign the BPAP Client's Roles and Responsibilities and the BPAP Client Declaration form.
18. Extend long-term clients on-line within 3 months prior to the last authorization termination date if:
 - a) Client's objective compliance is at least 4 hours per day for 70% of the time.
 - b) A minimum of 60-day compliance download is done every 6 months.
 - c) Yearly respiratory assessment is done within 3 months from the expiry date.
19. Fax the AADL monthly BPAP clients discontinued list within the first two weeks of every month to Alberta Blue Cross.

Schedule 3 – BPAP Equipment Specifications

The Service Provider 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 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

- a) Ventilation mode: Spontaneous (S).
- b) Pressure range: IPAP 4 cmH₂O to 25 cmH₂O, EPAP 4 cmH₂O to 15 cmH₂O.
- c) Ramp or ramp like capabilities with unlimited number of ramps per night.

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

- a) Ventilation Modes: Spontaneous (S), Spontaneous/Timed (S/T), Pressure Control (PC) and Pressure Regulated Volume Control
- b) Pressure range: IPAP 4 cmH₂O to 25 cmH₂O, EPAP 4 cmH₂O to 15cmH₂O
- c) Ramp or ramp like capabilities with unlimited number of ramps per night.
- d) Rate 0 – 30 breaths per minute.

Spontaneous, Spontaneous/Timed Mode Machine with IPAP up to 30 cm H₂O

- a) Ventilation Modes: Spontaneous (S), Spontaneous/Timed (S/T)
- b) Pressure range: IPAP 4 cmH₂O to 30 cmH₂O, EPAP 4 cmH₂O to 20 cmH₂O
- c) Ramp or ramp like capabilities with unlimited number of ramps per night.
- d) Rate 0 – 30 breaths per minute.

1. All BPAP machines must have the following accessories/capabilities:
 - a) Heated humidifier, a carrying case, connector, tubing (6 feet from machine to mask), filters, and masks.
 - b) Pressure adjustment: clinical menu system not easily accessible or obvious to patient.
 - c) Compliance capability, therapy memory retrievable through direct computer link (200 days minimum).
 - d) Memory content: pressure settings, date and time of each use, including actual usage hours at set pressure.
 - e) Associated software to accept data downloads.
 - f) Electrical requirements: 100-240 VAC, 12 VCD capabilities.
 - g) Altitude compensation capability.
 - h) Complete with all necessary operation manuals and instructions.
2. The BPAP Specialty Supplier will ensure that all equipment is maintained and repaired per manufacturer's specifications.
3. The client is responsible for batteries, as required.

Schedule 4 – BPAP Authorization Types and Terms

BPAP Auth Type	Required Prior Approval	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 (age under 18) 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 (age under 18) 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 4 hours per day for 70% 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 4 hours per day for 70% of the time.	3 + 3

PST	Yes	Short-term, Pediatric (age under 18) with Respiratory Failure. Client is somewhat compliant to the therapy and is making progress towards achieving compliance of 4 hours per day for 70% 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 4 hours/day for at least 70% 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 4 hours/day for at least 70% of the time.	12
PLT	No	Long-term, Pediatric (age under 18) with Respiratory Failure. Achieved at least 60 days compliance of greater than or equal to 4 hours/day for at least 70% 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 Respiratory Approved Product List, catalogue number Q204 to Q212 for quantity and frequency limitation)	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 of the AADL approved BPAP Specialty Suppliers. There are 2 groups of previous BPAP clients who are eligible for the AADL BPAP supply funding and they are:

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 (SDM).

- Exception to this is clients who have 2 BPAPs: one serviced through the old BPAP program and the second one serviced through the new BPAP SDM. 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 1 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 follow:

- Interface system (e.g. full face mask, nasal mask or nasal pillows with headgear) – one (1) per year
- Headgear – one (1) per year
- Chin strap – one (1) per year
- Filters – twelve (12) per year
- Tubing – one (1) per year
- Humidifier chamber – one (1) per year
- One-way pressure valve (if client requires oxygen with the BPAP) – one (1) per year

For catalogue number, pricing, quantity and frequency limit of the BPAP supply for this group of clients, refer to in the Respiratory Approved Product List for BPAP supplies.

Group 1 - Procedure

BPAP Specialty Suppliers:

1. Receive contact from client for BPAP supplies.
2. Confirm client's eligibility for AADL BPAP supplies funding:
 - a) Sign on to Online Health Portal website and go to client's authorization history.
 - If there is an active authorization with the authorization type of GRF, client is eligible for BPAP supplies funding.
 - b) Ensure the quantity of the item supplied is within the maximum allowed for the current benefit year (refer to Respiratory Approved Product List).
 - c) If uncertain about client's eligibility, contact Alberta Blue Cross.
3. Provide BPAP supplies to the client.
4. 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:

1. 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:
 - a) Ensure client's BPAP unit received before July 1, 2014 is not functioning properly.
 - b) Confirm client's BPAP unit was funded by AADL prior to July 1, 2014:
 - Sign on to Online Health Portal website and go to client's authorization history. If there is an active authorization with the authorization type of GRF, client is on AADL old BPAP program.
 - c) Fax *BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014 Prescription and request (B-NE)* form to Alberta Blue Cross for prior approval.

Alberta Blue Cross Registered Respiratory Therapist:

1. Reviews submitted information.
2. Determines eligibility.

3. Notifies BPAP specialty supplier about the funding decision outcome.
4. If approved,
 - a) Creates a BPAP authorization; selects an authorization type of SDB, NMS or PED; and places the authorization to APPROVE.
 - b) Changes the termination date of the GRF authorization to a day before the new BPAP authorization effective day.

BPAP Specialty Suppliers:

1. Confirms the approval by signing on to Online Health Portal website and ensure there is an active BPAP authorization under client's authorization history.
2. Provide BPAP replacement unit to the client.
3. 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 when it is no longer used or required

Procedure

Clients (Caregivers)/Specialty Suppliers:

1. Dispose 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.
2. 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:

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

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

Policy R – 41

Approved AADL Respiratory Specialty Suppliers

Policy Statement

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

Policy R – 42

Forms

Policy Statement

The respiratory benefits forms shall be used for communication between AADL Respiratory Benefits Program (RBP) and Assessors/Alberta Health Services (AHS) 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

A. For BPAP start funding request:

- Create a BPAP authorization request for BPAP start with an authorization type of SDB, NMS or PED.
 - 1) For authorization type of SDB, the following form must be uploaded:
 - *BPAP Funding for Adults with Sleep Disordered Breathing Prescription and Request (B-SDB)*; or
 - *BPAP Funding for Adults with Sleep Disordered Breathing (No PSG) Prescription and Request (B-SDB-NOPSG)*.
 - 2) For authorization type of NMS, the following form must be uploaded:
 - *BPAP Funding for Adults with Neuromuscular, Musculoskeletal or Spinal Cord Disorders Prescription and Request (B-NMS)*.
 - 3) For authorization type of PED, the following form must be uploaded:
 - *BPAP Funding for Pediatric Clients Prescription and Request (B-PED)*.

B. For BPAP restart funding request:

- Create a BPAP authorization request for BPAP restart with an authorization type of SRS, NRS or PRS.

The following form must be uploaded:

 - *BPAP Funding for Clients Requiring a Restart of BPAP Therapy Prescription and Request (B-RESTART)*.

- C. For short-term BPAP funding extension request:
- Create a BPAP authorization request for BPAP extension with an authorization type of SST, NST or PST. The following form and the compliance download must be uploaded:
 - *Comprehensive Care Plan for BPAP Therapy (B-CCP)*.
- D. For an additional BPAP device funding request:
- Complete the following form and fax it to Alberta Blue Cross at 1-855-598-3583 or 780-498-3585.
 - *BPAP Funding of Additional Device Prescription and Request (B-2)*.
- E. For enrolling client from the old BPAP program to the new service delivery model:
- Complete the following form and fax it to Alberta Blue Cross at 1-855-598-3583 or 780-498-3585.
 - *BPAP Funding for Clients with BPAP Approved Prior to July 1, 2014 Request (B-NE)*.
- F. For request to challenge AADL walk test:
- Create an oxygen authorization request with an authorization type of ETS. The following form must be uploaded:
 - *Request form to Challenge AADL Walk Test for Clients with Severe Lung Disease (WT-REQ)*.
- G. For walk test interpretation:
- Complete the following form and fax it to Alberta Blue Cross at 1-855-598-3583 or 780-498-3585.
 - *AADL Walk Test Interpretation Request (WT-INTERP)*.
- H. For specialty or custom tracheostomy tube funding request:
- Create an authorization request for other respiratory benefits with an authorization type of PATT. The following form must be uploaded:
 - *Request for Pre-Approval of Tracheostomy Tube (PATT)*.
- I. For an increase of quantity and frequency request:
- Complete the following form and fax it to Alberta Blue Cross at 1-855-598-3583 or 780-498-3585.
 - *Quantity and Frequency Review (QFR) Request for Respiratory Benefits*
 - Requests for an increase of quantity and frequency are limited to the following items:
 - 1) Increase the number of specialty or custom tracheostomy tubes;

- 2) Add a portable to a non-portable suction or add a non-portable to a portable suction;
- 3) Replace a suction, heavy duty compressor or manual resuscitator within 5 years;
- 4) Increase the number of full face mask, nasal pillows or nasal mask for the grandfathered BPAP clients for the current year or ongoing years.

J. Other forms used in the AADL respiratory benefits program include:

- a) *Client Declaration form*
- b) *Client Responsibility form*
- c) *BPAP Client Education Package Checklist*
- d) *BPAP Communication Tool*
- e) *BPAP Client's Roles and Responsibilities*
- f) *BPAP Specialty Supplier's Roles and Responsibilities*
- g) *Home Ventilator Funding form*

Appendix I

Oximetry Report

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

- Client Name & PHN
- 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
- RRT signature

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

Positive Airway Pressure (PAP) Compliance

PAP therapy \geq 4 hours/night for at least 70% of the time.

Severe Lung Disease

Obstructive Lung Disease:

Airway obstruction supported by PFT showing both of the following values post bronchodilator:

- FEV1 less than 50% predicted; and
- FEV1/FVC less than 0.70 or 70% (actual value, not percent predicted)

Restrictive Lung Disease:

Restrictive lung disease supported by both (i) and (ii) of the following:

- PFT showing at least one of the following values:

- FVC less than 70% predicted with the absence of obesity (BMI less than 37); or
 - Unadjusted DLCO less than 50% predicted.
- ii. 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% within six minutes of a room air exertion walk.

Appendix II

Roles and Responsibilities for Home Ventilator Client:

1. Contact ROP if there are issues with the ventilator(s) or ventilator settings.
2. Notify ROP if:
 - a) Moving to a different address;
 - b) Moving to long term care;
 - c) Changing physician or nurse practitioner;
 - d) Admitted to hospital;
 - e) Your ventilator prescription has changed;
 - f) Traveling to another province or country.
 - g) Moving to another province or the equipment is no longer required. The home ventilator(s) **must** be returned to ROP.
3. Contact ROP if they choose not to use the therapy after consultation with their physician.
4. Take good care of the equipment supplied. Clients are responsible to replace any equipment that is lost, stolen or damaged. ROP can withdraw equipment and services if equipment is misused.
5. Acknowledge that AADL does not replace lost, damaged due to misuse or stolen ventilator(s) and obtain appropriate insurance as required.
6. Comply with ROP's policies regarding abuse free environments. Failure to comply may result in removal of equipment and service discontinuation.
7. Must return the BPAP equipment (if any) to BPAP Specialty Supplier if 2 ventilators have been received.
8. Sign the AADL Client Responsibility and Client Declaration forms.