

How to Access Oxygen in Canada

Provincial Resources

Information compiled by



How to Access Oxygen in Canada

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Registered First Nations & Recognized Inuit Coverage

Resources

[General Policies](#)

[Oxygen Equipment and Supplies Benefits List](#)

[A Guide for Inuit to Access Non-Insured Health Benefits](#)

Eligibility & Coverage

Indigenous Services Canada (ISC)'s Non-Insured Health Benefits (NIHB) program is a national program that provides eligible registered First Nations and recognized Inuit coverage for a range of medically necessary health benefits when these benefits are not otherwise covered through private or provincial/territorial health insurance plans or social programs.

To be eligible, a client must be a resident of Canada, and **one** of the following:

- a registered First Nations individual (must be a registered Indian according to the *Indian Act* (commonly referred to as a "status Indian")
- an Inuk recognized by one of the Inuit land claim organizations (NV and NWT)
- a child less than 18 months of age, whose parent is an NIHB-eligible client

Refer to the [NIHB client eligibility webpage](#) or contact the [NIHB regional office](#) for information.

More detailed information about the identification and eligibility of clients is also provided in section 4. *Client Identification and Eligibility* of the Medical Supplies and Equipment Care Claims Submission Kit available on the [Express Scripts Canada website](#).

- home oxygen may be considered for coverage by the NIHB program once the client's condition is stabilized and treatment regimen is optimized
- coverage is authorized for the primary residence only, with the exception of additional oxygen requirements due to travel for the purpose of attending a medical appointment
- while supplemental oxygen for the purpose of attending medical appointments is assessed on a case-by-case basis, it is expected that the client will use the oxygen concentrator when possible
- NIHB covers oxygen portability away from the primary residence for the purpose of completing essential activities in the client's home and community, for example, shopping for groceries or personal items (up to 12 cylinders per month)
- with medical justification, NIHB will consider additional portability (above 12 cylinders per month) on a case-by-case basis
- NIHB expects that the provider will optimize the client's oxygen supply with the use of oxygen conserving devices (such as with an oxygen conservation device (OCD) for oxygen cylinders, or moustache or pendant style nasal cannulas)

Initially oxygen requests will be approved for a 3-month period. Following the 3-month period a second request will be approved with different documentation requirements for the next 9 months. After 12 months, NIHB no longer requires an arterial blood gas (ABG) assessment

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although it is recommended. Oxygen will be renewed on an annual basis with prior approval request.

Prescriptions or recommendations for coverage must be initiated by the health professionals identified as prescribers or recommenders of the specific item as listed in the tables.

To initiate the prior approval process, the NIHB Oxygen Prior Approval Form, found on the [Express Scripts Canada website](#), must be completed in full and submitted to the [NIHB regional office](#) along with the following supporting documentation:

- a **prescription detailing the oxygen flow in litres per minute and usage in a number of hours per day** signed by an NIHB recognized prescriber for the requested benefit
- additional documentation and testing requirements as listed in [section 5.2 *Oxygen equipment and devices*](#)
- an explanation of benefits from any third-party coverage available to the client (for example: provincial plan, workers' compensation board, private insurance, education plan, etc.)

5.2 Oxygen equipment and devices

Testing information

- Arterial blood gas (ABG) and its requirements:
 - ABGs are to be completed at rest on room air
 - an arterial blood gas (ABG) result obtained during an acute exacerbation is not accepted
 - NIHB will consider waiving the ABG requirement in situations where a client lives in a fly-in zone or area that is away from a centre able to perform an ABG
 - if an ABG is not available, detailed oximetry strips are required and must be submitted with the prior approval request
- Oximetry testing and its requirements:
 - the oximetry test is performed on room air and on supplemental oxygen to confirm that a client's medical condition improves when supplemental oxygen is administered
 - the test results must include the flow rate, the oxygen saturation, the pulse, the distance walked and the level of shortness of breath (using the Borg Scale)
 - each printout or manually completed form must record at least 5 continuous minutes of monitoring. In situations where testing cannot be completed an explanation should be provided
 - NIHB's Oximetry Instructions and Form, found on the [Express Scripts Canada website](#), has been created as an optional tool for providers
 - note that for Portable oxygen concentrator (POC) and for oxygen conserving device (OCD) requests the oximetry testing should be completed using the requested item
- Capillary blood gas (CBG)
 - may be submitted for funding consideration for neonatal and pediatric clients

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Medical Indications:

- adult resting hypoxemia
- adult exertional hypoxemia
- adult nocturnal desaturation
- cardiac conditions
- palliative care
- pediatric hypoxemia

Adult resting hypoxemia

Initial 3 months

Documentation required	Medical indication criteria (client must meet ONE)
<ul style="list-style-type: none"> • prior approval form including items listed in section 5.1.3 Prior approval requirements • ABG* • assessment by RRT/RN/RPN/LPN if available • documentation provided by a physician stating the qualifying disease process if applicable 	<ul style="list-style-type: none"> • a PaO₂ of 55 mmHg or less • a PaO₂ between 56 and 59 mmHg with hypoxia on exertion (SpO₂ less than 89% for 2 continuous minutes) • a PaO₂ of 60 mmHg or less with evidence of cor pulmonale, pulmonary hypertension and/or secondary polycythemia <p>OR (if unable to obtain an ABG)</p> <ul style="list-style-type: none"> • oximetry at rest that demonstrates sustained desaturation (SpO₂ less than 89% for 2 continuous minutes)
<p>*If ABG is unavailable, oximetry at rest and on exertion is required</p>	

First renewal 9 months

Documentation required	Medical indication criteria (client must meet ONE)
<ul style="list-style-type: none"> • prior approval form including items listed in section 5.1.3 Prior approval requirements • ABG* • assessment by RRT/RN/RPN/LPN 	<ul style="list-style-type: none"> • a PaO₂ of 55 mmHg or less • a PaO₂ between 56 and 59 mmHg with hypoxia on exertion (SpO₂ less than 89% for 2 continuous minutes) • a PaO₂ of 60 mmHg or less with evidence of cor pulmonale, pulmonary hypertension and/or secondary polycythemia <p>OR (if unable to obtain an ABG)</p> <ul style="list-style-type: none"> • oximetry at rest that demonstrates sustained desaturation (SpO₂ less than 89% for 2 continuous minutes)
<p>*If ABG is unavailable, oximetry at rest and on exertion is required</p>	

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After 12 months use for annual renewal

Documentation required	Medical indication criteria (client must meet ONE)
<ul style="list-style-type: none"> prior approval form including items listed in section 5.1.3 Prior approval requirements ABG or oximetry at rest and on exertion assessment by RRT/RN/RPN/LPN 	<ul style="list-style-type: none"> a PaO₂ of 55 mmHg or less a PaO₂ between 56 and 59 mmHg with hypoxia on exertion (SpO₂ less than 89% for 2 continuous minutes) a PaO₂ of 60 mmHg or less with evidence of cor pulmonale, pulmonary hypertension and/or secondary polycythemia <p>OR (if unable to obtain an ABG)</p> <ul style="list-style-type: none"> oximetry at rest that demonstrates sustained desaturation (SpO₂ less than 89% for 2 continuous minutes)

Adult exertional hypoxemia

Initial 3 months

Documentation required	Medical indication criteria (client must meet ALL*)
<ol style="list-style-type: none"> prior approval form including items listed in section 5.1.3 Prior approval requirements oximetry at rest and on exertion with Borg Scale, distance walked and time travelled assessment by RRT/RN/RPN/LPN if available 	<ul style="list-style-type: none"> a resting SpO₂ greater than 90% OR resting room air PaO₂ greater than 60 mmHg (i.e. demonstrating non-hypoxemic at rest) exertional room air oximetry with sustained desaturation (SpO₂ less than 89% for 2 continuous minutes) and improved breathlessness (BORG scale increase of at least one unit at the end of the exercise) and improved exercise capacity (improved walking distance by at least 25% and at least 30 meters OR time traveled increased by at least 25% and at least 2 minutes)

*If room air walking oximetry demonstrates a SpO₂ less than 80% with good pulse tracking regardless of dyspnea or distance walked, the applicant meets eligibility criteria and no further testing is required for the requested funding period.

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First renewal 9 months and annually thereafter

Documentation required	Medical indication criteria (client must meet ALL*)
<ul style="list-style-type: none">• prior approval form including items listed in section 5.1.3 Prior approval requirements• oximetry at rest and on exertion with BORG scale, distance walked and time travelled• assessment by RRT/RN/RPN/LPN	<ul style="list-style-type: none">• a resting SpO2 greater than 90% OR resting room air PaO2 greater than 60 mmHg (i.e. demonstrating non-hypoxemic at rest)• exertional room air oximetry with sustained desaturation (SpO2 less than 89% for 2 continuous minutes) and improved breathlessness (BORG scale increase of at least one unit at the end of the exercise) and improved exercise capacity (improved walking distance by at least 25% and at least 30 meters OR time traveled increased by at least 25% and at least 2 minutes)
<p>*If room air walking oximetry demonstrates a SpO2 less than 80% with good pulse tracking regardless of dyspnea or distance walked, the applicant meets eligibility criteria and no further testing is required for the requested funding period.</p>	

Reimbursable Expenses

Many providers are enrolled with NIHB and paid directly by the program, so clients do not have to pay out of pocket for eligible benefits. We recommend that before you receive any item or service, you should confirm with the provider that they are enrolled with NIHB and will bill us directly, that the item or service is eligible for coverage, and that the provider will not charge you any additional fees.

Client who decides to pay the full cost of an item and request a reimbursement from the program should contact the [Express Scripts Canada website](#) or the [NIHB regional office](#) prior to purchase to confirm eligibility for item coverage and the amount covered by the program.

Find additional information at NIHB [Client Reimbursement](#).

The following services must be included in the price of the item to be considered for coverage:

- complete set-up within 24 hours of authorization (with the exception of ferry and remote site transportation limitations)
- equipment delivery, safety and care, and client education on use

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- a respiratory therapist or nurse visit within 72 hours, after three months, and every six months thereafter to ensure optimum oxygen therapy (for example: review prescription, review use of equipment, educate client on condition)
- removal of equipment within 72 hours of being informed that it is no longer required

As stated on [section 5.2.1](#), liquid oxygen is covered with prior approval.

Process

To initiate the prior approval process, the NIHB Oxygen Prior Approval Form, found on the [Express Scripts Canada website](#), must be completed in full and submitted to the [NIHB regional office](#) along with the following supporting documentation:

- a **prescription detailing the oxygen flow in litres per minute and usage in a number of hours per day** signed by an NIHB recognized prescriber for the requested benefit
- additional documentation and testing requirements as listed in [section 5.2 *Oxygen equipment and devices*](#)
- an explanation of benefits from any third-party coverage available to the client (for example: provincial plan, workers' compensation board, private insurance, education plan, etc.)

For information on billing contact Non-Insured Health Benefits Call Center at Express Scripts Canada.

Provider Phone Number:

[1-888-511-4666](tel:1-888-511-4666)

Client Phone Number:

[1-888-441-4777](tel:1-888-441-4777)

For more information on benefits and policies, contact the Non-Insured Health Benefits program at your applicable [NIHB regional office](#).

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Veterans

Resources

[Oxygen Therapy and Respiratory Equipment for Canadian Veterans](#)

Eligibility & Coverage

Veteran eligibility for treatment benefits, including home oxygen therapy, is outlined in [Eligibility for Health Care Programs – Eligible Client Groups](#). Home oxygen therapy may be approved to those eligible Veterans:

- a. who have been diagnosed by a health professional with one of the following medical conditions:
 - i. chronic hypoxemia;
 - ii. cor pulmonale;
 - iii. secondary polycythemia; or
 - iv. pulmonary hypertension.
- b. for whom it is medically necessary; and
- c. who are in stable condition on optimal non-oxygen therapy.
- d. [See Annex A to this policy – Approval Criteria / Authorities.](#)

In [exceptional circumstances](#) Veterans, other than those listed above in paragraph 2, may be eligible to receive oxygen therapy.

ANNEX A - Approval Criteria

Physiological

Home oxygen therapy may be approved for Veterans when the following physiological criteria are demonstrated:

- a. The Veteran is in a stable condition on optimal non-oxygen therapy; and
- b. The Veteran has chronic hypoxemia, with a partial pressure of oxygen in arterial blood reading of 55 or less at rest; or
- c. The Veteran has cor pulmonale, secondary polycythemia, or pulmonary hypertension with an arterial blood gas partial pressure of oxygen in arterial blood reading of 60 or less.
 - I. Cor pulmonale:
 - i. P-pulmonale electrocardiogram pattern;
 - ii. increase in P-wave amplitude (>2mm) in leads II, III, and augmented electrocardiographic leads from the foot;
 - iii. jugular venous distension;
 - iv. hepatomegaly or tender liver; and
 - v. peripheral edema.
 - II. Secondary polycythemia:
 - i. erythrocytosis with a hematocrit > 55 (hard copy must be provided)
 - III. Pulmonary hypertension:

documentation of pulmonary hypertension with evidence of pulmonary artery pressure or ultrasound indicating elevated *pulmonary artery pressure*.

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Arterial Blood Gases

For home oxygen therapy, two independent Arterial Blood Gases are required. The Veteran is expected to be stabilized and to have these readings taken in a hospital or Arterial Blood Gas lab setting. If a Veteran is bedridden and within a 30 minute radius of such a facility, the Arterial Blood Gases may be done at home by a registered health professional, who has been accredited in the performance of this procedure.

The first Arterial Blood Gas should be obtained when the Veteran's condition has stabilized (i.e. no longer in acute distress). The second Arterial Blood Gas should be obtained three months later. The timing of the Arterial Blood Gases permits a determination of the therapeutic benefit to the Veteran whose condition has been stabilized.

Oximetry

The Arterial Blood Gas requirement is necessary. Exceptions (i.e. the use of oximetry) should be considered only in exceptional circumstances. Oximetry could be used for:

- a. Veterans who have been on oxygen therapy for over a year,
- b. bedridden Veterans who are more than 30 minutes from a collection site (and travel to the centre is not feasible), or
- c. nocturnal and exertional studies.

In all cases, the rationale for oximetry must be provided.

The criterion to be considered for home oxygen therapy is an oximetry result of 88% or less oxygen saturation. The procedure must be performed while the Veteran is awake and has been at rest for a minimum of five minutes (the Veteran should not be in the recovery stage following exertion). A copy of the reports should be forwarded to the delegated decision-maker for review.

Oxygen Desaturation

To qualify for home oxygen therapy with nocturnal oxygen desaturations, the medical condition must be confirmed by a full sleep study (polysonography) or overnight trending oximetry (completed in a sleep laboratory), or by a sleep screening study. If a sleep screening study is used, it must include:

- d. continuous recording of oxygen saturation,
- e. heart rate, and
- f. direct measurement of air flow.

The most frequently used measurement from a polysonogram, taken during a formal sleep study, is an apnea-hypopnea index (AHI). An AHI is the number of respiratory events (apnoeic episodes and hypopneic episodes) per hour.

For nocturnal oximetry, an oxygen desaturation index (ODI) can be generated, which is the number of desaturations greater than 3%, per hour of study. There is no single cut-off of ODI that can be used on its own to decide treatment (the ODI alone should not be used to decide treatment). When the ODI parameter is satisfied, it can be taken into the clinical context to decide whether therapy is appropriate. Although an AHI of greater than or equal to 10 is commonly associated with symptoms, again no single cut-off of AHI should be used exclusively to decide therapy. There is an increasing likelihood ratio for the development of hypertension with AHI's greater than or equal to five.

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For those who desaturate for another reason (e.g. COPD), then often the percentage of time below a certain saturation is used to decide if oxygen is prescribed (e.g. at least 5% of sleep time with an oxygen saturation at or below 85% without nocturnal oxygen therapy). Respiratory vendors may administer the testing in an individual's home, if absolutely necessary.

Nocturnal desaturations that are usually shorter than two minutes in duration, but occur repetitively throughout the sleep period, may indicate a sleep-related breathing disorder such as sleep apnea. Supplemental oxygen may be required in particular cases, when treatment with CPAP or BiPAP still results in an oxygen desaturation below 85%.

In the case of exercise-induced oxygen desaturation, the evaluations should be performed at a time of stability when the Veteran is considered optimized. To qualify for oxygen therapy based on exercise-induced oxygen desaturation:

- The Veteran must first be pre-screened and show a pulse oximeter oxygen saturation less than 90% persistently for at least one minute during exercise (i.e. activities of daily living such as getting dressed, brushing teeth, etc);
- the pre-screening must be done prior to but within one month of a walking test;
- the walking test must be performed (at a reasonable pace, for the Veteran, for a minimum of five minutes); failure to complete the time, or a drop in pulse oximeter oxygen saturation during that time would be significant; and
- the Veteran has measured improvement in walking performance on oxygen compared to air so that the distance walked increases by 25% (at least 30 metres), or desaturation to less than 80%, regardless of dyspnea or distance walked. The Veteran does not qualify for oxygen therapy when the differences between air and oxygen walking are less than the specified values (above).

If the Veteran is unable to walk for a medical condition or infirmity unrelated to dyspnea or arterial desaturation, then the Veteran does not qualify for oxygen for exercise.

Oxygen Equipment

An oxygen equipment system, which includes a backup system, must respond to the oxygen needs of the Veteran. An oxygen system will take into consideration:

- a. cost effectiveness
- b. appropriateness
- c. prescribed flow rate
- d. hours of usage per day
- e. safety for Veteran
- f. ease of use
- g. mobility
- h. type of backup required (e.g. portable oxygen or a back-up concentrator)

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The types of equipment that may be approved for use in conjunction with home oxygen therapy are identified in the benefit grids. Examples of equipment for eligible Veterans include: oxygen concentrators, compressed oxygen cylinders, liquid oxygen, oxygen conserving devices, Homefill system, and respiratory supplies.

Since first-time oxygen approvals are on a provisional basis only, oxygen equipment should initially be rented, with the option to cancel, as a decision may be taken to cancel the long-term home oxygen usage after the three-month assessment.

Reimbursable Expenses

Suppliers are expected to be responsible for the following (these requirements must be included as a condition of the purchase, rental or lease-to-buy agreement):

- a. obtaining approval from Veterans Affairs Canada for the provision of long-term home oxygen therapy (including liquid oxygen);
- b. installing the oxygen equipment by a person duly certified to do so;
- c. instructing the Veteran or caregiver on equipment operation, safety and maintenance requirements;
- d. maintaining the equipment in good working order;
- e. providing emergency service when needed; and
- f. providing a follow-up Registered Respiratory Therapist's assessment to the delegated decision-maker at three months following installation and every 12 months thereafter.

As a minimum, the Registered Respiratory Therapist's assessments must:

- g. describe the system(s) in place;
- h. identify whether actual usage complies with the prescription;
- i. provide an assessment of the Veteran's respiratory condition, including smoking status, education and safety aspects;
- j. indicate if the oxygen system is still appropriate to the Veteran's needs; and
- k. provide an oximetry reading.

The delegated decision-maker reviews the Registered Respiratory Therapist's reports, which must be submitted on a yearly basis, and renews approval in accordance with the information provided in the reports.

Veterans Affairs Canada will reimburse expenses to the Veteran for medically needed oxygen when travelling by air. Regardless of which option is chosen, airlines typically require that the Veteran provide advance notice regarding the need for oxygen and that the Veteran obtain medical approval from his or her treating physician for the airline's consideration prior to the date of travel.

Some types of medical oxygen equipment are considered prohibited items with airlines, in either carry-on or checked baggage, including personal oxygen cylinders (tanks). In recognition of this, Veterans Affairs Canada will reimburse the additional costs for rental or use of oxygen while the Veteran is at the temporary location (i.e. vacation, family visit).

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Process

Home oxygen therapy may be approved if there is:

- a. evidence (clinical criteria) that the treatment is needed; and
- b. evidence that the potential for benefit outweighs the potential for harm.

First-time approval of home oxygen therapy must be based on a physician's diagnosis, prescription, and a Registered Respiratory Therapist's report. The approval is for an initial period of four months, in order to permit a review of the three-month follow-up of Arterial Blood Gas (See Annex A to this policy – Approval Criteria / Authorities) to determine if the Veteran continues to meet the approval criteria.

If the three-month follow-up indicates that the Veteran continues to meet the approval criteria, home oxygen therapy may be approved for up to an additional 12 months, the maximum frequency period indicated on the benefit grids.

If the three-month follow-up indicates that the Veteran does not meet the approval criteria noted in Annex A, the delegated decision-maker will make a determination as to whether the benefits are to be continued or cancelled.

The delegated decision-maker reviews the Registered Respiratory Therapist's report, which must be submitted annually, and makes a decision in accordance with the information provided.

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Northwest Territories – Non-Aboriginal and Métis*

Resources

[Extended Health Benefits for Specified Disease Conditions Program in NWT](#)

Eligibility

The Government of the Northwest Territories sponsors the Extended Health Benefits program to provide non-Aboriginal and Métis residents of the Northwest Territories who have specified disease conditions with certain benefits not covered by hospital and medical care insurance.

***Note that PF is not currently one of the diseases covered by the EHB program. CPFF has contacted the program to advocate for the addition of PF, but we cannot guarantee when and if it will be added.**

Reimbursable Expenses

The program will pay reasonable and customary charges for eligible prescription drugs, medically necessary supplies and equipment provided in Canada, including oxygen and respiratory supplies and equipment.

This program may reimburse accommodations, meals and transportation expenses incurred when you travel to access medical treatment not available in your home community.

Expenses eligible for reimbursement may include the following, **subject to prior approval**:

- Private Accommodations
- Commercial Accommodations
- Boarding Facilities
- Meals
- Escorts and/or interpreter services
- Travel (air and ground) to the nearest health clinic or hospital to receive health services not available in your home community or not covered by provincial or territorial travel assistance programs

Each person registered in this program is provided with an Alberta Blue Cross identification card. Please carry this card with you at all times to access services.

In most cases, you will not have to pay for eligible benefits through your plan. However, in cases where you pay the total cost of medical supplies/equipment, ask for an official receipt and send this to Alberta Blue Cross along with a fully completed Alberta Blue Cross Health Services Claim Form.

Process

You must apply for the Extended Health Benefits program. To apply, see:

[***Applying for Extended Health Benefits for Specified Disease Conditions Program***](#)

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Yukon*

Resources

[TrueNorth Respiratory Home Oxygen](#)

Eligibility

The Yukon Government does not provide financial assistance for Home Oxygen.

Reimbursable Expenses

Unless you are covered by NIHB or Veterans Affairs, the only way to be covered for home oxygen in Yukon is through private insurance plans.

All insurance plans are different. In the experience of the only supplier of Home Oxygen in Yukon, True North Respiratory, the majority of their services and care are covered by the major insurance providers in Yukon. They will happily offer their assistance in coordinating your care with your insurance plans. Please contact their clinic to speak to their staff about your insurance and how we can help.

Process

All of True North Respiratory's services are referral-based.

In most cases they require a referral from a physician or nurse practitioner. Please contact their clinic for more information, or if you require help to get a referral.

Office Phone:(867)667-7120

Email: info@truenorthrespiratory.com

For most services, they strongly recommend booking an appointment so they can assure that you will have the most convenient and efficient experience with their clinic. They do their best to accommodate walk-ins, and can often accommodate same-day appointment bookings.

There seems to be no liquid oxygen available in YK.

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British Columbia

Resources

[British Columbia Home Oxygen Program – VitalAire](#)

[VitalAire Home Oxygen Funding Chart](#)

[Northern Health](#)

[Fraser Health](#)

[Island Health](#)

[Vancouver Coastal Health](#)

[Interior Health](#)

Eligibility

1. You must be a BC resident for more than 3 months.
2. You must be eligible for and have a valid BC personal health number (PHN).
3. You must reside in your Health Region for greater than 6 months of the calendar year.
4. You must meet BC Home Oxygen Program [required medical eligibility criteria](#) for low blood oxygen levels (see below).
5. You must be capable of safely handling oxygen at home.
6. The referring physician/nurse practitioner must sign the application.

BC Home Oxygen medical criteria required for funding

Provide as much recent and appropriate information as possible to support any co-morbid disease (e.g., echocardiogram, spirometry, consultation notes, discharge summary, etc). Clinical data submitted must be obtained within 72 hours of acute client discharges. All HOP subsidy applicants are expected to seek and be compliant with optimal medical treatment. The safe use of home oxygen therapy is vital. Clients who meet the following criteria will be considered for home oxygen funding:

Resting Oxygen: Clients must be rested off oxygen therapy (room air) for a minimum of 10 minutes prior to obtaining an arterial blood gas (ABG) sample. Qualifying clients must have ABGs with a partial pressure of arterial oxygen (PaO₂) equal to or less than 55 mmHg on room air or an ABG with a PaO₂ equal to or less than 60 mmHg with evidence of one of the following conditions: CHF or pulmonary hypertension or oxygen saturations less than 88% sustained continuously for 6 minutes, to be measured by pulse oximetry (SpO₂) while client is on room air and at rest. Saturations must be documented at minimum of 30 second intervals to qualify. Any data submitted and identified as a single value only will not be accepted.

Nocturnal Oxygen: In the absence of the aforementioned co-morbidities, daytime hypoxemia (SpO₂ less than 88%), either at rest or with ambulation, plus a nocturnal oximetry study on room air is required for nocturnal oxygen therapy to be funded. For all clients, the SpO₂ must be less than 88% for more than 30% of a minimum 4-hour nocturnal oximetry study. Sleep disorder breathing (e.g. sleep apnea) will only be treated with supplemental oxygen therapy if the nocturnal criteria are met despite optimal treatment, such as CPAP therapy.

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Ambulatory Oxygen: If the client is unable to walk for one minute or more, ambulatory oxygen therapy will not be useful and will not be funded. Oxygen therapy for ambulation is intended to encourage activity outside of the home and for those clients who qualify for ambulatory funding. Ambulatory testing is to be performed on a flat surface only. The use of any exercise equipment (i.e.: treadmill) is not permissible. Clients should be tested with their usual mobility devices (such as canes, walkers, etc.) and walk as far as possible within the 6-minute test. Note: Any post ambulation saturation values are not acceptable.

Oxygen saturations must be measured and documented at a minimum of 30 second intervals during walk tests. Qualifying clients must meet one of the following criteria:

- A. An SpO₂ less than 88% sustained continuously for a minimum of one minute during a 6-minute walk test while breathing room air, and a measured improvement in a second 6 minute walk test while breathing oxygen showing the distance travelled increases by at least 25% and at least 30 meters (100 feet).
- or**
- B. An SpO₂ less than 80% with ambulation for a minimum of one minute during a 6-minute walk test.

Renewal Process

If a patient has been discontinued because they no longer meet criteria, they would need requalify to be restarted using same criteria. The process is the application needs to be filled out by a general practitioner, qualifying data compiled and presented to the home oxygen program for approval.

The home oxygen program sends an RRT to patient home on a regular basis to reassess oxygen requirements, at least yearly, sometimes more often depending on diagnosis. When the RRT assesses, patient may be able to be discontinued, may stay the same, or may need an increase in prescription. The assessment intervals are dependent on when the patient requires oxygen (only at night or 24 hrs) and if changes were made. If the home oxygen program plans to see the patient in 6 months but their health has declined, we can absolutely see them sooner.

Reimbursable Expenses

The Home Oxygen Program (HOP) helps fund what is not funded by the patient's private medical insurance. Liquid oxygen is available to BC residents with Extended Health Benefits; the HOP will cover the cost of what isn't covered by the Extended Health Benefits.

Once a patient meets criteria to be part of the Home Oxygen Program, funding is as follows:

If a patient has EHB, the company pays for oxygen based on their criteria. The percentage of cost the EHB pays depends on the company. Some companies require patient to pay the cost and be reimbursed while others pay directly for cost. Some companies have been known to pay 70%, 80% or 100%. Whatever portion EHB does not cover, HOP pays the rest.

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If a patient has EHB but is maxed on the amount they can spend, HOP will pick up 100% of cost.

If a patient has no EHB, HOP will pay 100% of the cost.

Patients that have EHB will still need to pay their deductible at the beginning of the year, HOP does not cover cost of deductibles.

The portion of the costs not covered by EHB is billed directly to HOP.

Process

For the Interior Health Authority, Requests for home oxygen service are made by the attending physician on behalf of the patient.

The following health authorities have their own application form. Follow the application process specified within the application form.

[Vancouver Coastal Health](#)

For acute care referrals, once the application is completed in FULL, fax the application and any additional clinical data to VitalAire. VitalAire must also be phoned between 1630-0800 M-F, anytime on Weekends, Statutory Holidays, and for Urgent Matters. See front of application for fax and phone numbers. Phone MedPro if existing MedPro client.

For Community MD/ Other referrals, once the application is completed in FULL, fax the application and any additional clinical data to HOP. Applications should be sent to the appropriate Health Authority Home Oxygen Program where the client maintains a permanent residence. Application will be redirected if necessary.

[Northern Health](#)

For acute referrals, once the application is completed in full, fax the application and any additional data to HOP and the appropriate vendor as determined by the health service region and care setting (acute care versus community) in the table that follows:

Health Service Delivery Area	Northern Interior	Northeast	Northwest
Acute/Hospital Setting	Vital Aire	MedPro	VitalAire
Community/Physician's Office	Fax to HOP Office Only	MedPro	VitalAire

Vendors must be contact by telephone if the discharge is after 1630 hours Monday to Friday, at any time on the weekends and statutory holidays or if there is immediate information to share. See front of application for fax and phone numbers.

[Fraser Health](#)

For acute referrals, once the application is completed in FULL, fax the application and any additional clinical data to HOP AND VitalAire. VitalAire must be contacted by telephone if the

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discharge is after 1630 hours M-F, at any time on weekends and statutory holidays or if there is immediate information to share. See front of application for fax and phone numbers.

For Community/Physician office referrals, once the application is completed in FULL, contact HOP for supplier selection and application tracking number, then fax the application with tracking number and any additional clinical data to HOP AND the identified supplier. Applications should be sent to the appropriate Health Authority Home Oxygen Program where the client maintains a permanent residence. The application will be redirected if necessary

[Vancouver Island Health](#)

Fax the completed form directly to the vendor. To establish a setup timeframe, contact the vendor by phone.

Hospital starts:

Respiratory Homecare Solutions (RHS) Fax 1-877-701-0425 / PH: 1-877-701-0424

Community starts:

MedPro Respiratory Care Fax 1-888-310-1441 / PH: 1-888-310-1444

Providers

There are 5 Home Oxygen providers in BC that cover the province's 5 Health Authorities:

[VitalAire*](#)

[Medigas](#)

[Respiratory Homecare Solutions](#)

[Lakeside Medical Supplies](#)

[MedPro Respiratory Care*](#)

*Liquid oxygen available

How to Access Oxygen in Canada

Alberta

Resources

- [Alberta Home Oxygen Program - VitalAire](#)
- [VitalAire Home Oxygen Funding Chart](#)
- [Alberta Aids to Daily Living Respiratory Benefits Program](#)
- [AADL Approved Products List – Respiratory](#)

Eligibility

The **Alberta Aids to Daily Living (AADL) Respiratory Benefits Program** offers financial assistance to eligible Alberta residents who require home oxygen.

To qualify for funding a patient needs a valid personal health number and to continuously meet the [required medical criteria](#) (page 23 – see below for summary)

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:

- | | |
|--|--|
| <ol style="list-style-type: none"> 1. Resting Hypoxemia (below) 2. Paediatric Hypoxemia 3. Nocturnal Desaturation 4. Exertional Desaturation | <ol style="list-style-type: none"> 5. Hypoventilation syndrome on ventilatory support 6. Palliative - General 7. Cardiac Palliative |
|--|--|

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

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

How to Access Oxygen in Canada

RESTING HYPOXEMIA CRITERIA PART 2 AT A GLANCE (FOR CLIENTS WITHOUT SEVERE LUNG DISEASE)

Diagnosis includes cor pulmonale, or secondary polycythemia or pulmonary hypertension.

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

Reassessment

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

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

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

Clients who previously received AADL oxygen funding, can be restarted with a new authorization based on an ABG with a PaO₂ of 56-59 mmHg if the restart date and the ABG date is greater than three months from the last authorization expiry date.

Smoking

While being a non-smoker is not a criterion to be approved by this program, it is advised not to. Furthermore, supply of therapy may be discontinued if smoking habit endangers the safety of self or others.

Reimbursable Expenses

The oxygen funding program in Alberta is funded based on a flat rate remuneration model, which is what is directly paid to the specialty provider. If someone is approved for funding, the

How to Access Oxygen in Canada

approved specialty providers are to supply the equipment necessary to support a client's oxygen prescription and need. The AADL does not specify what type of equipment must be supplied. Therefore, the amount can in theory be used towards the provision of liquid oxygen.

The only cost to the client is the cost of oxygen tubing and nasal cannula.

The coverage of oxygen is based solely on a client meeting the eligibility criteria. *It is not based on income.*

[See Product List for more information.](#)

If you are not medically eligible for AADL funding, your insurance company may cover a portion of the cost. You are responsible for contacting your insurance provider to determine coverage and are financially responsible for the co-payment and deductible as an out-of-pocket expense.

Process

Assessors/Alberta Health Services Health Professionals/Specialty Suppliers:

1. Obtain appropriate test results and documentation and submit them to AADL.
2. Complete appropriate "Request for O2 Funding" form and submit to AADL for prior approval.
3. All required test results, documentation and request form must be submitted to AADL prior to the authorization expiry date to avoid termination of the authorization.

AADL:

1. Reviews test results and documents.
2. Determines eligibility.
3. Notifies Specialty Supplier and Client's physician or nurse practitioner (as specified on the request form) of the approval or denial.

Providers

There are 9 Home Oxygen providers in AB that cover the province:

[VitalAire*](#)

[Parkland Respiratory Care](#)

[Respiratory Homecare Solutions](#)

[Medigas](#)

[MedPro Respiratory Care](#)

[Chinook Respiratory Care](#)

[Advanced Respiratory Care Network](#)

[PulseAir](#)

[Dream Sleep Respiratory Services](#)

*Liquid oxygen available

How to Access Oxygen in Canada

Manitoba

Resources

[Home Care Services in Manitoba](#)

[Home Care Services in Manitoba Guide](#)

[Manitoba Home Oxygen Program - VitalAire](#)

[Manitoba Home Oxygen Referral Forms - CareicaHealth](#)

Eligibility

Home oxygen concentrators may be provided as part of the Home Care Services. To be eligible, you must:

- Be a Manitoba resident, registered with Manitoba Health, Seniors and Active Living (the department)
- Require health services or assistance with activities of daily living
- Require service to stay in the home for as long as safely possible
- Require more assistance than what is available from existing or potential supports, and community resources
- Qualify under the medical criteria of the HOCP (see below for resting and exertional hypoxemia)

A client is considered medically eligible for the HOCP by the Approved Regional Respiratory Authorizer, Regional Home Oxygen Administrator or Designated Provincial Respiratory Consultant when one or more of the following medical criteria are met:

1. Resting Hypoxemia

An Initial Assessment for Home Oxygen (O₂) Concentrator Program documents:

A minimum of one (1) arterial blood gas (ABG) performed on room air within four (4) days of the Assessment/Referral form being submitted to the HOCP.

Please note: ABGs are required for the initial assessment and to determine ongoing eligibility for HOCP. However, where medical circumstances indicate adverse outcomes may occur if room air ABG is attempted, a discussion with the Designated Provincial Respiratory Consultant is required.

Client is an adult demonstrating hypoxemia at rest: PaO₂ ≤ 59 mmHg on room air.

Oxygen is administered to achieve a PaO₂ range of ≥60 mmHg but <65 mmHg (correlating to SpO₂ of 90-92%).

Oxygen is administered at least 18 hours per day, preferably 24 hours.

2. Exertional Oxygen

Testing for exertional oxygen requirement is available only for clients who do not qualify for continuous (resting) oxygen:

How to Access Oxygen in Canada

One (1) room air ABG test result must be submitted to demonstrate that the client's PaO₂ >59 mmHg for resting hypoxemia AND

One of:

Evidence of desaturation on room air during exertion, to SpO₂<89% for a minimum of one (1) minute (Blinded six (6) minute walk test administered with documented improved performance on oxygen versus room air (include distance walked increases by 25% and a minimum of 30 metres)).

During the course of the Blinded six (6) minute walk test, evidence of desaturation on Room Air during exertion SpO₂<80% for a minimum of one (1) minute (i.e., test may be terminated; no need to demonstrate objective measured improvement).

Pre-screen: To qualify for complete exertional oxygen testing, evidence of desaturation while on room air during exercise, to SpO₂<89% for a minimum of one (1) minute.

A blinded six (6) minute walk test administered with a medically stable client.

Test is administered with the client given air and oxygen in exactly the same manner and flow rate. The client is not informed whether oxygen or air is provided.

Test results to include the total distance walked.

If, during the course of the test, the client desaturates to SpO₂<80% for a minimum of one (1) minute, the client is eligible for supplemental oxygen and the test is terminated. There is no need to demonstrate objective measured improvement.

Eligibility for low flow oxygen therapy is established when a client shows objective measured improvement in his/her walking performance on oxygen compared to room air so that the distance walked increases by 25% on a minimum of 30 metres.

Reassessment for Continued Medical Eligibility

The RHA is responsible to ensure HOCP client's oxygen requirements are assessed regularly, as indicated by the individual client's status.

Prior to reassessment, HOCP client is clinically stable and receiving appropriate medical treatment.

A client on oxygen therapy for resting hypoxemia and determined to be medically stable, requires a room ABG at minimally one (1) month (not to exceed three (3) months) post treatment initiation. Reassessment may occur more frequently as the client's clinical profile dictates.

A client on oxygen therapy for exertional hypoxemia and determined to be medically stable, requires evidence of desaturation on room air during exercise to SpO₂<89%. A six (6) minute blinded walk test administered with documented performance on oxygen versus room air minimally one (1) month (not to exceed three (3) months) post treatment initiation.

How to Access Oxygen in Canada

Reimbursable Expenses

The Home Oxygen Concentrator Program (HOPC) will cover 100% of the cost of your home oxygen if you medically qualify under their criteria. However, it appears that liquid oxygen is not covered by this program.

Process

Your case co-ordinator will fill out the [HOPC Medical Assessment and Referral form](#) to determine your eligibility.

For more information about home care services in Manitoba, contact your regional health authority office:

Interlake-Eastern Regional Health Authority

Toll-free: 1-855-347-8500

Website: www.ierha.ca

Prairie Mountain Health

Phone: 204-483-5000 or Toll-free: 1-888-682-2253

Website: www.prairiemountainhealth.ca

Winnipeg Regional Health Authority

Phone: 204-926-7000

Website: wrha.mb.ca

Northern Regional Health Authority

Phone: 204-687-4870

Website: northernhealthregion.com/

Southern Health-Santé Sud

Phone: 204-428-2720 Toll-free: 1-800-742-6509

Website: www.southernhealth.ca

Providers

There are 3 Home Oxygen providers in MB that cover the province:

[VitalAire*](#)

[Careica Health](#)

[Medigas](#)

*Liquid oxygen available

How to Access Oxygen in Canada

Saskatchewan

Resources

[Home Oxygen Program in Saskatchewan](#)

[Home Oxygen Program in Saskatchewan - General Policies](#)

Eligibility

The Home Oxygen Program provides funding towards the cost of prescribed home oxygen therapy for clients who meet the program criteria. The program is delivered through private oxygen suppliers who are contracted by Saskatchewan Health.

In addition to the eligibility criteria in the [general policies section](#), clients must:

1. Have oxygen prescribed by a physician or nurse practitioner, and
2. Meet the medical criteria for either continuous, exertional, or nocturnal oxygen, or
3. Be assessed by the Saskatchewan Health Authority and meet the criteria for end stage palliative care.

Continuous Oxygen Criteria:

- In the absence of cor pulmonale or polycythemia, the patient, while at rest after being seated for 10 minutes, must have a PaO₂ ≤ 55 mmHg determined by arterial blood gas or an SaO₂ ≤ 87% determined by oximetry for a minimum of two continuous minutes.
- In the presence of cor pulmonale or polycythemia, the patient, while at rest after being seated for 10 minutes, must have a PaO₂ of ≤ 59 mmHg determined by arterial blood gas or an SaO₂ ≤ 90% determined by oximetry for a minimum of two continuous minutes.
- Testing should be completed within 48 hours prior to initiation of home oxygen therapy.

Exertional Oxygen Criteria:

- Patients must not have been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the 30 days prior to testing.
- Clients will complete a two-part test. Part one is a maximum exercise symptom limited room air test. After being seated for 10 minutes, the patient should use a treadmill, an Page 22 of 61 exercise bicycle, or walk on the level at a comfortable pace. Stop the test with the onset of symptoms. Record the symptoms, the time of onset, and the distance.
- Part two requires the patient to rest for 10 minutes while receiving 2 litres per minute of oxygen after completing part one. The patient should then repeat the test in part 1 while using oxygen. Oxygen should be adjusted as needed to maintain the saturation at 90% – 92% during exercise. Stop the test with the onset of symptoms. Record the symptoms, the time of onset, and the distance.
- Oximetry on room air must show a pulse oximetry saturation ≤ 87% continuously for a minimum of 20 seconds and
- There must be documentation of improvement in exercise capacity of 20% with oxygen use; that is the onset of symptoms is delayed by at least 20%.

How to Access Oxygen in Canada

Reimbursable Expenses

Continuous Oxygen - Funds a concentrator, regulator and 10 portable oxygen cylinders per month. Initial coverage is for four months.

Exertional Oxygen - Funds a concentrator, regulator and 10 portable oxygen cylinders per month. Initial coverage is for six months.

Long Term Oxygen Funding - Clients approved for long-term funding receive coverage for one year. Renewal requires a prescription only (no tests are required).

- To qualify for long-term oxygen funding, clients must:
- Meet the eligibility criteria for continuous or exertional oxygen as outlined above.
- Have been on short-term oxygen under the same eligibility criteria as the long-term coverage being requested, and
- Be stable, having had no exacerbation, hospital admission or change of treatment within the previous 30 days at the time of testing.

Long-term clients may apply for optional coverage through their oxygen supplier. It allows the client to use equivalent funding towards an alternate oxygen system (such as liquid oxygen, an oxygen conserving device, a transfill system or portable concentrator) that may better suit their needs. Any additional cost related to these systems is the responsibility of the user.

CHOICE OF OXYGEN SUPPLIER

- As user costs, delivery schedules and services vary among oxygen suppliers, the choice of an oxygen supplier remains solely with the oxygen user.
- Requests for a change of supplier are considered only if directed by the oxygen user.

Process

A physician or nurse practitioner must submit an [Application for Initial SAIL Oxygen Funding](#) form along with supporting test results on behalf of the client.

For end stage palliative applications, both a health region case manager and a physician or nurse practitioner must complete a Saskatchewan Health Authority Request for End Stage Palliative Oxygen Benefits form, which is submitted on behalf of the client.

Clients are notified in writing if their application has been approved or rejected. Approval letters outline the benefits available and dates of coverage.

Billing Process

Oxygen suppliers invoice SAIL directly for eligible benefits based on approved coverage. Non-benefit items, and items in excess of covered amounts are the responsibility of the client and suppliers invoice the client directly for those items.

How to Access Oxygen in Canada

Providers

There are 4 Home Oxygen providers in MB that cover the province:

[VitalAire*](#)

[Medigas](#)

[Careica Health](#)

[Prairie Oxygen](#)

*Liquid oxygen available

How to Access Oxygen in Canada

Ontario

Resources

[Home Oxygen Therapy in Ontario](#)

[Home Oxygen Therapy Policy and Administration Manual](#)

Eligibility

To qualify, you must:

- be an Ontario resident
- have a valid Ontario health card
- meet medical eligibility criteria for oxygen therapy (see below)

Your income is not considered.

You **do not** qualify, if:

- you already qualify for or are receiving support from the Workplace Safety and Insurance Board for the same oxygen equipment or supplies
- you are a [Group "A" veteran](#) and already qualify or are receiving support from Veterans Affairs Canada for the same oxygen equipment and supplies

Medical Eligibility Criteria for Short-Term Oxygen Therapy

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

- an inpatient in an acute care hospital and required Home Oxygen Therapy to be discharged; or
- in the emergency department and required Home Oxygen Therapy to be discharged.

The Applicant must meet the one of the following.

1. The Applicant must have Hypoxemia at rest. ADP defines Hypoxemia at rest as an Arterial Blood G as value (PaO₂) of LESS THAN OR EQUAL TO 55 mmHg.
2. An Applicant with a PaO₂ consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for Funding if one of the following medical conditions is present:
 - Cor Pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.

How to Access Oxygen in Canada

3. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for Funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ < 88%); or
 - nocturnal Hypoxemia.

If an Arterial Blood Gas cannot be taken due to medical risk, the Applicant must meet one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as a SpO₂ of LESS THAN OR EQUAL TO 88%.
2. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
3. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ < 88%); or
 - nocturnal Hypoxemia.

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

The Applicant's medical condition must be stabilized and treatment regimen optimized before Home Oxygen Therapy is considered. Optimum treatment includes smoking cessation.

The Applicant must meet the one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as an Arterial Blood Gas value (PaO₂) of LESS THAN OR EQUAL TO 55 mmHg.
2. An Applicant with a PaO₂ consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
3. An Applicant with a PaO₂ consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ < 88%); or

How to Access Oxygen in Canada

- nocturnal Hypoxemia.

If an Arterial Blood Gas cannot be taken due to a documented medical risk, the Applicant must meet one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as a SpO₂ of LESS THAN OR EQUAL TO 88%.
2. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
4. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ < 88%); or
 - nocturnal Hypoxemia

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

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

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

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

Documentation may include ABG results (confirming PaO₂ is > 60 mmHg) or a resting Oximetry Study (confirming SpO₂ is > 90%). If a resting Oximetry Study is provided, a hardcopy of the study must be submitted.

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

ADP defines exertional Hypoxemia as an exertional SpO₂ less than or equal to 88%.

ADP defines improved exercise tolerance as one of the following.

How to Access Oxygen in Canada

1. The Applicant Desaturates to a SpO₂ < 80% on walking, regardless of dyspnea or distance walked.
2. The Applicant walks for five (5) minutes or more on room air, they must demonstrate an objective measured improvement in his/her walking performance on oxygen compared to room air, so that the time walked increases by 25%, along with an improvement of at least one (1) unit in the BORG score at the end-exercise point of the shortest test.

Example: If the Applicant walks for seven (7) minutes on room air and ten (10) minutes on oxygen, the tester measures and records the BORG score at the 7-minute mark for both room air and oxygen.

The BORG score must improve by at least one unit

3. The Applicant walks for less than five (5) minutes on room air, they must demonstrate an objective measured improvement in his/her walking performance on oxygen compared to room air, so that the time walked increases by a minimum of two (2) minutes, along with an improvement of at least one (1) unit in the BORG score at the end-exercise point of the shortest test.

Example: If the Applicant walks for three (3) minutes on room air and six (6) minutes on oxygen, the tester measures and records the BORG score at the 3-minute mark for both room air and oxygen.

The BORG score must improve by at least one unit.

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

90-Day Funding Period and 12-Month Funding Period

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

An Independent Exercise Assessment must confirm that the Applicant meets the Medical Eligibility Criteria for exertional Hypoxemia (see 320.05).

The following must perform the Independent Exercise Assessment:

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

How to Access Oxygen in Canada

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

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

9-Month Funding Period

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

A single blinded air versus oxygen test is not required.

Re-assessment of Home Oxygen Therapy

A Prescriber must re-assess the Client's continued need for Home Oxygen Therapy annually.

The Prescriber bases his/her decision to continue with Home Oxygen Therapy on a re-assessment of the Client's clinical needs. The re-assessment by the Prescriber must include an assessment of the Client's oxygenation status.

Reimbursable Expenses

When you qualify for the Assistive Devices Program (ADP), you can get help paying for home oxygen therapy. This includes:

- oxygen (including liquid oxygen)
- equipment and supplies (e.g. oxygen tanks, tubing, mask)
- delivery, set-up and maintenance

Your supplier will cover maintenance, repair and replacement costs, unless you've damaged the equipment or supplies through misuse or neglect.

Through the Assistive Devices Program, we cover 75% of the cost of home oxygen therapy. You pay 25% of the cost. You get 100% of the costs covered for home oxygen therapy if one or more of the following apply to you:

- you are 65 or older
- you live in a long-term care home
- you receive social assistance benefits through
 - Ontario Works (OW)
 - Ontario Disability Support Program (ODSP)
 - Assistance for Children with Severe Disabilities (ACSD)
- you receive professional services (e.g. physiotherapy in your home) through your local [Home and Community Care Support Services organization](#)

How to Access Oxygen in Canada

Process

Follow these five steps to apply:

1. See your doctor or a nurse practitioner to have your blood oxygen level tested.
The doctor or nurse practitioner will conduct the necessary tests to determine whether you meet the medical eligibility criteria and require short-term or long-term home oxygen therapy.
2. Get the application form filled out by your doctor or nurse practitioner.
3. Choose a supplier, a business registered with the Assistive Devices Program. [Use this table to find a registered supplier near you.](#)
4. Meet with the supplier. They will fill out their part of the form.
5. The supplier will mail the completed form for you to the following address:

Assistive Devices Program
5700 Yonge St., 7th Floor
Toronto, ON, M2M 4K5

You must pay the supplier your 25% share of the cost for equipment and supplies upon delivery. We will pay the vendor our share of 75% directly. You have to renew on a yearly basis.

If you're an adult receiving home oxygen therapy through the ADP, we will send your supplier a renewal form two months before the end of your first 12 months in the program. Your supplier will arrange an oximetry test at their location.

The vendor completes the renewal application form and gets it signed by your doctor and sends it to us.

Providers

There are 20 Home Oxygen providers in ON that cover the province:

[VitalAire](#)*

[Kingston Oxygen](#)*

[Respiratory Homecare Solutions](#)

[InspiAir](#)

[MedPro Respiratory Care](#)*

[Complete Oxygen Care](#)

[Ontario Home Health](#)*

[Renaissance Respiratory](#)*

[Advacare](#)

[Canadian Home Healthcare](#)

[Home Care Oxygen Service](#)*

[London Home Respiratory](#)

[Medigas](#)

[Breathe Easy Respiratory Home Care](#)

[ProResp](#)*

[RT Respiratory Services Inc.](#)*

[MagGas](#)*

[Absolute Respiratory Services](#)

[Homestead Oxygen & Medical Equipment Inc.](#)

[Northern Respiratory](#)

*Liquid oxygen available

How to Access Oxygen in Canada

Quebec

Resources

[National Program for Home Oxygen Therapy - Quebec](#)

Eligibility

To benefit from the program's services, patients must obtain a specialized medical assessment, preferably by a referred respirologist or physician. The assessment is required to ensure the person being treated meets the eligibility criteria (which is not readily available).

In addition to medical criteria, several other factors are also considered in the decision to initiate long-term oxygen therapy at home. For example, the patient's living environment, motivation, and level of commitment and cooperation are assessed.

To be eligible for this program, patients must also:

- Live in Quebec
- Have an attending physician
- Be able to consent to receiving oxygen therapy care and services at home
- Assist with oxygen therapy treatment and follow safety guidelines regarding the use of oxygen at home
- Be able to accommodate the treatment equipment at home
- Use and maintain the equipment provided

Patients are not eligible if they:

- Do not meet the medical criteria at the time of the respiratory medical assessment
- Smoke: A person registered in the program who fails a tobacco screening test will no longer be able to receive services
- Are living in a healthcare facility, rehabilitation centre, nursing home or long-term care facility

General Medical Criteria

Arterial blood gas in the open air, stable state, Pa O₂ ≤ 55 mm Hg or <60 mm Hg with polycythemia or clinical signs of chronic cor pulmonale, duration 15-18h/day, goal: saturation > 90-92%

Overall, in Quebec, the oxygen is covered primarily when it is more life threatening for the health of vital organs. So generally, when O₂ saturation is borderline around 90-91% at rest, on room air.

In some situations, it will also be accepted. It is a case-by-case evaluation (even for palliative purpose). That's where a nurse with experience in that area, and a deep understanding of the patient's condition, could help. She will have to contact the provider of the oxygen and to present the case. The treating physician might have to pitch in as well.

How to Access Oxygen in Canada

Also, it is sometime easier or harder from one provider center to another (usually it is the CLSC or a Respiratory Expertise Center) to accept a special case depending on their "waitlist", availability of resources, budget, etc.

Renewal Process

There's no need for renewal of oxygen therapy. When a patient meets the criteria for long term oxygen therapy for PF, it is almost certain that he cannot return to the state of not needing it.

That being said, the patient is followed closely by a respiratory therapist on a regular basis: every 2 weeks, every month or 2-3 months, depending on the needs and progression of the condition. The oxygen level is then adjusted by the physician or ILD nurse, depending on the evaluation of the respiratory therapist.

Reimbursable Expenses

There are no fees or deductibles to pay. The equipment must be returned when it is no longer being used or if the patient dies. Liquid oxygen seems to be covered by this program.

A person who already has their own equipment may, subject to an evaluation, transfer ownership of the equipment in order to benefit from certain services under the program, such as technical support and maintenance.

Home Oxygen Therapy is covered by RAMQ, but with very strict criteria.

Those who have private insurance could get the oxygen much easier and earlier in the progression of their disease. But the long-term follow-up by a respiratory therapist might lack since the private companies providing oxygen don't do follow-ups.

Process

To register for this program, ask your doctor to refer you to a respirologist who can conduct the medical assessment and complete your application if you meet the criteria. A needs assessment will be conducted at least once a year or as determined by the medical criteria.

Providers

There are 3 Home Oxygen providers in QC that cover the province:

[Medigas](#)

[OxyMed](#)

[PréviMed](#)

There seems to be no suppliers of liquid oxygen in Quebec.

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New Brunswick

Resources

[New Brunswick Home Oxygen Program - VitalAire](#)

[New Brunswick Extra-Mural Program](#)

[New Brunswick Health Services Respiratory Program](#)

[Health Services Respiratory Program - Criteria](#)

EXTRA MURAL PROGRAM – 65 Years Old +

Eligibility

All New Brunswick residents with a valid NB Medicare card (or in the process of receiving a card) are eligible to receive EMP services, as long as health care needs can be met safely in the home.

The EMP Home Oxygen Program consists of acute oxygen services and long-term oxygen services for seniors (65 years of age or older).

It is unclear what the medical criteria is.

Reimbursable Expenses

The EMP Home Oxygen Program should cover justifiable costs. Liquid oxygen seems to be covered by this program.

Process

For more information regarding the EMP, please consult your local EMP office, your Family Doctor or Nurse Practitioner. You may also contact Call the EMP Care Coordination Centre toll free number 1-844-982-7367 and ask about services.

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HEALTH SERVICES RESPIRATORY PROGRAM – Less than 65 Years Old

Eligibility

This program assists clients of this department with coverage of respiratory equipment and supplies which are not covered by other agencies or private health insurance.

This program is available to:

- Clients of this department and their dependents
- Individuals who have special health needs and who qualify for assisted health care under Section 4.4 of the Family Income Security Act and Regulations
- Oxygen Services available to clients age 64 and under

Services **MUST** be provided through an eligible Respiratory Services Vendor

Clients must have one of the following:

- A valid white Health Services Card showing “SUPPLEMENTARY” in the BASIC HEALTH ELIGIBILITY section, or “Respiratory Services” in the ADDITIONAL HEALTH ELIGIBILITY section, **OR**
- A valid yellow Health Services card with a “Y” under the OTH in the VALID ONLY FOR box, or an “X” under SUPP in the VALID ONLY FOR box

Additional benefit specific criteria may apply (see below).

In order to be eligible for full benefits through this program, you must not have any other coverage for the service(s) required.

Home Oxygen Therapy Criteria

1. The client’s home is suitable for the use of the oxygen equipment.
2. The client and other household members have received education relevant to the equipment required and are willing to comply with the treatment plan prescribed, including a smoking cessation program, where required.
3. The client is assessed as meeting at least one of the following physiological criteria:
 - A diagnosis of hypoxemia confirmed an arterial blood gas study indicating PaO₂ less than 55 mmHg on room air at rest. **OR**
 - A diagnosis of hypoxemia confirmed by an arterial blood gas study indicating PaO₂ 56 –59 mmHg AND Evidence of cor pulmonale, pulmonary hypertension or secondary polycythemia (haematocrit greater than 55%). **OR**
 - Confirmation of nocturnal desaturation by a polysomnography or nocturnal oximetry study showing SpO₂ less than 89% in room air at least several times during one night. Sleep disorders must be ruled out. **OR**

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- Confirmation of exertional desaturation by an oximetry study showing SpO₂ of less than 89% on room air while performing usual activities of daily living.
4. The client must be reassessed annually (+ or – 1 month of initial assessment) to confirm continued need. An updated Home Oxygen Application Form must be submitted for renewal of the approval along with confirmation of competency in the care, maintenance and utilization of the equipment and adherence to all oxygen safety precautions.
 5. High flow concentrators will only be provided for flow rates which are 5-10 liters/min.
 6. The client is under 65 years of age.

Liquid Oxygen Criteria

1. The client has been approved for home oxygen coverage by the Health Services Program.
2. The client's flow rate must exceed 10 litres/min.
3. Liquid oxygen must be the most cost-effective means of providing oxygen therapy to the client.
4. Portable liquid oxygen will only be considered when there is no other option for providing oxygen therapy cost effectively to the client.
5. The client is under 65 years of age.

For a full list of the criteria for each benefit/respiratory equipment requested, please consult the [Social Development Respiratory Program Policy](#).

Reimbursable Expenses

1. Provision of all respiratory equipment except aerochambers and optichambers, requires prior approval from the Health Services Program.
2. When changes in need occur, a copy of the new prescription and a new estimate must be submitted to Health Services for a revised approval.
3. All services require prior approval from the Health Services Program.
4. Benefits must be provided by a New Brunswick supplier unless the client is unable to obtain the equipment or service in this province.
5. All eligibility criteria must be met in order for a benefit to be approved.

Purchased Equipment

- Aerosol machines, Portable
- Nebulizers
- Aerochambers
- Chest vibrators
- Spirometer
- Lung volume recruitment
- Humidifiers
- Dehumidifiers
- Suction machines

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- CPAP machines (up to \$1400.00)
- BPAP machines (up to \$3000.00)
- Oxygen conserving devices
- Cough assist machines

Purchased Supplies

- Aerosol masks & supplies
- Nebulizer supplies
- Suction supplies
- CPAP and BiPAP masks & supplies
- Cough Assist masks & supplies
- Ventilation masks & supplies
- Tracheostomy supplies

Rentals

- Concentrators
- Oxygen conserving devices
- Oxygen saturation monitor
- Liquid oxygen systems
- Portability systems
- Oxygen cylinder refills
- BPAP S/T and BPAP with AVAP machines
- Ventilators, related equipment and supplies

The period of eligibility for purchased equipment varies.

Eligible supplies and rentals may be (services are) paid monthly but quantities and frequencies are monitored.

There is no cost to eligible clients for entitled oxygen and breathing aid services and equipment.

Process

The following needs to be submitted to the Health Services Respiratory Program:

- Completed [application form](#), with Section B completed by a physician.
- One (1) quote on a Health Services claim form

Always include a copy of the application form with your initial request for payment on the Health Services Claim Form.

Providers

There are 3 Home Oxygen providers in NB that cover the province:

[VitalAire](#)

[Medigas](#)

[Quality Respiratory Care](#)

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Newfoundland & Labrador

Resources

[Special Assistance Program in Newfoundland – Medical Equipment & Supplies](#)

[Western Health Special Assistance Program](#)

[Eastern Health Special Assistance Program](#)

[Central Health Home Support Services Program](#)

Eligibility

The Special Assistance Program (SAP) is a provincial program which provides basic medical supplies and equipment to assist with activities of daily living for individuals living in the community who meet the eligibility criteria for the program.

Benefits of the program include oxygen and related equipment and supplies.

To qualify, you must first meet financial eligibility (Income Test) and have a clinical assessment completed by a health professional such as a Physician, Physiotherapist, Occupational Therapist, Community Health Nurse, Ostomy Nurse or Social Worker.

It is unclear what the medical criteria to apply for this program is.

Reimbursable Expenses

You must avail of all other funding sources (e.g. private health insurance, Indian Status) prior to requesting and receiving funding from SAP in your respective Regional Health Authority. If qualified for SAP, there may still be a portion of the cost that must be paid by the individual.

It is unclear whether liquid oxygen is covered by this program.

Process

For more information on accessing this service contact your [regional health authority](#).

Providers

There are 3 Home Oxygen providers in NL that cover the province:

[VitalAire](#)

[Medigas](#)

[HorizonAire](#)*

*Liquid oxygen available by special order

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Prince Edward Island

Resources

[Home Oxygen Program in PEI](#)

Eligibility

You are eligible for the Home Oxygen Program if you:

- have a PEI Health Card;
- meet the clinical criteria (see below); and
- a specialist has prescribed you oxygen.
- don't smoke, and no one in your household smokes.

If you are a palliative care patient, you are eligible for coverage even if the hospital provides some of your equipment.

Your eligibility for this program will end the day you leave PEI to take up residency elsewhere.

Chronic Hypoxemia Medical Criteria

Chronic Hypoxemia confirmed with a minimum of 2 arterial blood gases performed at rest on room air (taken at 3-month intervals), and requiring oxygen therapy for at least 18 hours per day. Initial approval will be based upon results of the first blood gas test with a final decision made once the second blood gas test is received. Once a patient is approved following their second blood gas test, they can benefit from the Home Oxygen Program indefinitely.

At least one of the following must apply:

- Chronic Hypoxemia at rest with a PaO # 55 mmHg.
- Chronic Hypoxemia at rest with a PaO in the range of 56 to 59 mmHg and evidence of Cor Pulmonale (Cor Pulmonale confirmed by P-pulmonale ECG pattern, increase in P-wave amplitude (> 2mm) in leads II, III, and AVF; jugular distension; hepatomegaly; peripheral edema).
- Chronic Hypoxemia at rest with a PaO in the range of 56 to 59 mmHg and evidence of secondary polycythemia (Secondary polycythemia confirmed by erythrocytosis with a haematocrit > 55%).
- Chronic Hypoxemia at rest with a PaO in the range of 56 to 59 mmHg and evidence of pulmonary hypertension (Pulmonary hypertension confirmed by evidence of pulmonary artery pressure or ultrasound indicating elevated pulmonary artery pressure).

Copies of relevant test results may be requested.

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Reimbursable Expenses

You may be subsidized for up to **50 per cent** of your approved home oxygen expenses to a **maximum of \$200 per month**.

Coverage is *not* retroactive; you will *not* be reimbursed for supplies you have already purchased.

Approved expenses are limited to:

- Oxygen concentrator rental, purchase, or maintenance
- Nasal cannula - maximum one per month
- Oxygen tubing - maximum one per month
- Humidifier bottle - maximum one per month
- Size “E” or larger oxygen cylinder, cylinder base, flow meter regulator, and refills - to be used for power or equipment failure
- Liquid oxygen and delivery equipment rental, purchase, or maintenance
- Portable oxygen cylinders with an oxygen conserving device - maximum 10 cylinders per month

Costs associated with damage to equipment or additional supplies are the responsibility of the client.

For most patients, your home oxygen supplier will bill the program directly for all eligible expenses. Patients who deal with a non-profit organization for supplies must submit an individual expense claim form and submit original receipts for approved equipment and supplies to the Program for reimbursement.

Process

You and your physician must complete the [Home Oxygen Program Application form](#).

To apply for coverage, please complete Part I of the application, have your physician complete Part II, and mail or fax the completed application form to the address shown on the other side of the application. Coverage for new applicants is effective the date that all required information is received at the Home Oxygen Program office.

Once approved, you will deal directly with the supplier and pay your portion of the expense. Your home oxygen supplier will then bill the program for the remaining expense.

Providers

There are 3 Home Oxygen providers in PEI that cover the province:

[VitalAire](#)

[Medigas](#)

[Island Respiratory Therapists](#)

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Nova Scotia

Resources

[Home Oxygen Services in Nova Scotia](#)

[Nova Scotia Home Oxygen Program - VitalAire](#)

[Nova Scotia Home Oxygen Service Procedures & Guidelines](#)

Eligibility

The Home Oxygen Services Program is available to eligible Nova Scotians through the Department of Health and Wellness. This program funds oxygen equipment such as oxygen concentrators, portable oxygen tanks and other related supplies.

If you need oxygen services for medical reasons and have been referred to the program by a designated physician throughout the province, you can receive Home Oxygen Services. After your initial referral, your eligibility for Home Oxygen Services will be assessed every year by a designated physician.

The applicant must meet all of the basic criteria listed below to be considered for funding assistance:

1. Be a resident of Nova Scotia and have a valid health card number or be in the process of applying for a health card number;
2. Have a chronic respiratory illness or dysfunction that requires long term oxygen therapy;
3. Not be receiving and/or not be eligible to receive the same benefits from another publicly funded program;
4. Have a condition such that he or she can be cared for safely and effectively at home and have an environment that is safe and suitable for the provision of home oxygen services, both for the individual and for the care provider;
5. Be a non-smoker (the applicant must sign a non-smoking agreement);
6. Have a physician responsible for ongoing care related to his or her respiratory condition (you must maintain regular appointments with a designated physician who will monitor your therapy progress and make adjustments if necessary, and you must continue your therapy as directed and renew your oxygen prescription every year);
7. Agree to undergo a financial assessment using the approved fee determination process;
8. Agree to abide by the policy, procedures and guidelines of the home oxygen service; and
9. Meet the medical eligibility criteria (see below).

It's up to you to notify your Care Coordinator and oxygen provider when your personal information changes such as a change in address, an anticipated change in service delivery (vacations, hospital stays, etc.) and/or a change to your emergency contact.

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Medical Eligibility Form

A Medical Eligibility Form must be completed in full when documenting medical eligibility for all new referrals to the home oxygen service. Failure to complete the Medical Eligibility Form in full will result in delays for potential clients. For clients with chronic hypoxemia, a Medical Eligibility Form is valid for a period not to exceed 90 days from the date it is completed by a Designated Physician.

Medical Eligibility Reassessment Form

A Medical Eligibility Reassessment Form must be completed in full when documenting medical eligibility for long term funding. Failure to complete the Medical Eligibility Reassessment Form in full will result in discontinuation of funding or interruptions in service to these clients.

A Medical Eligibility Reassessment Form is required for clients approved for the home oxygen service due to chronic hypoxemia.

Chronic Hypoxemia

Applicants must have chronic hypoxemia at rest. Documentation must include results of a minimum of two assessments, occurring at least one full day apart. Documentation of medical eligibility must be provided on a Medical Eligibility Assessment Form or Medical Eligibility Reassessment Form. Prior approval of a Designated Physician is required and clients must meet the following eligibility criteria for Chronic Hypoxemia:

- Arterial blood gas tests must confirm hypoxemia at rest ($\text{PaO}_2 < 55$ mmHg on room air);
- SpO_2 level must be 89% or below;
- With evidence of cor pulmonale or secondary polycythemia, arterial blood gas tests must confirm a PaO_2 in the range of 56-59 mmHg at rest breathing room air. Cor pulmonale is determined by P-pulmonale ECG pattern, increase in P-wave amplitude >2 mm in leads II, III, and AVF; jugular venous distention; tender liver; peripheral edema. Secondary polycythemia is determined by erythrocytosis with a haematocrit $> 55\%$; and
- Applicants must require oxygen therapy for a minimum of 18 hours per day.

Applicants who meet general and medical eligibility for chronic hypoxemia will have their home oxygen services funded for an initial 120 day period. Clients receiving home oxygen services for treatment of this condition are required to be retested between 90 and 120 days after the service starts, to confirm ongoing medical eligibility.

Acceptable Evidence of Medical Eligibility

Documentation at initial referral must include results of a minimum of two assessments, occurring at least one full day apart. Arterial blood gas (ABG) measurements are required. The preferred testing regime includes two arterial blood gases (ABG) performed on room air. For clients who are palliative or too ill to travel to hospital, the second ABG test is not required. In

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these instances, the second test of the two assessments may be made by oxygen saturation (SpO₂) measurement at home and forwarded to a Designated Physician by the vendor. Prior approval of the Designated Physician is required.

Renewal Application for Long Term Funding (Chronic Hypoxemia Only)

An oximetry study, with results reviewed by a Designated Physician, is required for applicants who are applying to re-qualify for services after the initial authorization period. The assessment to determine if the client continues to meet the medical eligibility criteria should be performed during the last 30 days of the 120 day initial funding period.

Ineligible Applicants

An applicant is not eligible for home oxygen services and funding will not be approved in the following circumstances:

- The applicant is receiving or is eligible to receive the same benefit from another publicly funded program. Examples include, but are not limited to, benefits provided under Veterans Affairs Canada, Non-insured Health Benefits through Health Canada, the Workers Compensation Act, 1994-5, c.10, s.1; Motor Vehicles Accident Claims Act;
- The applicant is a smoker;
- The applicant refuses to sign a non-smoking agreement or, in the case of pediatric clients, the parent or guardian refuses to sign a non-smoking agreement;
- The test results on the Medical Eligibility Form or Medical Eligibility Reassessment Form do not demonstrate evidence of hypoxemia;
- Oxygen is prescribed for psychological support or for breathlessness unsupported by evidence of hypoxemia; or
- Oxygen therapy is used solely on an emergency or stand by basis or for pain relief

Reimbursable Expenses

The cost of Home Oxygen Services depends on your medical needs, income and family size. A Care Coordinator will meet with you to discuss your options and determine your Home Oxygen Service fees. View the [Home Care fee structure](#).

The Home Oxygen Services program gives you equipment to maintain your oxygen treatments at home. You'll be given an oxygen concentrator, regulator, nasal cannula, oxygen tubing and a backup cylinder. If you are eligible, you'll also receive a monthly portable oxygen delivery system that will allow you to continue your therapy when you're not at home. The portable system includes a standard regulator, a cylinder cart, and up to 10 oxygen tanks.

Your Home Oxygen Services funding is covered for use within Nova Scotia only. The program does not cover any costs for oxygen received while traveling outside the province. Please note

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that if you are away from the province for more than 90 days, you'll be discharged from the Home Oxygen Services Program.

Your home oxygen funding will continue for up to 30 days after you enter the hospital. Your funding will be placed on hold if you are hospitalized for more than 30 days. However, if your hospital stay lasts for more than 90 days, you will be discharged/released from the Home Oxygen Services Program.

Fee paying clients who are receiving both home support and home oxygen services are assessed the home oxygen fee first and any applicable hourly home support fees second. In no case, shall the combined total of the home support and the home oxygen services client fees exceed the maximum Monthly Client Fee Charge for the client's income category

Liquid oxygen is not available through this program.

Process

Home Oxygen Services are available through your District Health Authority's Continuing Care division. Once you've been referred to the program by a designated physician, you'll be assessed by a Care Coordinator who will help determine your specific oxygen therapy needs. To contact Continuing Care, call toll free, **1-800-225-7225**.

Call Continuing Care, toll-free, at **1-800-225-7225** to arrange for an assessment from a Care Coordinator.

Eligible individuals may be determined to have a fee to pay, following an evaluation of their family income through the Home Care fee structure. If a fee must be paid, the oxygen vendor will bill the client directly.

Providers

There are 6 Home Oxygen providers in NS that cover the province:

[VitalAire](#)

[Medigas](#)

[Family 1st Medical](#)

[Respiratory Therapy Specialists Inc.](#)

[LifeCare Respiratory Services](#)

[Breathe 'n' Air](#)

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Provincial Financial Criteria

British Columbia – None

Alberta – None

Manitoba – None

Saskatchewan – None

Ontario – None

Quebec – None

New Brunswick – Unknown

Newfoundland – Yes, Income Test

Prince Edward Island – None

Nova Scotia – Yes, Home Care fee structure