

Alberta Aids to Daily Living

Bulletin #95

Exceptional oxygen funding during the COVID-19 pandemic

In anticipation of increased demands on Alberta's health system, the Alberta Aids to Daily Living (AADL) Respiratory Benefits Program's exceptional oxygen funding criteria has been amended. . Effective Monday, December 7, 2020, the criteria for home oxygen will be adjusted temporarily due to the COVID-19 pandemic.

This notice and instructions replace any previous AADL exceptional funding criteria. Changes from previously published notices are highlighted in yellow.

Arterial Blood Gases (ABG) are the gold standard measurement to determine the eligibility of funding for adults with resting hypoxemia. Every opportunity should be taken to obtain ABG as both hypercapnic respiratory failure and hypoxemia can be identified.

People who are COVID-19 positive and resting hypoxic at home should be assessed in an acute care facility as rapid deterioration is a characteristic of severe disease. (For the most recent information, refer to the Canadian Thoracic Society: <https://cts-sct.ca> or Canadian Society of Respiratory Therapists: <https://www.csrt.com>).

Registered respiratory therapists are highly trained health-care professionals who can provide in-home assessments and guide the client to seek additional medical support if required, in consultation with their general practitioner/specialist/primary care team.

The following oxygen funding eligibility criteria will be reviewed regularly and updated in consultation with Alberta Health Services.

New Oxygen Starts:

Requirements:

- Pulse oximetry must be documented by a regulated health-care professional if an ABG cannot be obtained.
 - o At rest:
 - Oximetry must be done at rest.
 - Monitor the patient continuously for 3 minutes.
 - SpO₂ must be less than or equal to 89% throughout the monitoring period.
 - o On exertion:
 - Monitor the patient while walking on level ground.
 - SpO₂ must be less than 80%.
 - A client does not need to continue walking if their saturations fall to less than 80%.
 - The client is not hypoxic at rest.
 - In person assessment
 - o If the patient resides at a congregate living site, a telephone assessment can be conducted and must include documentation of the client's oxygen saturation, as monitored by a health care professional on site.
 - A safety review and instruction on the use of equipment must be completed.
- Process for entering authorization on Online Health Portal (OHP):
- Enter a new start as an RH1 or RE2.
 - o If ABG is unavailable or for exertional oxygen request, enter 10 for the PaO₂ value

- If ABG is available, enter the qualifying PaO₂ value.

Note:

- a. Documentation of qualifying oxygen saturations must include the time of the assessment, a client identifier and personal health number/unique lifetime identifier, the assessor's signature and the assessor's professional designation.
- b. The prescription must be signed and dated by a physician or nurse practitioner and include an oxygen flow rate and hours per day or Therapist Driven Prescription (TDP).
- c. Confirmation must be obtained from the referral source as to whether the client is a presumptive or confirmed COVID-19 case.
To limit potential exposure, please ensure that clients meet the listed criteria prior to initiation of oxygen therapy.

Ongoing Funding Requests (Interim Term Funding Authorizations):

Requirements:

- Pulse oximetry must be completed by a regulated health-care professional if an ABG cannot be obtained.
 - At rest:
 - Oximetry must be complete at rest.
 - Monitor the patient continuously for 3 minutes.
 - SpO₂ must be less than or equal to 89% throughout the monitoring period.
 - On exertion:
 - Monitor the patient while walking on level ground.
 - SpO₂ must be less than 80%.
 - A client does not need to continue walking if their saturations fall to less than 80%.
 - The client is not hypoxic at rest.
- In person assessment
 - **** No exceptions for patients residing at congregate living sites.**

Long-Term Funding Authorizations (RH6, RH3, ND, EOT)

- Telephone assessments are accepted.

Please see the attached pulse oximetry guideline document for oximetry submission requirements. **If eligibility for funding cannot be determined with the oximetry submitted, the authorization will be rejected and reasons given for the rejection.**

Please document if the client resides at a congregate living site in the comments section of the Alberta Blue Cross OHP. Please also document if testing was unavailable in the comments section.

Other comments:

Bilevel Positive Airway Pressure (BPAP) Initiation timelines, in policy, will not be enforced. As always, communication with the prescriber and client to determine the safest method of set up is expected.

A provider will not be penalized (as per their AADL contract) if their locations have modified hours or restricted access. Clients should still be able to obtain supplies.

Client Declaration Forms: Signed AADL Declaration Forms are required to access the Alberta Blue Cross OHP. The signature gives a provider permission to share a person's medical information with a third party (Alberta Blue Cross).

Possible alternatives to obtaining a signature in person:

- Have the client sign and mail the form back to the provider.
- Have the client sign the form, then take a photo of the signed form. The client can email the photo to the provider.
- Explain the form to the client through a phone conversation. Have the client send an email to the provider confirming they agree to share their medical information. The signed form can be returned by mail.
- Have the client sign the form and then fax or scan the form and send to the provider.
- Comprehensive Care Plans, for BPAP, will follow the same requirements as the Client Declaration Form.

During this time of COVID-19 restrictions, new nocturnal oxygen funding requests will be denied unless they are accompanied by a recent, qualifying, interpreted Level 1/Polysomnography (PSG) or HSAT test. In other words, nocturnal oxygen funding requests submitted without required recent testing and with COVID-19 in the comments section will be rejected. An exception will be made when nocturnal oxygen funding is requested at the same time as a new BPAP start (without PSG). The consultants will be reviewing the information provided and determining eligibility for funding.