

# Application for Initial SAIL Oxygen Funding

Saskatchewan Aids to Independent Living  
3475 Albert Street  
Regina, SK S4S 6X6  
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Fax: 306-787-8679

Date: \_\_\_\_\_ (dd/mm/yyyy)

## Patient Identification

Name: \_\_\_\_\_ Health Services Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Prescription: Please complete only the applicable section(s) and attach corresponding test results.

Funds a **concentrator and 10 portable cylinders** per month for patients who are hypoxemic at rest.

**Continuous Oxygen**

**Rx** Flow: \_\_\_\_\_ lpm

By: Nasal Cannulae

Other: \_\_\_\_\_

Does this patient have cor pulmonale or polycythemia?

**Yes**  **No**

**RESPIROLOGIST ONLY:**

Does this patient have advanced irreversible lung disease?

**Yes**  **No**

Funds **10 portable cylinders** per month for patients who are hypoxemic on exertion. (These provide a limited supply for use on exertion.)

**Exertional Oxygen**

**Rx** Flow: \_\_\_\_\_ lpm

By: Nasal Cannulae

Other: \_\_\_\_\_

Has this patient had an exacerbation, a change in treatment, or a hospitalization related to a cardio-pulmonary event in the 30 days prior to testing?

**Yes**  **No**

Funds a **concentrator** for use at night for patients who are hypoxemic while sleeping.

**Nocturnal Oxygen**

**Rx** Flow: \_\_\_\_\_ lpm

By: Nasal Cannulae

Other: \_\_\_\_\_

Has this patient had an exacerbation, a change in treatment, or a hospitalization related to a cardio-pulmonary event in the 30 days prior to testing?

**Yes**  **No**

**Diagnosis for which nocturnal oxygen is requested:**  
\_\_\_\_\_

**Current test results must be attached to all applications.** The funding criteria are summarized on the reverse.

Typically, testing should be **within 48 hours** prior to initiation of home oxygen therapy.

For determining eligibility, SAIL does not recognize tests directed or performed by oxygen suppliers.

## Prescriber – Physician or Nurse Practitioner

Name: \_\_\_\_\_ Prescriber's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Follow-up Prescriber(if the renewal should be sent to another physician, please specify below).

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street Address or P.O. Box: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Patient's Supplier Selection

Please mark your choice of oxygen supplier below and sign where indicated. It is recommended that you contact more than one supplier before making your selection. Your supplier will require a copy of this requisition and your signature in order to seek payment from Saskatchewan Health.

Careica Health

Medigas  
A Praxair Company

Prairie Oxygen Ltd.

Patient's Signature: \_\_\_\_\_

## SAIL Oxygen Funding Criteria

**Continuous Oxygen** – funds a concentrator and 10 portable cylinders for oxygen use 18+ hours daily for patients who are hypoxemic at rest.

***In the absence of cor pulmonale or polycythemia***

**Criteria:**

The patient, while at rest after being seated for 10 minutes, must have a  $PO_2 \leq 55$  mm Hg or a pulse oximetry saturation  $\leq 87\%$  for a minimum of 2 continuous minutes.

***With cor pulmonale or polycythemia***

**Criteria:**

The patient, while at rest after being seated for 10 minutes, must have a  $PO_2 \leq 59$  mm Hg or a pulse oximetry saturation  $\leq 90\%$  for a minimum of 2 continuous minutes.

*If oximetry is used to show qualification, both the test on room air and the test on prescribed oxygen must be attached. Oxygen should be prescribed sufficient to raise the saturation to between 90% and 92%, or to raise the  $PO_2$  to between 60 and 65 mm Hg.*

*Initial coverage is limited to 4 months.*

### **Exertional Oxygen** – funds 10 portable cylinders per month for oxygen use on exertion.

**For exertional oxygen funding, 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. Criteria:**

This requires a two part test:

Part 1 is a maximum exercise symptom limited room air test. After being seated for 10 minutes, the patient should use a treadmill, an 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 2 requires the patient to rest for 10 minutes while receiving 2 litres per minute of oxygen after completing part 1. 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.

For eligibility for oxygen funding:

- Oximetry on room air must show a pulse oximetry saturation  $\leq 87\%$  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%.

*Ideally, oxygen should be prescribed sufficient to maintain the saturation to between 90% and 92% during exertion.*

*Initial coverage is limited to 6 months.*

**Nocturnal Oxygen** – funds a concentrator for oxygen use at night for patients who require oxygen while sleeping.

**Criteria for a patient who has not been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the past 30 days.** Nocturnal funding applications should only be made for patients whose blood gas or oximetry results do not show qualification for continuous oxygen.

- Nocturnal oximetry testing shall be done both on room air and with supplemental oxygen. Both complete tests and the underlying diagnosis must be included with the application for funding.
- Patients shall demonstrate nocturnal hypoxemia through saturations  $\leq 87\%$  on overnight oximetry for a period of more than 30% of the test time. Measured saturation with the application of oxygen therapy should show evidence of significant improvement.
- Benefits may be considered on an exceptional basis when prescribed by a respirologist. Documentation of polysomnography results or other supporting evidence must be provided.

*Initial coverage in a stable patient is for up to 1 year*