SAIL & NIHB Oxygen Testing Criteria Comparison Chart (Adults)

The following chart provides assistance in comparing the Saskatchewan Aids to Independent Living (SAIL) Home Oxygen program and the Non-Insured Health Benefits (NIHB) Home Oxygen Program criteria for adults. Equipment coverage is not included here as they can be quite different in each program. This is not an all-inclusive chart; please see links below for in-depth understanding of the program's details.

Detailed instructions on oxygen testing and program contact information:

NIHB

NIHB Home Oxygen Policy

Prior Approval Form

NIHB Oximetry Instructions

SK NIHB Contact: 1-866-885-3933
sasknihbmedicalsuppliesandequipment@sac-isc.gc.ca

SAIL:

SAIL Home Oxygen Policy

Home Oxygen Tester Handbook

SAIL Contact: 1-888-787-8996
ehb@health.gov.sk.ca

	NIHB	SAIL
Testers	• SAIL Home Oxygen Testers, Respiratory Therapy Departments, and home oxygen companies can test as long as they are RRT/RN/RPN/LPN • Physician ABG's will also be accepted.	• SAIL Home Oxygen Testers and Respiratory Therapy Departments can test as long as they are Saskatchewan Health Authority employees • Physician ABG's are also accepted

Continuous Testing	• a PaO2 $\leq$ 55 mmHg
	• a PaO2 between 56-59 mmHg with hypoxia on exertion (SpO2 less than 89% for 2 continuous minutes)
	• a PaO2 of $\leq$ 60 mmHg with dx of cor pulmonale, pulmonary hypertension and/or polycythemia
	• oximetry at rest:
	  ○ SpO2 $\leq$ 88% for 2 continuous minutes
	• oximetry at rest with Stage IV Heart Disease (severe CHF) – SpO2 less than 89% for 2 continuous minutes (need documentation from MD/NP for Stage IV severe heart disease)
	Client must meet one of the above.
	Home oxygen may be considered for coverage once the client's condition is stabilized and treatment optimized
		• a PaO2 $\leq$ 55 mmHg
		• a PaO2 of $\leq$ 59 mmHg with dx of cor pulmonale and/or polycythemia
		• oximetry at rest:
		  ○ $\leq$ 87% for 2 continuous minutes
		• oximetry at rest with a dx of cor pulmonale or polycythemia:
		  ○ $\leq$ 90% for 2 continuous minutes
		Client must meet one of the above.
		If client is in hospital, testing must be completed within 48 hours of discharge

Exertional Testing	A. Room air testing at rest (oximetry or ABG):
	  a. SpO2 greater than 90% **OR**
	  b. PaO2 greater than 60 mmHg
	B. Exercise testing on room air:
	  a. SpO2 $\leq$ 88% for 2 continuous minutes
	  b. If exercise testing on room air demonstrates a SpO2 < 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
	C. Exercise testing with supplemental oxygen:
	  a. testing must be performed with the requested equipment
		A. Must not meet criteria for continuous oxygen
		B. Exercise testing on room air:
		  a. SpO2 $\leq$ 87% for a minimum of 20 continuous seconds
		C. Exercise testing with supplemental oxygen:
		  a. Improved exercise capacity – Must have a documented improvement in exercise capacity of 20% while maintaining SpO2 90-92%
		Client must meet A, B, & C and has not been hospitalized, had an exacerbation or change of treatment in the past 30 days for a cardiorespiratory event

	b. improved breathlessness - BORG scale increase of at least one unit at the end of the exercise c. 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 **Client must meet A, B, & C**	
Nocturnal Testing	A. room air testing demonstrating nocturnal desaturation SpO2 < 88% for 30% of the night B. sleep disordered breathing must be ruled out **Client must meet A & B** **Criteria for oxygen if client has sleep disordered breathing:** A. Diagnosis of sleep disordered breathing B. Persistent hypoxemia demonstrating nocturnal desaturation SpO2 < 88% for 30% of the night that is not corrected with positive airway pressure (PAP)* therapy C. Level I, III, or IV sleep study with interpretation by a physician with expertise in sleep medicine that demonstrates improvement when using oxygen with a PAP device * Special consideration will be given to clients with sleep-disordered breathing who are unable to tolerate PAP therapy when accompanied by a written justification supporting the need.	A. must not meet criteria for continuous oxygen B. one night of room air testing: a. SpO2 $\leq$ 87% for 30% of the night C. one night of testing with oxygen that shows evidence of significant improvements **Client must meet A, B, & C and has not been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the past 30 days**

Palliative Care	The client must have been diagnosed with a terminal illness or disease which is expected to be the primary cause of death within 6 months or less. • PaO2 of 60 mm Hg or less • oximetry that demonstrates sustained desaturation (SpO2 less than 92% for 2 continuous minutes) • supplemental oxygen may be considered with a letter from the prescribing physician, nurse practitioner or palliative care team member (for example, registered nurse) outlining the evidence for supplemental oxygen (for example, dyspnea that cannot be improved with medication or comfort analgesia) **Client must meet one of the above.** NIHB's palliative care home initial oxygen coverage period is for up to 6 months of palliative oxygen. Following renewal requests will be considered for a period of 9 months and then 12 months with the same testing requirements as the initial coverage period.	The following parameters shall be used to help determine whether a terminally ill individual is in the end stage of the palliative process: A. The timeframe for the end stage may be measured in terms of days or weeks of active dying. Time frames are difficult to determine, however, and in some cases, this end stage may be longer than a few weeks or as short as a couple of days. B. There are typically day-to-day changes with deterioration proceeding at a dramatic pace. There is usually a sudden drop in the Palliative Performance Rating according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia. C. The end stage may be characterized by increasing intensity of need: increased assistance required for physical or psychological need, family exhaustion, usually a requirement for social work, pastoral care and therapies. D. There is documented clinical progression of disease which may include a combination of symptoms such as dyspnea, crescendo pain, profound weakness, being essentially bed bound, increased nausea or drowsy for extended periods. E. The terminally ill individual is assessed a Palliative Performance Rating of 30% according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.