

Temporary Home Oxygen Benefit - Frequently Asked Questions

The Temporary Home Oxygen Benefit provides up to one month of SAIL-funded oxygen for eligible patients who require temporary oxygen to support discharge from hospital. The benefit is not available for community initiation and does not establish eligibility for ongoing Home Oxygen Program coverage.

Who is the benefit intended for?

- Patients who are being discharged from hospital and require oxygen to return home safely.
- The need for oxygen must be expected to be temporary.
- The patient must require oxygen at discharge following either an acute cardiorespiratory hospitalization or hospitalization for a respiratory illness resulting in a temporary need for oxygen at discharge.
- The application must be completed by the hospital care team as part of the discharge process.

Can the benefit be initiated in the community?

No. Applications are accepted only from healthcare providers as part of the hospital discharge process.

What respiratory illnesses may be included?

The wording is intended to include acute respiratory illnesses such as influenza, respiratory syncytial virus (RSV), COVID-19, pneumonia and other acute respiratory infections when the illness results in a temporary need for oxygen at hospital discharge.

How long is temporary coverage available?

Coverage is available for up to one month. The approved start and end dates will be stated by SAIL. Temporary coverage has a firm end date and will not be extended because reassessment or testing was delayed.

Is qualifying oxygen testing required for temporary coverage?

No. Qualifying testing is not required to access the temporary benefit. However, the application signatory must attest that a referral for reassessment testing was initiated before discharge.

Why must the reassessment referral be initiated before discharge?

The referral must be initiated before discharge so the patient can be reassessed once clinically stable and, if oxygen is still required, eligibility for ongoing coverage can be determined. Temporary coverage will not be extended if reassessment or testing is delayed.

Does SAIL require notification when reassessment testing is completed?

No. The signed application confirms that the referral was initiated before discharge. If the patient applies for ongoing SAIL coverage, the required qualifying test results must be submitted through the regular Home Oxygen Program process.

Does temporary coverage establish eligibility for ongoing oxygen coverage?

No. Temporary coverage is not used to assess or establish eligibility for short-term or long-term Home Oxygen Program coverage. If oxygen is required beyond the temporary period, the patient must be assessed when clinically stable, meet the applicable Home Oxygen Program eligibility criteria, and be approved for ongoing coverage.

What happens if the patient still needs oxygen when temporary coverage ends?

The clinical decision to continue oxygen is separate from SAIL funding. SAIL funding ends on the approved end date unless the patient has qualified for and been approved under the regular Home Oxygen Program. Delayed testing does not extend temporary funding.

Who is responsible for arranging reassessment?

A referral for reassessment testing must be initiated before discharge through the hospital care pathway. Oxygen vendors are not responsible for initiating the referral or arranging the reassessment.

What types of oxygen are covered?

- Continuous oxygen.
- Exertional oxygen.

Note: Nocturnal oxygen, portable oxygen concentrators, optional coverage and additional tanks are not included under the temporary benefit.

Can a patient who already has SAIL oxygen coverage use the temporary benefit?

No. A patient with current short-term or long-term Home Oxygen Program coverage must remain under the existing authorization and must not be transferred to temporary coverage. If an existing beneficiary has a temporary change in clinical needs requiring different equipment or a different oxygen modality, an exception request may be submitted to SAIL for case-by-case review. Approval of an exception request is not guaranteed.

Can the patient change vendors during temporary coverage?

No. Vendor changes are not permitted during the temporary coverage period. This requirement is intended to simplify administration of the temporary benefit.

Must the patient use the same vendor if ongoing coverage is later approved?

No. Ongoing coverage is a separate approval under the regular Home Oxygen Program process, and the patient may select a vendor at that time.

Will the temporary vendor receive the patient's reassessment results?

Not as part of the temporary benefit. The vendor should not expect access to reassessment results or other personal health information after the vendor's need to know for the temporary service has ended.

How are installation and service fees handled?

- SAIL will pay no more than one installation fee for the same client within a 12-month period.
- Where SAIL has already paid an installation fee for the client during the preceding 12 months, a second installation fee is not payable under this benefit.
- Applicable rental, oxygen supply and other approved service fees are payable only for the authorized temporary coverage period.

Where should the completed Temporary Home Oxygen application be sent?

Send the completed application to the home oxygen vendor selected by the patient.

What application form must be used?

The Application for Temporary SAIL Oxygen Funding must be used. The form records the discharging hospital, expected discharge date, diagnosis, eligibility attestations, prescription, prescriber and selected supplier.

Who may prescribe the oxygen?

A physician or nurse practitioner participating in the hospital discharge process must complete and sign the prescription section. The application is submitted by the healthcare provider as part of discharge planning.

Where can questions be directed?

Contact SAIL at 306-787-7121 or 1-888-787-8996.