

# HOME OXYGEN PROGRAM (HOP)

## Administration Manual

Assistive Devices Program

Ministry of Health and Long Term Care

September 2005

# HOME OXYGEN PROGRAM

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## 1 **INTRODUCTION**

### 1.1 **THE POLICIES AND PROCEDURES ADMINISTRATION MANUAL**

#### **The Vision**

To enable people with physical disabilities to increase their independence through access to assistive devices responsive to individuals' needs.

#### **The Mandate**

To provide customer centered support and funding to Ontario residents who have long-term physical disabilities to provide access to personalized assistive devices appropriate for the individual's basic needs.

To provide Ontario residents with fair and affordable access to a range of devices and to provide registered HOP vendors with a fair and predictable return on their investments.

#### **The Goal of the Home Oxygen Program**

The goal of the Home Oxygen Program (HOP) is to provide funding assistance for the rental of appropriate home oxygen equipment and supplies in order to correct or minimize hypoxemia resulting in improvement in health and increased participation in activities of daily living (ADL)

#### **Purpose of the Manual**

The purpose of this manual is to describe the policies and procedures of the HOP. The manual is intended for use by:

- 1 physicians who prescribe oxygen therapy;
- 2 regulated health professionals involved in the assessment of applicants requiring long term oxygen therapy;
- 3 registered HOP vendors.

This manual is intended to complement the Assistive Devices Program (ADP) Policies and Procedures Manual.

#### **Format of the Manual**

The manual is divided into several sections. Each section covers the related issues and topics. When there is a change in the Policies and Procedures of the HOP, only the updated pages will be provided, rather than a complete reprint of the manual.

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**1.2**      **DEFINITIONS**

**Agent:** A person who is legally authorized to act on the applicant's behalf.

- (1) The following persons can sign an application form on behalf of an individual to verify information and to consent to the collection, use and/or disclosure of information:
- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
  - b) the applicant's attorney under a continuing power of attorney;
  - c) the applicant's guardian of property;
  - d) the applicant's attorney under a power of attorney for personal care;
  - e) the applicant's guardian of a person ,

as evidence by supporting documents.

- (2) Only the following persons can sign on behalf of the individual to indicate that payment is to be made out to someone other than the applicant:

- a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- b) the applicant's attorney under a continuing power of attorney;
- c) the applicant's guardian of property;

as evidence by supporting documents.

**Applicant:** A person who applies to the Program for funding assistance for home oxygen therapy.

**Application Form:** A form provided by the Program and used to request funding assistance for home oxygen therapy.

**Approved Price:** Is the price listed in the HOP catalogue based on the oxygen system(s) being used, the length of the approval period and the location (North or South) of the registered HOP vendor supplying the oxygen.

**Arterial Blood Gas (ABG):** A blood test to determine the ph of arterial blood and the partial pressures of oxygen and carbon dioxide.

**Client:** A person, who applied to the HOP, was eligible, and who received funding assistance from the program for home oxygen therapy.

**Continuing Power of Attorney:** A Continuing Power of Attorney is a legal document in which a person gives someone else the legal authority to make decisions about their finances if they become unable to make those decisions themselves. The person who is named as the attorney does not have to be a lawyer. The power of attorney is called “continuing” because it can be used after the person who gave it is no longer mentally capable.

**Desaturation:** A fall in level of oxygen bound to the hemoglobin. For purposes of this manual, this term refers to saturation level of less than or equal to 88% in arterial blood.

**End-Life Care:** Palliative care preceding death.

**Hypoxemia:** A low level of oxygen in the blood. For purposes of this manual, this term refers to arterial blood.

**Guardian of Property:** A Guardian of Property is someone who is appointed by the Public Guardian and Trustee of the courts to look after an incapable person’s property or finances. The Person must be at least eighteen (18) years old. A guardian is different from an attorney; the individual chooses an attorney before becoming incapable, to acts on their behalf. A guardian is appointed after incapacity. A guardian can be a statutory guardian or a guardian appointed by the court.

**Independent Health Facility:** A facility licensed by the Independent Health Facilities Branch

**Infant:** A child under the age of 1 year.

**Long Term Care Home:** Formerly Nursing Homes and Homes for the Aged, these facilities provide extended and residential care for people.

**Medical (Physiological) Criteria:** Medical conditions that determine eligibility, including laboratory evidence of the presence of chronic hypoxemia.

**Oximeter:** Non-invasive instrument used for continuous measurement of oxygen saturation of arterial blood. In this manual, the term "oximeter" refers to a pulse oximeter.

**Oximetry or Saturation Study:** The measurement of arterial oxygen saturation (SpO<sub>2</sub>) using an oximeter, for a defined activity.

**Oxygen Supply Systems:** Equipment used in the home to deliver oxygen. The supply systems referred to in this manual are concentrator, compressed gas (cylinders), compressed gas (cylinders) with oxygen conserving devices (OCDs), and liquid.

**Palliative Care:** Interdisciplinary care for the terminally ill, that aims to comfort and support the person and family through the process of dying by addressing the range of physical, psychological, social, spiritual and economic needs.

**Physician:** A member of the College of Physicians and Surgeons of Ontario who is qualified to practice medicine in Ontario under The Medicine Act S.O. 1991 C.30 or any successor legislation thereto.

**Program:** The Ministry's Home Oxygen Program administered by the Assistive Devices Program.

**Registered HOP Vendor:** A business or non-profit organization that has met all registration requirements for the HOP and holds an executed vendor agreement with the Program.

**Regulated Health Professional:** A health professional holding a valid certificate with a regulatory college specified by the Regulated Health Professions Act and whose scope of practice includes assessment of individuals requiring LTOT.

Please refer to the Assistive Devices Program Policies and Procedures Manual for additional Definitions.

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**2**      **APPLICANT ELIGIBILITY****2.1**      **GENERAL ELIGIBILITY**

An applicant must meet all the following basic criteria to be considered by the HOP for funding assistance.

**2.1.1**      An applicant must be an Ontario resident with a valid Health Card Number

**2.1.2**      An applicant must have a chronic respiratory illness or dysfunction that requires long-term home oxygen therapy for six months or longer.

**2.1.3**      An applicant must reside in either:

- a. the community, or
- b. a long term care home (LTCH) where:
  - i) the home is their permanent residence, and
  - ii) the oxygen is for their personal use

**2.1.4**      An applicant is not eligible if they reside in one of the following:

- a. an acute or chronic care facility, or
- b. Schedule I Ministry of Community and Social Services residential facility.

**2.1.5**      An applicant must not be receiving or be eligible to receive the same benefits from the Workplace Safety and Insurance Board (WSIB) or from Veterans Affairs Canada (VAC), Group A.

**2.1.6**      An applicant 65 years of age or over or an applicant who is a resident of a Long Term Care Home or an applicant who is receiving social benefits from one of the following, is eligible to receive 100% funding assistance for home oxygen therapy:

- a. Ontario Works (OW),
- b. the Ontario Disability Support Program (ODSP),
- c. Assistance to Children with Severe Disabilities (ACSD),
- d. services through the Community Care Access Centre

**2.1.7**      An applicant 64 years of age or younger and not receiving assistance from one of the programs mentioned in 2.1.6 is eligible to receive 75% funding assistance for home oxygen therapy.

**2.1.8**      An applicant must meet the medical eligibility criteria

**NOTE: All oxygen, and related equipment, funded by the HOP must be prescribed by a physician licensed to practice medicine in Ontario and must be supplied by an ADP-registered vendor.**

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## 2.2 MEDICAL ELIGIBILITY AND ASSESSMENT

2.2.1 An applicant who wishes to have oxygen and related equipment funded by the HOP must have their oxygen needs assessed by a physician.

**NOTE:** It is the physician's responsibility to ensure that the necessary consent is obtained to disclose confidential client information to the Ministry and registered HOP vendors.

### 2.2.2 **Medical Criteria**

Each applicant's medical condition must be stabilized and treatment regimen optimized before long-term home oxygen therapy is considered. Optimum treatment includes smoking cessation.

1. Applicants must have chronic hypoxemia at rest. Hypoxemia is defined as an arterial oxygen blood gas value (PaO<sub>2</sub>) of **LESS THAN OR EQUAL TO 55 mmHg** or an arterial oxygen saturation (SaO<sub>2</sub>) of **LESS THAN OR EQUAL TO 88%**.
2. Applicants with a PaO<sub>2</sub> consistently in the range of 56 to 60 mmHg (SaO<sub>2</sub> of 89 to 90%) on room air may be considered candidates for funding assistance if one of the following medical conditions is present:
  - Cor pulmonale
  - Pulmonary Hypertension
  - Persistent Erythrocytosis
3. Applicants with a PaO<sub>2</sub> consistently in the range of 56 to 60 mmHg (SaO<sub>2</sub> of 89 to 90%) on room air may be considered candidates for funding assistance if one of the following occurs:
  - exercise limited by hypoxemia and documented to improve with supplemental oxygen
  - nocturnal hypoxemia

2.2.3 The HOP reminds physicians that the presence of nocturnal desaturation in the absence of daytime resting hypoxemia is often associated with sleep disordered breathing. In these instances, the HOP will request that the physician submit a formal sleep study report to rule out sleep disordered breathing which may be treatable by other means (e.g. Nasal CPAP).

**2.2.4 Hypoxemia during exertion**

Long term oxygen therapy, for clients who exhibit hypoxemia on exertion is only recommended for clients where their exercise tolerance is restricted due to severe breathlessness and are motivated to improve their 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.

**2.2.5** Funding assistance for clients who exhibit exertional hypoxemia is available only to clients who do not qualify under the medical eligibility criteria outlined in section 2.2.2. Documentation that the client is not hypoxemic at rest must be included with the HOP application. Arterial blood gas results must be recorded on the HOP application. If a resting oximetry study is provided, a hardcopy of the study must be included with the HOP application.

**2.2.6** Funding assistance will only be provided to clients, who exhibit exertional hypoxemia on room air and improved exercise tolerance with oxygen. Hypoxemia on exertion is defined as an exertional saturation less than or equal to 88%.

**2.2.7** Improved exercise tolerance is defined as one of the following:

1. The client desaturates to < 80% on walking, regardless of dyspnea or distance walked.
2. If the client walks for 5-minutes or more on room air, they must demonstrate the following; an objective measured improvement in their walking performance on oxygen compared to room air, so that the distance walked increases by 25%, along with an improvement of at least one unit in the BORG score at the end-exercise point of the shortest test. For example: If a client walks for 7 minutes on room air and 10 minutes on oxygen, the BORG score is recorded at the 7-minute mark for both room air and oxygen and the BORG score must improve by at least one unit.
3. If the client walks for less than 5-minutes, they must demonstrate the following; an objective measured improvement in their walking performance on oxygen compared to room air, so that the time walked increases by a minimum of 2-minutes, along with an improvement of at least one unit in the BORG score at the near end-exercise point of the shortest test. For example: If a client walks for 3 minutes on room air and 6 minutes on oxygen, the BORG score is recorded at the 3-minute mark for both room air and oxygen and the BORG score must improve by at least one unit.

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- 2.2.8** A respirologist or an Internist with an expertise in Respiratory Medicine must assess the applicant to determine if they exhibit exertional hypoxemia on room air and improved exercise tolerance with oxygen.
- 2.2.9** To assess for exertional hypoxemia on room air and improved exercise tolerance with oxygen, the assessment must be carried out at an independent facility. An independent facility is defined as a hospital based pulmonary function lab or an independent pulmonary function laboratory licensed with the Independent Health Facilities Program.
- 2.2.10** A list of independent pulmonary function laboratories licensed with the Independent Health Facilities Program can be obtained by calling the Independent Health Facilities Program. See section 5.9.1 for the telephone number of the Independent Health Facilities Program.
- 2.2.11** The assessment must be carried out by a health care professional experienced in exercise assessment. This may be a Registered Respiratory Therapist, a Physiotherapist or a Registered Nurse with experience in respiratory assessment or a Pulmonary Function Technologist, who has been delegated by the Medical Director of the PFT lab to carry out exercise assessments.
- 2.2.12** To assess for exertional hypoxemia on room air and improved exercise tolerance with oxygen, the assessment must be a single blinded air versus oxygen test.
- 2.2.13** A registered HOP vendor **cannot perform** the exercise assessment.
- 2.2.14** A hardcopy of the exercise assessment, showing improvement in exercise tolerance with oxygen therapy must be provided. The Independent Health Facility can use the HOP Exercise Assessment Form.
- 2.2.15** In addition, if the patient is unable to walk for reasons unrelated to dyspnea or arterial saturation, then the client does not qualify for funding assistance based on exertional desaturation.

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**2.3      BRONCHOPULMONARY DYSPLASIA**

**2.3.1**      The HOP gives special consideration to infants with bronchopulmonary dysplasia (BPD) who are unable to tolerate room air testing. Physicians must submit oximetry results. If oxygen is used during the oximetry study the flow rate must be included on the form.

See section 4.10, Low Flow Oxygen Systems

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## **2.4 ACCEPTABLE EVIDENCE OF MEDICAL ELIGIBILITY**

### **2.4.1 Applicants 18 years of age or younger:**

For applicants 18 years of age or under, with the exception of Section 2.3, steady state saturation measurements obtained on room air by non-invasive method (e.g., pulse oximetry) are acceptable to demonstrate that the medical criteria are met. Section 2.6 outlines the requirements for oximetry studies.

### **2.4.2 Applicants 19 years of age or older:**

#### **Initial Application (for 90-day funding period)**

Arterial blood gas (ABG) measurements are required for applicants who are applying to the HOP for the first time. The ABG test results must be performed within 30 days prior to the physician's prescription date on the HOP application form. The abg results must demonstrate that the applicant meets the medical eligibility criteria.

#### **90 Day Renewal Application (for 9 month funding period)**

Oximetry test results are required for applicants who are renewing their funding assistance after 90 days. The assessment to determine if the client meets the medical eligibility criteria must be performed within the 45-day re-assessment period. Day 1 of the 45-day re-assessment period begins on the expiry date of the 90-day funding period. The oximetry results must demonstrate that the applicant meets the medical eligibility criteria.

#### **12 Month Renewal Application (for long term funding)**

Oximetry test results are required for applicants who are renewing their funding assistance after 9 months. The assessment to determine if the client meets the medical eligibility criteria must be performed during the last month of the 9-month funding period or the month preceding the last month of the 9-month funding period.

Applicants, who meet the general and medical eligibility criteria after 12 months of receiving continuous home oxygen therapy, will not be required to submit further testing. The client will then receive long term funding assistance.

**2.4.3 Assessment for Exertional Hypoxemia**

An assessment for exertional hypoxemia and documentation of improved exercise tolerance with oxygen must be carried out at an independent facility.

An independent facility is defined as a hospital based pulmonary function laboratory or an independent pulmonary function laboratory licensed with the Independent Health Facilities Program.

A list of independent pulmonary function laboratories licensed with the Independent Health Facilities Program can be obtained by calling the Independent Health Facilities Program. See section 5.9.1 for the telephone number of the Independent Health Facilities Program.

**2.4.4** The assessment must be carried out by a health care professional experienced in exercise assessment. This may include a Registered Respiratory Therapist, a Physiotherapist or a Registered Nurse, with experience in respiratory assessment or a Pulmonary Function Technologist, who has been delegated by the Medical Director of the PFT lab to carry out exercise assessment.

**2.4.5** A registered HOP vendor cannot perform the exercise assessment.

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## 2.5 ARTERIAL BLOOD GAS TEST

2.5.1 Arterial blood gases (ABG) measure the pH of arterial blood, along with the partial pressure of oxygen and carbon dioxide.

ABGs not only provide a measurement of the partial pressure of oxygen they also provide information about the adequacy of alveolar ventilation. ABGs should be done whenever carbon dioxide retention is suspected. There are dangers associated with the application of oxygen in the absence of knowledge about elevated carbon dioxide levels.

2.5.2 ABG results submitted to qualify applicants for funding assistance must be performed after optimization of medical therapy. ABGs performed during an acute exacerbation of their primary condition (i.e., Emergency or ICU gases) are not acceptable. Applicants must be clinically stable. The exception to this is applicants applying for funding assistance through the Hospital Replacement Program. See Section 2.8.

2.5.3 ABG results must be within 30 days prior to the physician's prescription date on the HOP application form. The exception to this is applicants applying for funding assistance through the Hospital Replacement Program. See Section 2.8.2.

2.5.4 The HOP reserves the right to request a hard copy of the ABG laboratory report to confirm the test results written on the form.

2.5.5 The HOP **does not accept** capillary gases as a method of determining if the applicant meets the medical eligibility criteria.

2.5.6 The HOP **does not accept** ABGs analyzed in the applicant's home, using a portable blood gas analyzer.

### 2.5.7 **Applicants in Northern Ontario**

Applicants in northern Ontario, residing 100 km or more from a licensed arterial blood gas facility, are exempt from ABG testing. However, these applicants must meet the Ministry's guidelines for oximetry testing. The HOP application forms completed by the prescribing physicians, on behalf of northern Ontario applicants, should include a statement that ABG facilities are not accessible.

This exception is available only to those persons living in rural northern Ontario whose postal codes begin with the first alpha character of "P" and the first numeric code of "0".

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## 2.6 OXIMETRY STUDIES

### 2.6.1 **Steady State Oximetry Study**

When oximetry studies are used to confirm medical criteria, physicians are required to submit an original printout of the oximetry study with the HOP application form.

**2.6.2** For daytime resting studies, each printout must record at least 5 **continuous** minutes of **room air at rest** monitoring and must indicate at least 2 continuous minutes of sustained desaturation during the 5-minutes of **room air at rest** oximetry study. Improvement of the applicant's condition with the use of oxygen must also be documented.

**NOTE:** When using oximetry studies as a guideline, it is important to note that oximetry values can deviate from ABG results. When results are questionable or inconsistent on an oximetry study, then an ABG sample is considered more accurate and preferable.

### 2.6.3 **Minimal Requirements for Oximetry Printouts Submitted to the HOP Performed on Room Air**

A baseline oximetry level at rest must be done before an exertional study is performed. Whenever possible the study must be done with the person breathing room air. Room air studies should not be performed immediately following discontinuation of supplemental oxygen. At the time of the study a suitable interval must be allowed for stabilization of the oxygen saturation before the room air study is started.

**2.6.4** If the oximetry study must be discontinued before obtaining two minutes of consistent **room air at rest** desaturation, the health professional may, in consultation with the physician, decide to submit the results with an explanation of the circumstances.

### 2.6.5 **Minimal Requirements for Oximetry Printouts Submitted to the HOP Performed with Supplemental Oxygen**

In some exceptional circumstances, the removal of supplemental oxygen to perform an oximetry study may be contraindicated. The health professional may, in consultation with the physician, perform the oximetry study and indicate the oxygen flow rate used during the study on the printout. In some cases, applicants may require testing in a controlled environment, for example, a laboratory setting.

**NOTE:** It is not intended that the requirement for oximetry studies jeopardize the well being of applicants. It is expected that the health professional performing an oximetry study will discuss all concerns regarding the applicant's condition with the physician. Health professionals should perform an oximetry study as part of an overall respiratory assessment.

### 2.6.6 Procedure for Submitting Oximetry Printouts

With the exception of 2.6.7 all oximetry printouts must be originals. Copies are not acceptable. The oximetry study must indicate the following:

- the name of the applicant
- date and time the oximetry study was performed
- name and professional designation of the health professional performing the test, for example, physician, Registered Respiratory Therapists (R.R.T.), Registered Respiratory Care Practitioner (R.R.C.P.) or Registered Nurse (RN),
- signature of the health professional.

Only health professionals holding valid certificates with a regulatory college specified by the Regulated Health Professions Act (RPHA), who have assessment skills within their scope of practice, may perform oximetry studies submitted to the HOP.

In instances where an "unregulated" health care worker performs an oximetry study, i.e., Pulmonary Function Technologists, the person performing the study must sign and date the strip. The strip must also be co-signed and dated by a regulated health professional, for example a physician, R.R.T., R.R.C.P. or R.N.

Oximetry studies must be submitted intact. Studies that have been cut and pasted are not acceptable.

The HOP reserves the right to request a repeat oximetry study if there is evidence that the oximetry strip has been cut.

### 2.6.7 Exception for Public Hospitals and Independent Health Facilities

When the oximetry study is performed in hospital, a copy of the study is acceptable. The Public Hospitals Act requires that the original study be retained for the hospital records. Under these circumstances, the name of the facility retaining the original records must be noted on the copy. Independent Health Facilities (IHF's) must also follow the same procedure.

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**2.7 PALLIATIVE CARE FUNDING PROGRAM**

- 2.7.1** Special consideration is given to Ontario residents at the end stage of a terminal disease (i.e. life expectancy < 3 months) who are receiving end of life care and require home oxygen therapy. Applicants who are identified as receiving end of life care will receive funding assistance for a maximum period of 90 days.
- 2.7.2** Within their lifetime Ontario residents are entitled to one 90-day palliative care funding period. This includes applicants who have previously accessed funding assistance through the regular HOP.
- 2.7.3** Palliative care funding is available only to applicants who do not have one of the conditions outlined in sections 2.2.2 and 2.3.
- 2.7.4** The start date of the coverage for palliative care funding will be based on the physician's prescription date.
- 2.7.5** Physicians ordering home oxygen therapy for end of life care must indicate the diagnosis on the HOP application form under "Other". The diagnosis must be specific to the individual's terminal condition. The term "cancer" alone is not acceptable. As well, the physician must indicate "Palliative".
- 2.7.6** The HOP application forms received for palliative care funding with a diagnosis also listed on the application form under Obstructive Lung Disease or Restrictive Lung Disease will not be approved for palliative care funding.
- These applicants must meet the medical eligibility criteria and an ABG must be submitted
- 2.7.7** There are no extensions for palliative care funding beyond the 90-day funding period. If home oxygen therapy is required after the 90-day funding period, the client must apply to the regular funding program and the medical eligibility criteria must be met.
- 2.7.8** Clients previously approved under the Palliative Care Funding Program who now meet the medical eligibility criteria must submit a new application form to the HOP. The application must include an oximetry study demonstrating that the client meets the medical eligibility criteria.

**2.7.9** For clients previously approved under the Palliative Care Funding Program, who do not meet the medical eligibility criteria, the prescribing physician may request special consideration. Please refer to Section 2.10, Procedure for Special Authorization.

**NOTE:** The HOP provides funding for people who require long term oxygen therapy. For compassionate reasons, the HOP allows limited funding for people receiving end of life care. It is not intended that the Palliative Care Funding Program be used for people who are receiving treatment for short-term reversible conditions. Neither is it intended to be used to circumvent the medical criteria requirement for long term home oxygen therapy.

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## **2.8 HOSPITAL REPLACEMENT PROGRAM**

**2.8.1** The HOP provides funding assistance to people who due to an acute respiratory condition have required hospitalization. To expedite an early discharge from the hospital or to avoid being referred to a hospital emergency department, the HOP will approve funding assistance for the short-term use of home oxygen therapy.

The individual's condition must be such that early discharge from the hospital or avoiding hospitalization with short-term home oxygen therapy and other support services are recommended by the prescribing physician.

Funding assistance will be provided for up to 60 days. If funding assistance is required beyond the 60-day funding period, the client must apply to the regular HOP and must meet the general and medical eligibility criteria, as outlined in Section 2.1 and 2.2 of the Administration Manual for the Home Oxygen Program.

### **2.8.2 Medical Eligibility Criteria**

Applicants with an acute respiratory condition such as but not restricted to:

- An acute exacerbation of COPD
- Pneumonia
- Pulmonary Emboli
- Post-op lung surgery

are eligible to apply for funding assistance if they exhibit hypoxemia at rest. For the Hospital Replacement Program, hypoxemia at rest is defined as  $\text{PaO}_2 \leq 60\text{mmHg}$ .

To determine if a client meets the medical eligibility criteria ABG results must be provided. The ABG results must be within 1 day of the physician's prescription date.

### **2.8.3 Access to the Hospital Replacement Program**

Access to the Hospital Replacement Program will occur through one of four methods:

- Emergency room physicians, who have diagnosed their patients with an acute respiratory condition and have determined that the use of short-term home oxygen therapy, along with appropriate support services, will result in an early discharge from the hospital or avoid hospitalization.

- Attending physicians who have diagnosed their patients with an acute respiratory condition and have determined that the use of short-term home oxygen therapy, along with appropriate support services, will result in an early discharge from the hospital.
- Community Care Access Centre (CCAC) case managers, located in the hospital or Discharge Planners who have identified a client with an acute respiratory condition that could potentially be discharged from the hospital. The attending physician would then determine if short-term oxygen therapy, along with appropriate support services, would result in an early discharge from the hospital.
- Family physicians, who have diagnosed their patients with an acute respiratory condition and have determined that the use of short-term home oxygen therapy, along with appropriate support services, will avoid hospitalization.

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**2.9**      **INELIGIBLE APPLICANTS**

- 2.9.1**      Applicants are not eligible if they reside in one of the following:
- a. an acute, chronic care or psychiatric hospital,
  - b. a Schedule I or II MCSS residential facility.
- 2.9.2**      Applicants must not be receiving or be eligible to receive the same benefits from the Workplace Safety and Insurance Board (WSIB), or the Department of Veterans Affairs (DVA), Group A.
- 2.9.3**      If the test results on an application form do not demonstrate evidence of hypoxemia and special approval has not been obtained, funding assistance will not be approved and the applicant is not eligible for funding. Under these circumstances, the HOP will inform applicants, in writing, that they are ineligible for HOP funding assistance. The physician and the registered HOP vendor will also be informed of the decision.
- 2.9.4**      The HOP does not provide funding assistance for home oxygen therapy when prescribed for psychological support or for breathlessness unsupported by evidence of hypoxemia.
- 2.9.5**      The HOP does not provide funding assistance for home oxygen therapy when used solely on an emergency or stand-by basis or for pain relief (e.g. cluster headaches).
- 2.9.6**      Persons obtaining temporary discharge from acute or chronic care hospitals are not eligible to receive short-term coverage (weekend passes) for home oxygen therapy through the HOP. These facilities receive global funding assistance to cover the cost of home oxygen therapy.
- 2.9.7**      Forms signed by a physician six months or more after the date of the applicant's last examination will not be approved.
- 2.9.8**      At the initial set-up of the home oxygen therapy the staff of the registered HOP vendor must explain to the applicant that, in the event that the application for funding assistance through the Home Oxygen Program is denied, the applicants is responsible for the full costs of the home oxygen therapy.

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**2.10**      **PROCEDURE FOR SPECIAL AUTHORIZATION**

**2.10.1**      If there is no direct evidence of hypoxemia, the application will be denied.

**2.10.2**      Requests for special authorization to provide funding assistance for client's whose test results do not fall under the medical eligibility criteria will be considered on an individual basis. This requires special authorization from the HOP Program Coordinator.

**2.10.3**      After receiving the client's consent to continue to pursue funding assistance, the prescribing physician may submit a letter outlining the pertinent clinical information. The physician's letter must be sent directly to the HOP.

**NOTE:**      Under no circumstances will a letter prepared by, or submitted by, staff of the registered HOP vendor be accepted by the HOP. Such letters will not be acted on, or responded to, by the HOP Program Coordinator.

**2.10.4**      On receipt of the letter from the physician, the Program Coordinator will review the information and will either approve the application or uphold the denial.

**2.10.5**      The Program Coordinator will review and inform the referring physician, the applicant and the registered HOP vendor, in writing, of the final decision.

**2.10.6**      Once a decision has been reached, the person's file will be closed. No further requests for funding assistance will be considered unless the prescribing physician can provide new crucial information to support the original review.

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### **3 APPLICANT ACCESS TO THE PROGRAM**

#### **3.1 HOME OXYGEN PROGRAM (HOP) APPLICATION FORM**

**3.1.1** The HOP application form may be obtained from the Ministry of Health and Long Term Care's Information Line (InfoLine). See Section 5.9.1 for information on how to contact the InfoLine.

**3.1.2** Registered HOP vendors are not permitted to retain the original completed HOP application forms. Each form containing applicant information is the property of the applicant. The form is given to the registered HOP vendor on the understanding that the vendor will complete section 3 and forward it to the HOP immediately. The registered HOP vendor may retain a photocopy for their records.

**3.1.3** The HOP application package contains the HOP application form and related information about the HOP for the prescribing physician and for the applicant and/or their family.

The prescribing physicians should read the information before completing the medical information section of the form. The applicant and/or their family should also read the information before completing and signing the HOP application form.

**3.1.4** The HOP Application form is divided into six sections as follows:

**Section 1** is the Biographical Information and is to be completed by the applicant or the applicant's legal agent.

**Section 2** is the Medical Information section. The physician or the physician's employee only completes information about the applicant's diagnosis, the medical criteria and the oxygen prescription. Physicians must not charge a fee to their patients for completing an application form for Ontario government funding assistance.

**Section 3** is the Oxygen Equipment Supplied section and is to be completed by the physician or a registered HOP vendor.

**Section 4** is the Oximetry Testing section and is to be completed by the regulated health professional performing the oximetry study.

**Section 5** is the Liability Release and is to be completed by the applicant or the applicant's legal agent in the presence of a regulated health professional.

**Section 6** is the Applicant's Declaration and must be signed by the applicant or the applicant's legal agent. If the applicant's legal agent signs, they must include their relationship to the applicant. The HOP does not accept the signatures of physicians, registered HOP vendors or their employees on behalf of applicants under any circumstances.

- 3.1.5** All information must be completed as specified on the form; otherwise the application will not be processed. Incomplete forms will be returned to the registered HOP vendor or the prescribing physician.
- 3.1.6** The application form is stale-dated when the HOP receives the HOP application form more than 6 months after the physician's prescription date.

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## **3.2 COMPLETING THE HOP APPLICATION FORM**

**3.2.1** An application form must be fully completed in order for the applicant to access funding assistance. The application form is a HOP application form. Only original application forms can be submitted to the Program. Photocopies and facsimile copies will not be accepted.

Application forms can be obtained by calling the following telephone numbers:

From the Toronto area:	416-314-5518
Toll Free:	1-800-268-1154
TDD/TTY from the Toronto area:	416-327-4282
TDD/TTY Toll Free:	1-800-387-5559

The HOP application form consists of 6 sections. All sections must be fully and accurately completed, signed and dated to avoid delays in processing the application.

If the information recorded on the application form is incorrect; a line must be drawn through the information. The new information can be recorded above the line. All changes must be made and initialed by the appropriate individual.

White out will not be accepted as a means of correcting information recorded on the application form. If white out is used the application will be denied and a new application will be required.

### **3.2.2 Section 1 Biographical Information**

This section of the form identifies the applicant and must be completed by the applicant or the applicant's legal agent. It must contain the following information:

- Applicant's last, first name and middle initial,
- sex,
- home address, apartment number and postal code,
- home telephone number, including area code,
- Ontario health card number and version code, if possible,
- date of birth,

### **3.2.3 Section 2 Medical Information**

This section of the form includes the applicant's medical information. The prescribing physician or the physician's employee must complete section 2 of the HOP application form. The prescribing physician must sign and date this section. Signature and date stamps are not acceptable.

The physician must assess all applicants. However, the HOP recognizes that in some cases physicians do not personally complete all of Section 2. Physicians may delegate this task to their employees only. Physicians, who delegate the completion of Section 2 to their office staff, must review all of the information provided on the form. Registered HOP vendor employees are not permitted to complete or alter any item in Section 2 of the HOP application form under any circumstances. Where there is evidence that the registered HOP vendor's employee has completed this section of the application form, the request for funding assistance will be denied.

The health professional that performs the oximetry study at the physician's request is permitted to enter the test results in question 4 for the physician's review. This includes health professionals employed by a registered HOP vendor.

Section 2 is comprised of 5 parts as follows:

**1. Diagnosis and Findings Related to the Oxygen Needs**

The physician must indicate the diagnosis requiring the use of home oxygen therapy. More than one diagnosis may be checked. If none on the list are relevant, a diagnosis must be specified under "Other". If secondary polycythemia is present then the hematocrit must be indicated.

**2. Date of Last Examination**

The physician is required to enter the date that the applicant was last examined for the condition(s) related to the need for home oxygen therapy. Clients of the HOP are required to have their oxygen requirements assessed each time funding assistance is renewed and annually once long term funding assistance has been provided. No more than six months should lapse between the date the physician signs the form and the date of the applicant's last examination.

**3. Oximetry study**

The physician must indicate if he/she personally performed the oximetry study. If the physician did not personally perform the oximetry study then Section 4 must be completed. .

#### 4. Arterial Blood Gas or Oxygen Saturation Tests on Room Air.

All new HOP applications for applicants 19 years of age or older must include ABG results. As well, if the applicant was previously approved for funding assistance and there is a gap in funding assistance for a period greater than 90 days, ABG results are required.

The test results must be taken while the applicant is breathing room air. Some individuals may not tolerate room air testing. In these circumstances, the physician must write a brief explanation on the form. The oxygen flow rate or percentage used during testing must also be listed on the form.

The test results must be recorded on the HOP application form, including the test dates. Results should be entered according to the test conditions, i.e., rest, sleeping, exertion. See Section 2.2, Medical Eligibility Criteria.

**NOTE:** If hypoxemia is noted at rest, testing during sleep and exercise is not required by the HOP. However, oximetry results obtained during sleep or exercise may be used to establish the oxygen prescription.

#### 5. Oxygen Prescription

The oxygen flow rate for rest, exertion and sleep must be recorded on the application form, along with the estimated number of hours oxygen therapy will be used for rest, exertion and sleep.

**3.2.4** The prescribing physician is required to read, sign and date the statement following item 5. The physician's signature is confirmation that he or she has prescribed home oxygen therapy and that the physician has assessed the applicant and is in agreement with the information given in Section 2. The physician's signature date is the date home oxygen therapy was prescribed. The HOP does not accept signature or date stamps. The physician's name, mailing address, telephone number and Ontario health billing number must also be entered. If the physician or referring physician is a specialist and is referring the applicant back to their family physician then the name of the attending physician should be included.

**3.2.5** The prescribing physician must assess an applicant's need for home oxygen therapy and then prescribe home oxygen therapy each time a HOP application form is completed

### 3.2.6 Section 3 Oxygen Equipment Supplied

This section of the form lists the home oxygen equipment required. The prescribing physician or the registered HOP vendor must complete it. It must contain the following information:

- description of the oxygen equipment provided (see Device Catalogue),
- HOP catalogue number (see Device Catalogue),
- total cost of the equipment provided, not to exceed the ADP catalogue price,
- total cost of the equipment provided to the applicant less the amount paid by the applicant,
- amount billed to ADP (75%) or for clients receiving social assistance, 100% of the ADP price,
- date of installation,
- vendor's name, mailing address, telephone number and registration number,
- vendor's signature and signature date.

Registered HOP vendors are reminded that pre-stamped HOP application forms with the vendor's name and location prior to completion of Sections 1 and 2 contravenes the HOP vendor agreement and may lead to the oxygen contract being terminated by the Ministry.

### 3.2.7 Section 4 Oximetry Testing

This section of the form identifies the health professional who performed the oximetry study, if the oximetry study was carried out by someone other than the prescribing physician. It must contain the following information:

- first and last name of the health professional,
- profession of the health professional (for example: R.R.T. or R.N.),
- name of applicant,
- the date the oximetry study was performed,
- business telephone number of the health professional,
- college registration number or certificate number,
- signature of the health professional and signature date.

### 3.2.8 Section 5 Liability Release

This section of the form identifies potential liability and must be completed by the applicant or the applicant's legal agent in the presence of a health professional.

The smoking status of the applicant or the applicant's household must be indicated. Smoking is a health hazard. It is also a serious fire hazard in the presence of oxygen. If the applicant or other member(s) of the household continues to smoke while the applicant receives oxygen, the applicant or their legal agent, in the presence of a health professional, must sign the liability release.

It is expected that the health professional will advise the applicant of the dangers of smoking while receiving home oxygen therapy.

### 3.2.9 Section 6 Applicant's Declaration

This section of the form contains the applicant's declaration statement. The applicant or the applicant's legal agent must sign and date this section. By signing and dating the declaration, the applicant or their legal agent is:

- authorizing the release of confidential information about the applicant to the Ministry of Health and Long Term Care, its agents and the registered HOP vendor,
- verifying that the device is needed,
- verifying that they understand the Program's eligibility criteria for funding,
- verifying that the information given is true and correct,
- verifying that they are not a resident of an acute or chronic care hospital,
- verifying that they are not eligible for funding assistance through the Workplace Safety and Insurance Board or the Department of Veteran Affairs, Group A,
- verifying that they know they are free to select the registered HOP vendor of their choice and that registered HOP vendors will bill them for equipment obtained in contravention of the HOP criteria.

If an applicant is less than 16 years of age, the legal guardian or parent may sign the form. Applicants who are over 16 years of age and unable to sign the form may give oral consent and the form may be signed by an agent. The agent acts as a witness to the declaration.

Registered HOP vendor staff may not act as agents for applicants. Applicants must sign this section after Sections 1, 2, 3 and 4 are completed.

### 3.2.10 Completed forms are sent to the HOP. **INCOMPLETE FORMS WILL BE RETURNED.**

### 3.3 APPROVAL OF A HOP APPLICATION

**3.3.1** On receipt of a fully completed HOP application form for an applicant who meets the general and medical eligibility criteria, the client will receive funding assistance for 90 days. The 90-day funding period will be based on the physician's prescription date.

**3.3.2** Clients must apply for additional funding assistance after 90 days and again 12 months after the initial prescription date.

#### **3.3.3 Initial Application (90 day funding period)**

On receipt of a fully completed HOP application form, the application will be approved for 90 days from the physician's prescription date. The funding period will be pro-rated back to the 1st day of the month in which the physician prescribed home oxygen therapy.

Example:	Physician prescription date:	August 10, 2005
	90-day funding period begins:	August 1, 2005
	90-day funding period expires:	November 7, 2005

#### **3.3.4 90 Day Renewal Application (9 month funding period)**

At the end of the 90-day funding period the prescribing physician must re-assess the clients need for home oxygen therapy. The re-assessment includes assessing the client's oxygenation status and if therapy is to be continued the physician must again prescribe home oxygen therapy.

The re-assessment to determine if the client meets the medical eligibility criteria must be performed within the 45-day re-assessment period. Day 1 of the 45-day re-assessment period begins on the expiry date of the 90-day funding period

Where the re-assessment is carried out prior to the 45-day re-assessment period, the claim will be denied and a new HOP application form will be required. Where the re-assessment is carried out after the 45 re-assessment period, funding assistance will be based on the physician's prescription date and a gap in funding assistance will occur. See Section 5.6.1.

On receipt of a fully completed HOP application form, the application will be approved for 9 months from the expiry date of the 90-day funding period.

Example:	90-day funding period expires:	November 7, 2005
	45-day re-assessment window begins:	November 7, 2005
	45-day re-assessment window ends:	December 21, 2005
	Oximetry date:	November 25, 2005
	Physician's prescription date:	December 1, 2005
	9-month funding period begins:	November 8, 2005
	9-month funding period ends:	July 31, 2006

### 3.3.5 12 Month Renewal Application (Long Term Funding)

At the end of the 9-month funding period the prescribing physician must re-assess the clients need for home oxygen therapy. The re-assessment includes assessing the client's oxygenation status and if therapy is to be continued again prescribing home oxygen therapy.

The re-assessment to determine if the client meets the medical eligibility criteria must be performed during the last month of the 9-month funding period or the month preceding the last month of the 9-month funding period.

Where the re-assessment is carried out prior to the re-assessment period, the claim will be denied and a new HOP application form will be required. Where the re-assessment is carried out after the re-assessment period, funding will be based on the physician's prescription date and a gap in funding assistance will occur. See Section 5.6.2., Gap in 9-Month Re-assessment Period.

On receipt of a fully completed HOP application form, the application will be approved for long term funding.

Example:	9-month funding period expires:	July 31, 2006
	Re-assessment period begins:	June 1, 2006
	Re-assessment period ends:	July 31, 2006
	Oximetry date:	July 7, 2006
	Physician prescription date:	July 12, 2006
	Long term funding begins:	August 1, 2006

### 3.3.6 Exertional Hypoxemia

Funding assistance for clients, who exhibit exertional hypoxemia on room air and improved exercise tolerance with oxygen, will be provided once a completed HOP application has been received. A Respiriologists or an Internist, with an expertise in Respiratory Medicine, must sign the HOP application.

**3.3.7** Clients who have qualified for funding assistance based on exertional desaturation on room air and improved exercise tolerance with oxygen (See 2.2.4) must go through the same renewal process as clients who received funding assistance based on hypoxemia at rest. See Section 3.3.4 and 3.3.5.

- 3.3.8** For renewal, clients who have qualified for funding assistance based on exertional hypoxemia on room air and improved exercise tolerance with oxygen, must meet the medical eligibility criteria for either hypoxemia at rest or hypoxemia on exertion. See section 2.2.2 or 2.2.4, Medical Eligibility Criteria and Assessment.

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**3.4 APPROVAL OF A HOP APPLICATION: PALLIATIVE CARE FUNDING PROGRAM**

**3.4.1** On receipt of a fully completed HOP application form for the Palliative Care Funding Program, an applicant who meets the general and medical eligibility criteria will receive funding assistance for 90-days. The 90-day funding period will be based on the physician's prescription date.

Example:	Physician's prescription date:	August 10, 2005
	90-day funding period begins:	August 10, 2005
	90-day funding period expires:	November 7, 2005

**3.4.2** When funding assistance is required beyond the 90-day funding period, the client must apply to the regular program and must meet the general and medical eligibility criteria. See Section 2.1 and 2.2.

**3.4.3** Where a client dies within the first 30 days of the 90-day funding period, the registered HOP vendor will receive payment for 30 days, regardless of the number of days the service was provided.

**3.4.4** Clients admitted to the hospital within the first 30 days of the 90-day funding period and then subsequently dies, the registered HOP vendor may invoice a setup fee, along with the daily rate for the number of days the service was provided. To invoice for the setup fee the client must be admitted to the hospital within the first 30-days of the funding period and the date of death must be within the 90-day funding period. See Device Catalogue.

### **3.5 APPROVAL OF A HOP APPLICATION FOR HOSPITAL REPLACEMENT PROGRAM**

**3.5.1** On receipt of a fully completed HOP application form for the Hospital Replacement Program, an applicant who meets the general and medical eligibility criteria will receive funding assistance for up to 60-days. The 60-day funding period will be based on the physician's prescription date.

Example:	Physician prescription date:	September 10, 2005
	60-day funding period begins:	September 10, 2005
	60-day funding period expires:	November 8, 2005

**3.5.2** When funding assistance is required beyond the 60-day funding period, the client must apply to the regular program and must meet the general and medical eligibility criteria as outlined in Section 2.1 and 2.2.

**3.5.3** The assessment to determine if the client meets the medical eligibility criteria must occur within the 45-day re-assessment period. The 45-day re-assessment period begins on the expiry date of the 60-day funding period.

**3.5.4** Where the re-assessment is carried out prior to the 45-day re-assessment period the application will be denied and a new HOP application form will be required. Where the re-assessment occurs after the 45-day re-assessment period funding assistance will be based on the physician's prescription date and a gap in funding assistance will occur.

Example:	Physician prescription date:	Sept 10, 2005
	60-day funding period begins:	Sept 10, 2005
	60-day funding period expires:	November 8, 2005
	45-day Re-assessment period begins:	November 8, 2005
	45-day Re-assessment period ends:	December 22, 2005

**3.5.5** Registered HOP vendors are required to provide the HOP with written notification when a client approved for funding assistance is admitted to the hospital, regardless of the hospital length of stay. Written notification must include the admission date.

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**4            GENERAL VENDOR POLICIES****4.1            INTERRUPTION OF HOME OXYGEN THERAPY**

- 4.1.1**        The HOP must be notified in writing if a client is hospitalized for greater than 14 days. This does not apply to clients receiving funding assistance through the Palliative Care Funding Program or the Hospital Replacement Program. See Section 5.7.7 and 5.8.4. The written notification must include the hospital admission date.
- 4.1.2**        The HOP must be notified in writing when the prescribing physician discontinues home oxygen therapy. The written notification must include the date therapy was discontinued.
- 4.1.3**        The HOP must be notified in writing if home oxygen therapy is resumed (i.e. discharged from hospital, physician resumes therapy). The written notification must include the hospital discharge date or the date therapy was resumed.
- 4.1.4**        When home oxygen therapy is resumed and the interruption of service is 1 to 30 days, the HOP does not require documentation that the client continues to meet the medical eligibility criteria.
- 4.1.5**        When home oxygen therapy is resumed and the interruption of service is greater than 30 days but less than or equal to 90 days, the client must be re-tested to determine if they continue to meet the medical eligibility criteria. An oximetry study must be provided.
- 4.1.6**        When home oxygen therapy is resumed and the interruption of service is greater than 90 days, the client must re-apply to the program as a new client. This includes submitting a HOP application form, along with ABG results.
- 4.1.7**        Clients receiving long term funding assistance and home oxygen therapy is interrupted for great than 14 days, the HOP must be notified in writing. If home oxygen therapy is resumed the HOP must be notified in writing but the client is not required to provide documentation that they continue to meet the medical eligibility criteria. If the interruption in service is greater than 90 days the client will continue to receive long term funding assistance once home oxygen therapy is resumed.
- 4.1.8**        Where the physician discontinues home oxygen therapy, funding assistance will not be resumed unless a copy of the physician's prescription is provided along with the written notification.

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**The HOP Procedure for Re-activation of Funding Assistance**

# of days home oxygen therapy was interrupted	HOP procedure
1- 14 days	Vendor is not requirement to notify the HOP if client was hospitalized but must notify the HOP if prescribing physician discontinued therapy.
15 - 30 days	Vendor required to notify the program in writing
31- 90 days	Vendor required to notify the program in writing. Oximetry test results must be provided to determine if client continues to meet the medical eligibility criteria
91 days or more	Client must re-apply to the HOP as a new client. An application form, along with ABGs must be submitted
Client receiving Long Term Funding Assistance	Vendor must notify the program in writing if home oxygen therapy is discontinued for greater than 14 days due to hospitalization. If home oxygen therapy is resumed, the program must be notified in writing but no additional testing is required.

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## 4.2 DESCRIPTION OF THE OXYGEN SUPPLY SYSTEMS

- 4.2.1 The HOP approves funding assistance for a basic home oxygen supply system that meets each applicant's medical requirements. When determining the appropriate oxygen supply system required, consideration should be given to the individual's mobility requirements.

When the client incurs costs, the registered HOP vendor must explain all costs and supply types in detail. A brief description of each supply system follows:

### **Concentrator**

Concentrators are electrically operated; therefore registered HOP vendors provide a cylinder of gaseous oxygen on "stand by" to be used in the event of a power failure. The flat rate price for this system also includes a backup cylinder and portable cylinders for use outside the home, and standard disposable supplies such as cannulae, humidifiers and tubing.

### **Concentrator/Oxygen Conserving Device Combination**

This supply system adds an oxygen-conserving device (OCD) for portable compressed oxygen cylinders to the concentrator system described above. OCDs minimize the amount of oxygen wasted during the expiratory phase of the breathing cycle. OCDs used with cylinders are battery operated, sensing the inspiratory phase of the breathing cycle for delivery of oxygen during this phase. Each brand of conserving device has a different method of operation. The combination system includes the concentrator, back-up and portable cylinders, the OCD for the portable cylinders and standard disposable supplies.

### **Liquid Oxygen System**

This system stores oxygen in liquid form. The liquid is kept in a large stationary container called a reservoir. A portable unit is filled from the reservoir for travel or use outside the home. The liquid turns to gas before it leaves the reservoir and it remains in the gaseous state when it is breathed in. **Extreme caution must be used when filling a portable unit from a liquid unit.**

### **Cylinder System**

This refers to tanks of compressed gaseous oxygen. Large tanks are used inside the home, and small tanks are used for outings or travel. Large tanks are often used for infants with low flow requirements. Special flow meters, calibrated to deliver less than 0.5 l/min, are used. **Large cylinders (M or H) must be properly secured in the appropriate "stands" for safety.**

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### 4.3 SAFETY AND EDUCATION

- 4.3.1 It remains the responsibility of the applicant's physician to initiate or change therapy, to ensure that all applicants and families are educated in the use of oxygen, and to oversee the effectiveness of oxygen therapy.
- 4.3.2 Regular client follow-up is advised by the registered HOP vendor because of possible medical/operational risks occurring with improper use of oxygen. These risks include:
- excessive carbon dioxide retention
  - infection
  - airway irritation related to lack of humidity
  - unsafe storage, handling of equipment
- 4.3.3 Safety related hazards are also associated with oxygen therapy. Clients should be informed of possible problems, e.g., kinked tubing, frost injury to skin as a result of improper technique for filling portable liquid tanks.
- 4.3.4 The smoking status of the client and all members of the household must be established before home oxygen therapy is provided. The physician and health professional should inform these individuals that smoking is not only a health hazard but is also a serious fire hazard. "No Smoking" signs must be posted in the appropriate areas of the client's residence. **Smoking is not allowed in the same room as the client on oxygen or where oxygen tanks are stored.**
- Where municipal by-laws indicate, the client or registered HOP vendor must notify the local fire department that oxygen is being used in the person's home.
- 4.3.5 Registered HOP vendors must observe all federal and provincial standards when transporting or handling hazardous materials.

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**4.4 SERVICES PROVIDED BY REGISTERED HOP VENDORS**

- 4.4.1** Registered HOP vendors must have in their inventory liquid oxygen systems, concentrators and cylinders. The modality of oxygen is determined by the physician in consultation with the client, and if necessary another health professional. Health professionals discussing the appropriateness of a particular oxygen system should take into account the individual's oxygen prescription, mobility needs and the cost effectiveness of the modality.
- 4.4.2** Registered HOP vendors must have on their staff a health professional knowledgeable in the administration of home oxygen therapy to teach the oxygen-dependent client and their family the operation, care and safe handling of the home oxygen therapy equipment. The health professional must be available during all regular business hours. Registered HOP vendors are responsible for ensuring that employees who provide oxygen services to clients have received appropriate training in the operation and safe handling of equipment required for home oxygen therapy.
- 4.4.3** Registered HOP vendors agree to provide 24-hour emergency service. The registered HOP vendor must return a telephone call from a HOP client within one hour. If a problem cannot be solved over the telephone the registered HOP vendor agrees to have an employee attend the client's home within three hours, unless the home oxygen client agrees that attendance is not necessary.
- 4.4.4** Registered HOP vendors will provide a basic home oxygen supply system for the client to use at home, or in their principal residence, and for prescribed mobility within their community. This may include oxygen therapy service in instances where the client must travel in order to obtain medical treatment. Along with the basic home oxygen supply system, the registered HOP vendor will provide the following:
- delivery, setup and pickup of oxygen equipment upon notice from the client, physician, home care coordinator or family member/agent,
  - delivery of oxygen,
  - inspection of the client's home to determine whether it is safe for the use of home oxygen therapy,
  - instruction to the client and/or the client's family in the operation, care and safe handling of all home oxygen therapy equipment and supplies,
  - education and follow-up by a health professional on staff who is accessible during all regular business hours and who visits the client at home, as required,
  - notification to the client's physician if any clinically significant changes occur in the client's respiratory status,
  - regular, documented maintenance and repairs as per manufacturer's specifications and replacement of defective units at no additional cost to the client.

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- 4.4.5** Registered HOP vendors are not required to replace oxygen equipment that has been damaged due to neglect or willful misconduct of the client, family or friends. Clients will be responsible for any amounts charged by the registered HOP vendor as a result of the damage.
  
- 4.4.6** Registered HOP vendors are not required to supply oxygen equipment where, in the opinion of the health professional inspecting the client's premises, the provision of home oxygen therapy will create an unsafe environment. In this instance, the registered HOP vendor must inform the client's physician and the HOP immediately of the decision by telephone, with a follow-up in writing.

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**4.5**      **CONFLICT OF INTEREST**

**4.5.1**      The HOP considers there to be a clear conflict of interest when the registered HOP vendor or an employee of the registered HOP vendor, pays any fee, amount or gives any benefit directly or indirectly, to a person who determines client eligibility or refers clients to that registered HOP vendor.

Where a physician has any financial interest in the registered HOP vendor the Program also considers this to be a conflict of interest.

Violation of this policy will result in termination of the registered HOP vendor agreement.

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**4.6**      **SUB-CONTRACTING**

- 4.6.1**      Registered HOP vendors should have the necessary personnel, equipment and other resources, as outlined in Section 4.4, without having to sub-contract or assign or enter into a joint venture with any other person, business or health facility.
- 4.6.2**      Registered HOP vendors either considering, or who have entered into sub-contracting, partnerships or joint ventures must inform the Vendor Registration Supervisor, in writing, of the circumstances, financial arrangements and names of the business, health facility and persons involved. A HOP consultant will review the information provided and in some circumstances, may approve the arrangement (e.g., in remote areas of the province where accessibility is difficult).
- 4.6.3**      When a person is traveling outside the primary service area (e.g., vacation in the North), or where there is an unexpected event (e.g., delivery truck breaks down) that results in having to make alternate arrangements quickly, prior written consent for sub-contracting from the Home Oxygen Program is not necessary.

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**4.7**      **TRAVEL****4.7.1**      **Temporary Change in Vendor within Ontario**

When there is a temporary change in the registered HOP vendor (e.g., vacationing client), the registered HOP vendor accepting the temporary client should discuss, with the client's home vendor, the financial arrangements of accepting the temporary client (e.g., sharing the monthly flat rate for the HOP client).

**4.7.2**      **Temporary Travel -- Out-of-Province/Country**

Ontario residents with a valid Ontario Health Number, issued in their name, who plan to be out-of-province/country for a period of six months or less, are eligible to continue to receive funding assistance for their home oxygen therapy. The registered HOP vendor should make the appropriate arrangements with the out-of-province/country vendor to provide oxygen and oxygen equipment to their client. This includes financial reimbursement based on the Ontario HOP Pricing Agreement. There should be no costs incurred by the Ontario resident.

**4.7.3**      **In-Flight Oxygen**

Clients traveling by air are not eligible for reimbursement for any costs incurred during the flight.

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## 4.8 CONFIDENTIALITY

- 4.8.1 Physicians are required to ensure that their clients have knowledge of and consent to, the application process.
- 4.8.2 Information and confidentiality surrounding a client's personal information is governed by the following legislation; **Freedom of Information and Protection of Privacy Act, R.S.O. 1990**, the **Health Cards and Numbers Control Act, 1991**, the **Personal Information and Electronic Documents Act, S.O., 2000** and the **Personal Health and Information Privacy Act, 2004**.
- Please refer to the Assistive Devices Branch Policies and Procedures Manual, Section 535 and 705 for additional information and clarification.
- Registered HOP vendors must treat all personal information, general information or documentation that identifies a client as confidential.
- 4.8.3 Registered HOP vendors will not disclose or release any personal information, without obtaining the consent of the client or their legal agent, prior to the release of such information or documents.
- 4.8.4 Regulated health professionals are required by the **Regulated Health Professions Act, 1994**, to ensure the confidentiality of client records are maintained.
- 4.8.5 The use of a person's health card number is regulated by the **Health Cards and Numbers Control Act, 1991**. It states that no person will reproduce another person's health card or collect or use another person's health number except as provided by the Act.
- The Act permits the collection and use of health numbers for purposes related to the provision of provincially funded health resources. Providers of service may therefore collect and use health numbers only for claims and invoice submissions to the Ministry of Health.
- Providers of service are required to take appropriate steps to protect the confidentiality of their clients' health numbers. Health numbers may not, for example, be provided to manufacturers or other organizations requesting health numbers for such things as sales or promotional activities.
- 4.8.6 Under the **Freedom of Information and Protection of Privacy Act, R.S.O. 1990** and the **Personal Health Information Privacy Act, 2004** any information on the HOP 's records about a client, such as previous access to funding assistance, can be provided only with prior consent of the client or the client's legal agent.

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**4.9 OXYGEN EQUIPMENT AND SERVICES NOT FUNDED BY THE HOP**

The HOP approved prices include oxygen conserving devices and certain standard disposable items necessary to administer oxygen such as tubing, masks, humidifiers, etc. Not all oxygen equipment is included and registered HOP vendors may charge the client directly for such equipment where it is either prescribed by a physician or requested by the client.

**4.9.1** The following outlines the equipment and disposables for which the registered HOP vendor may bill the client directly without the prior written consent of the HOP:

- transtracheal cannula and supplies

**4.9.2 Duplicate Systems**

Persons who are provided with the same types of systems, e.g., two concentrators, two liquid oxygen systems, have duplicate systems.

The HOP does not fund duplicate systems. If a HOP client requests a second supply system for convenience, whether for home use or travel, the registered HOP vendor may seek reimbursement directly from the client for the second system.

**4.9.3 Multiple Systems**

The HOP approves funding for one oxygen supply system (modality) per client. On occasion, registered HOP vendors may for convenience purposes, provide a combination of systems, e.g., concentrator and liquid oxygen; liquid oxygen and cylinders.

In these instances, it is not necessary to inform the HOP; however, registered HOP vendors may not charge the client for the second system.

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**4.10**      **LOW FLOW OXYGEN SYSTEMS**

In some instances, premature infants with bronchopulmonary dysplasia (BPD) will require oxygen administered at very low flow rates for at least the first two years of life. Special low flow flowmeters can be used with compressed gas cylinders when the flow rate is 0.5 lpm or less. The HOP recognizes that there are additional costs for specialized equipment. Therefore, a higher rate per cylinder is allowed for low flow oxygen systems.

- 410.1**      When low flowrates of 0.5 lpm or less are prescribed and special low flow flowmeters are utilized with compressed gas cylinders, registered HOP vendors may use special billing codes (HPPED1; HPPED2). See Device Catalogue.
- 410.2**      Because of the low flow rates used, clients use a small number of cylinders per month. Therefore, the HOP limits the quantities of low flow cylinders to a maximum of 4 small cylinders (size "E" or smaller) and 2 stationary cylinders (larger than "E") per client per month.
- 410.3**      Registered HOP vendors using the Low Flow codes must install both stationary and portable cylinders and must not supply more than the maximum quantity per client per month as outlined in section 1.26.2.
- 410.4**      Once low flow codes have been approved registered HOP vendors cannot use the regular cylinders codes. Therefore, registered HOP vendors must carefully assess the child's oxygen requirements to determine the number of cylinders to be used. For clients who require more than the maximum allowed low flow quantities per month as outlined in section 1.26.2, registered HOP vendors must use the regular cylinder code (HPGAS1; HPGAS2) to invoice, upon approval.
- 410.5**      Registered HOP vendors who find their clients have surpassed the monthly-approved quantities must credit the HOP for any HPPED payments against the application before requesting a switch to HPGAS codes.

**5        INVOICING PROCESSING AND PAYMENT****5.1       BILLING POLICIES AND PROCEDURES**

**5.1.1**       Registered HOP vendors are required to adhere to invoicing policies and procedures when billing for HOP clients.

**5.1.2**       Invoices are submitted to the Supply and Financial Services Branch (SFSB) by registered HOP vendors. Invoices must contain essential details in accordance with established invoicing policies for all clients.

## 5.2 PAPER INVOICE REQUIREMENTS

5.2.1 Registered HOP Vendors are required to submit invoices which itemize the following:

- vendor's name,
- HOP vendor registration number,
- vendor invoice number (a unique number, never used before),
- invoice date,
- client's name and address,
- client's health card number,
- client's status (section 5.5.2),
- HOP application form number,
- quantity delivered,
- HOP catalogue number,
- start date of service,
- end date of service (section 5.5.3),
- unit price,
- amount billed to the client for each line item (section 5.2.4),
- amount billed to the HOP for each line item,
- invoice totals,
- vendor's signature (section 5.2.5),
- client's signature (section 5.2.6),
- delivery date (section 5.2.7).

### 5.2.2 Client Classification Codes

The client status field will determine whether clients receive 75% funding or 100% funding from the HOP. The following indicates the classification codes:

REG -	regular clients, under the age of 65 years	75%
SEN -	clients 65 years of age or older	100%
ODS -	clients enrolled in the Ontario Disability Support Program	100%
OWP	clients enrolled in the Ontario Works Program	100%
ACS	clients enrolled in the Assistance to Children with Severe Disabilities	100%
LTC -	clients who are residents of Long Term Care Homes	100%
CCA -	clients receiving professional services through a Community Care Access Centre	100%

5.2.3 The end date of service normally applies only to an oxygen supply system. However, when full cylinders are being recovered from a client's residence and the invoice is a credit amount, the date the cylinders were picked up must be in this field.

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- 5.2.4** Clients who are 64 years of age or younger and who are not receiving social benefits or professional services from a Community Care Access Centre or are not residents of a Long Term Care Home are eligible for 75% funding assistance. These clients are responsible for the 25% portion and registered HOP vendors must indicate the amount to be paid on the invoice. Otherwise the client's portion is \$0.00
- 5.2.5** If the invoice is for an oxygen supply system supplied for an entire month there will not be a client's signature available. Therefore, the registered HOP vendor must sign a statement on the invoice to verify that the system was being used by the client in the time specified by the service dates.
- 5.2.6** Clients who use cylinders only must sign the invoice or proof of delivery slip each time full cylinders are delivered. When there is a set-up of an oxygen system (liquid or concentrator with back-up cylinder), or where there is a change in the oxygen system, the signature of the client is required on the invoice or proof of delivery slip.
- 5.2.7** The delivery date is required when there is an initial set-up or, a delivery of compressed oxygen cylinders or, a change in modality. The client must sign and date the proof of delivery statement on the same day that any of the above occurs.
- 5.2.8** Registered HOP vendors must have clients sign and date proof of delivery slips each time liquid oxygen systems are refilled, or when full cylinders are delivered.
- 5.2.9** Most registered HOP vendors will have their own internal document that is signed by the client when cylinders are delivered or an oxygen system is set-up. This document is acceptable as a proof of delivery document.

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**5.3 VERIFICATION OF INVOICE DATA**

The invoice processing system automatically verifies the validity of the invoice data as it is entered into the computer system.

**5.3.1 Invalid, Illegible or Missing Data**

Where a registered HOP vendor submits an invoice with invalid, illegible or missing data, the invoice will not be paid. Depending on the type of error on the invoice, the invoice could be returned immediately to the registered HOP vendor with a form letter identifying the problem.

An invoice that is not returned immediately will be keyed into the computer but, because of an error on the invoice, it will be placed "on hold". The computer system will attach an error condition status to the invoice. The invoice will be retained "on hold" for 60 days.

No partial payments will be made.

**5.3.2 Hold Reports**

A 'Hold Report' which accompanies the registered HOP vendor payment 'Remittance Advice' will list the invoices that are "on hold" and describe the error conditions for each invoice.

Registered HOP vendors must review the 'Hold Report' and make appropriate corrections. The invoice data should be corrected and recorded in the space provided on the 'Hold Report' and returned to SFSB for processing.

Telephone calls to make corrections will not be accepted.

The Ministry must receive corrections to the error conditions within the 60 days retention period otherwise the invoices will not be reprocessed and new invoices must be submitted.

### 5.3.3 Remittance Advice

A 'Remittance Advice' is produced in conjunction with a payment being made to the registered HOP vendor. It indicates the name of the registered HOP vendor, the date of payment and lists the invoice(s) paid. For each invoice paid specific details are noted, such as:

- the batch number in which it was keyed,
- the invoice number,
- the HOP application form number,
- the date received by the HOP payment unit,
- the name of the client,
- the amount billed,
- the amount paid.

### 5.3.4 Proof of Delivery Signature

The HOP requires signatures on all invoices or Proof of Delivery slips. A client's proof of delivery signature is required when:

- there is an initial setup,
- there is a change in modality,
- there is a change in vendor,
- there is a delivery of cylinder (s).

### 5.3.5 Status of Application Report

The "Status of Application Report" will be issued to registered HOP vendors to inform them of the status of the application. For instance, registered HOP vendors will be notified that the application has been approved, rejected or is under review. This report will also be used to inform the registered HOP vendors of the client's HOP application number which will be issued on approval.

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**5.4 INVOICES SUBMITTED BY DISKETTE (MACHINE READABLE INPUT)**

- 5.4.1** An alternative to submitting paper invoices to SFSB is to submit invoices on diskette.
- 5.4.2** Only registered HOP vendors with Machine Readable Input (MRI) agreements with SFSB can submit invoices on diskette.
- 5.4.3** Information requirements for MRI invoices vary slightly from paper invoices. The verification program employed with MRI invoices is the same as paper invoices.
- 5.4.4** Registered HOP vendors with MRI agreements are required to obtain proof of delivery at the time of delivery, as specified in Section 5.3.4 of this manual.
- 5.4.5** Registered HOP vendors billing on MRI are not required to submit proof of delivery documents unless requested by the Ministry. If requested, the registered HOP vendor must provide the proof of delivery documents within 5 business days of receiving the request.

**Note:** Proof of delivery documents and other HOP records are subject to the terms and conditions in the vendor contract.

**5.5 PRICE PER MONTH, HALF MONTH AND DAILY**

The following policy applies when billing the regular Home Oxygen Program. This policy does not apply to clients receiving funding assistance through the Palliative Care Funding Program or the Hospital Replacement Program. See the Device Catalogue for the monthly rate, the half month rate and the daily rate.

**5.5.1 Price per Month**

To be used when:

- a. oxygen has been provided for a full month,
- b. oxygen has been provided for 16 days or more in a month and the daily rate conditions do not apply.

**Note: Quantity is one (1) when billing the monthly rate**

**5.5.2 Price per half month**

To be used when:

- a. oxygen has been provided for less than 16 days in a month and the daily rate conditions do not apply.

**Note: Quantity is one (1) when billing the monthly rate**

**5.5.3 Price per Day**

To be used when:

- a. the daily rate conditions apply,
- b. there is a change in vendor,
- c. billing through the Palliative Care Funding Program,
- d. client moves from a north to a south vendor or a south to north vendor,

**Note: Quantity equals the number of days oxygen was provided**

	Price per month	Price per ½ month	28 days	29 days	30 days	31 days
<b>Southern rate</b>	<b>\$389.00</b>	<b>\$194.50</b>	<b>\$13.89</b>	<b>\$13.41</b>	<b>\$12.97</b>	<b>\$12.55</b>
<b>Northern rate</b>	<b>\$414.00</b>	<b>\$207.00</b>	<b>\$14.79</b>	<b>\$14.28</b>	<b>\$13.80</b>	<b>\$13.36</b>

## 5.6 OTHER POLICIES REGARDING INVOICE PROCESSING

### 5.6.1 **Gap in Ninety-Day Re-Assessment Period**

If the re-assessment for home oxygen therapy is carried out after the 45-day re-assessment period the following guidelines will apply.

The physician's prescription date will be used to determine if the re-assessment is carried out within the 45-day re-assessment period.

If the re-assessment is carried out from day 46 to day 90, funding assistance will be based on the physician's prescription date and a gap in funding assistance will occur.

Example: 90-day funding period expires:	November 7, 2005
45-day re-assessment period begins:	November 7, 2005
45-day re-assessment period ends:	December 21, 2005
Oximetry study date:	December 27, 2005
Physician's prescription date:	December 28, 2005
9-month funding period begins:	December 28, 2005
9-month funding period ends:	July 31, 2006

If the re-assessment for home oxygen therapy is carried out after day 90, the HOP application form would be considered as an initial application and ABGs would be required. A fully completed HOP application form with ABGs is required. Upon approval funding assistance would be provided for 90 days. The 90-day funding period would be based on the physician's prescription date.

Example: 90-day funding period expires:	November 7, 2005
45-day re-assessment period begins:	November 7, 2005
45-day re-assessment period ends:	December 21, 2005
ABG test date:	February 17, 2006
Physician's prescription date:	February 18, 2006
90-day funding period begins:	February 1, 2006
90-day funding period ends:	May 17, 2006

### 5.6.2 Gap in 9-Month Re-Assessment Period

If the re-assessment for home oxygen therapy is carried out after the 2-month re-assessment period the following guidelines will apply.

The physician's prescription date will be used to determine if the re-assessment is carried out within the 2-month re-assessment period.

If the re-assessment is carried out after the expiry date of the 9-month funding period, funding assistance will be based on the physician's prescription date and a gap in funding assistance may occur.

Example: 9-month funding period ends:	July 31, 2006
re-assessment period begins:	June 1, 2006
re-assessment period ends:	July 31, 2006
Oximetry study date:	September 5, 2006
Physician's prescription date:	September 7, 2006
Long term funding begins:	September 7, 2006

If the re-assessment for home oxygen therapy is carried out more than 90 days after the expiry date of the 9-month funding period, the HOP application form would be considered as an initial application and ABGs would be required. A fully completed HOP application form with ABGs is required. Upon approval funding assistance would be provided for 90 days based on the physician's prescription date.

Example: 9-month funding period ends:	July 31, 2006
re-assessment period begins:	June 1, 2006
re-assessment period ends:	July 31, 2006
ABG test date:	November 9, 2006
Physician's prescription date:	November 10, 2006
90-day funding period begins:	November 1, 2006
90-day funding period ends:	February 7, 2007

### 5.6.3 Stale-dated Policy

The HOP will process a valid and payable invoice if it is received within 12 months of the service date.

An invoice with a service date more than 12 months prior to the date the invoice was received will not be processed. The HOP makes exception to the stale-dated policy for payments when the following conditions are present:

- a) the invoice was previously received by the SFSB within 12 months of the date of service and was rejected for payment; and
- b) the rejection for payment was due to an error on the part of the Ministry.

#### 5.6.4 Hospitalization

Registered HOP vendors are not required to inform the HOP if a client is admitted to an acute care hospital for less than or equal to 14 days. This does not apply to clients receiving funding assistance through the Palliative Care Funding Program or the Hospital Replacement Program. See Section 5.7.7 or 5.8.4.

When a client remains in hospital for 15 days or more, the registered HOP vendor must provide written notification to the HOP. The written notification must include the hospital admission date. On receipt of this information the HOP will suspend the client's funding assistance.

When a client is released from the hospital the registered HOP vendor must again provide written notification to the HOP. The written notification must include the hospital discharge date. On receipt of this information the HOP will reinstate the client's funding assistance. A new HOP application form is not required unless the gap in funding assistance is greater than 90-days.

Reimbursement is based on the full month, half month or daily rate depending on the length of time the client has been hospitalized. See Section 5.5.

#### 5.6.5 Change in Vendors

Clients have the right to choose a registered HOP vendor that best suits their needs. Whenever a client changes their registered HOP vendor, the client is responsible for notifying the outgoing vendor and making arrangements for pick-up of the outgoing vendor's equipment. In some instances, the client may delegate this task to the new vendor.

Where the change in registered HOP vendor occurs during the month there may be an overlap in the provision of the oxygen equipment by the two vendors. The first registered HOP vendor may bill for the overlap day.

**Example:** Vendor A receives a call from the client requesting the equipment be picked up on September 13. Vendor B drops off a concentrator on September 13. Vendor A picks up their concentrator later the same day.

**Billing Period:**

Vendor A - Sept. 1 - Sept. 13  
Vendor B - Sept. 14 - Sept. 30

### 5.6.6 Request for a Change in Oxygen System

When a change in modality occurs, for example from cylinders to a complete oxygen supply system, the registered HOP vendor must provide written notification to the HOP. In certain situations supporting documentation from the prescribing physician must accompany the written notification. The HOP reserves the right to approve the request for more costly systems.

On approval of the change in the modality, the registered HOP vendor will be notified of the effective date of the change on the Status of Application Report. The HOP does not backdate requests.

The registered HOP vendor must not charge the HOP client or the HOP more than the approved price. They may charge less.

### 5.6.7 Update of Client Data

Registered HOP vendors must notify the HOP of any changes in prescription, modality, changes in benefit coverage or hospitalization.

If a client is receiving funding assistance through the regular HOP, it is not necessary to notify the HOP if the client has been hospitalized for less than or equal to 14 days.

If a client is receiving funding assistance through the Palliative Care Funding Program or the Hospital Replacement Program it is necessary to notify the HOP if the client is admitted to the hospital regardless of the length of stay.

### 5.6.8 Registered HOP vendors must send their invoice for each client to:

**Ministry of Health  
Supply and Financial Services Branch  
Team Leader, ADB + ODB  
3rd Floor, 49 Place d'Armes  
P.O. Box 48  
Kingston, Ontario  
K7L 5J3**

**Telephone: (613) 548-6477  
Toll Free: 1-800-267-9458**

**5.7 PALLIATIVE CARE FUNDING PROGRAM- BILLING PROCEDURES**

**5.7.1** Clients approved for funding assistance under the Palliative Care Funding Program will be approved for a maximum of 90 days.

**For example:** Physician's prescription date: September 7, 2005  
 90-day funding period begins: September 7, 2005  
 90-day funding period ends: December 5, 2005

**5.7.2** Funding assistance is based on the daily rate for 30 days. See Device Catalogue for the Palliative Care Program daily rate.

**For example:** Physician's prescription date: September 7, 2005  
 90-day funding period begins: September 7, 2005  
 90-day funding period ends: December 5, 2005  
 Billing period starts: September 7, 2005  
 Billing period ends: December 5, 2005  
 Quantity: 90 days x daily rate

**5.7.3** With the exception of Section 5.7.8, registered HOP vendors must submit one invoice only when:

- the client dies,
- home oxygen therapy is discontinued due to hospitalization or physician discontinues therapy,
- the 90-day funding period expires.

**5.7.4** If a client dies within the first 30 days of the 90-day funding period, the registered HOP vendor will receive payment for 30 days, regardless of the number of days the service was provided.

90-day funding period begins: September 7, 2005  
 Client dies: September 23, 2005  
 90-day funding period ends: September 23, 2005  
 Billing period starts: September 7, 2005  
 Billing period ends: September 23, 2005  
 Quantity: 30 days x daily rate

**5.7.5** If a client is admitted to the hospital within the first 30 days of the 90-day funding period and subsequently dies, the registered HOP vendor may invoice SFSB for a setup fee, along with the daily rate for the number of days the service was provided. To invoice for the setup fee the client must be admitted to the hospital within the first 30-days of the funding period and the date of death must be within the 90-day funding period. The set-up fee has a specific catalogue number. See Device Catalogue.

**5.7.6** To receive the setup fee, the registered HOP vendor must notify the HOP in writing. The written notification must include the date of hospitalization and the date of death.

**For example:**

90-day funding period begins:	September 7, 2005
Hospital admission date:	September 15, 2005
Client dies:	September 19, 2005
90-day funding period ends:	September 15, 2005
Billing period begins:	September 7, 2005
Billing period ends:	September 15, 2005
Quantity:	9 days x daily rate
Invoices for setup fee:	See Device Catalogue

### **5.7.7 Hospitalization or Therapy Discontinued**

Registered HOP vendors are required to provide the HOP with written notification when a client approved for palliative care funding assistance is admitted to the hospital, regardless of the hospital length of stay. Written notification must include the admission date.

Registered HOP vendors are required to provide the HOP with written notification when a client approved for palliative care funding assistance is discharged from the hospital. Written notification must include the discharge date.

Registered HOP vendors are required to provide the HOP with written notification when home oxygen therapy is discontinued. The written notification must include the date therapy was discontinued

The registered HOP vendor may bill the daily rate for the actual number of days the service was provided.

### **5.7.8 Change in Vendors**

In the case of the Palliative Care Funding Program where two registered HOP vendors (or more) have provided service, each vendor must bill the daily rate for the total number of days each vendor provided the service. In this instance, the HOP will allow more than one invoice to be submitted.

**5.8 HOSPITAL REPLACEMENT PROGRAM BILLING PROCEDURES**

- 5.8.1** Clients approved under the Hospital Replacement Program will receive funding assistance for up to 60 days.
- 5.8.2** The registered HOP vendor submits their invoices containing the daily or monthly rate depending on the funding period. See the Device Catalogue.
- 5.8.3** The registered HOP vendor will receive a set-up fee for all clients approved under the Hospital Replacement Program. The set-up fee has a specific catalogue number. The registered HOP vendor is not required to record the set-up fee catalogue number on the application form but must record the set-up fee catalogue number on the invoice submitted to the SFSB. The set-up fee catalogue number is HPSU05A (for both southern and northern vendors). See the Device Catalogue for the amount of the setup fee.

**For example:**

60-day funding period begins:	September 7, 2005
60-day funding period ends:	November 5, 2005
Vendor will invoice the following:	24 days x the daily rate for Sept. Monthly rate for October 5 days x the daily rate for Nov.
Vendor will invoice the set-up fee:	See Device Catalogue for amount

**For example:**

60-day funding period begins:	September 7, 2005
Oxygen therapy discontinued:	October 10, 2005
Vendor will invoice the following:	24 days x daily rate for Sept. 10 days x daily rate for October
Vendor will invoice set-up fee:	See Device Catalogue for amount

**5.8.4 Hospitalization and Therapy Discontinued**

Registered HOP vendors are required to provide the HOP with written notification when a client approved for the Hospital Replacement Program is admitted to hospital, regardless of the hospital length of stay or therapy is discontinued. Written notification must include the admission date or the date therapy was discontinued.

If home oxygen therapy is resumed a new application form must be submitted. The client can apply to the Hospital Replacement Program or the regular HOP.

**5.9 INFORMATION**

**5.9.1** Please direct questions or requests regarding the subjects below to the appropriate person listed on the right side of the chart:

<b><u>TYPE OF REQUEST</u></b>	<b><u>PERSON TO CONSULT</u></b>
Policy & Procedures:	Program Co-ordinator Toronto: 416-327-8804 (Toll Free) 1-800-268-6021
Vendor Registration:	Vendor Registration Clerk Toronto: 416-327-8804 (Toll Free) 1-800-268-6021
Request for ESA forms and ADP Information Brochures:	InfoLine Toronto: 416-314-5518 (Toll Free) 1-800-268-1154
Claims Approval Enquiries:	Claims Assessment Clerk
Claims Denial Enquiries:	Claims Assessment Clerk
Client Eligibility:	Toronto: 416-327-8804
Client ADP Numbers:	(Toll Free) 1-800-387-4670
Invoice Enquiries:	Health Care and Related Payments Clerk Kingston: 613-548-6477 (Toll Free) 1-800-267-9458
Independent Health Facilities Program	General Inquiry 1-613-548-6637

Written enquiries may be directed to:

Ministry of Health and Long-Term Care  
Operational Support Branch  
Assistive Devices Program  
5700 Yonge Street, 7th floor  
Toronto ON M2M 4K5

**OR**

Ministry of Health and Long-Term Care  
Supply and Financial Services Branch  
Health Care and Related Payment Unit, 3rd Floor  
49 Place d'Armes, P.O. Box #48  
Kingston ON K7L 5J3  
FAX 613-548-6514