

# Assistive Devices Program

## Programme D'Appareils Et Accessoires Fonctionnels

### Home Oxygen Program - Physician

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#### INFORMATION FOR PHYSICIANS

#### What are the Ministry of Health and Long-Term Care, Home Oxygen Program medical criteria?

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

Applicants must have chronic hypoxemia on room air at rest (PaO<sub>2</sub> of 55mmHg or less, or SaO<sub>2</sub> of 88 per cent or less).

Applicants with persistent PaO<sub>2</sub> in the range of 56 to 60 mmHg may be considered candidates for long-term oxygen therapy if any of the following medical conditions are present:

- **cor pulmonale**
- **pulmonary hypertension**
- **persistent erythrocytosis**

Also, some applicants with a persistent PaO<sub>2</sub> in the range of 56 to 60mmHg may be candidates for long-term oxygen therapy if the following occurs:

- **exercise limited hypoxemia and documented to improve with supplemental oxygen**
- **nocturnal hypoxemia.**

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#### What happens if my patient's test results and diagnosis do not meet these medical criteria?

The application will be denied if medical criteria are not met. If you still wish to pursue funding assistance for your patient, you must submit a letter outlining pertinent medical information supporting long-term oxygen need.

You may wish to include information, such as clinical findings and appropriate laboratory results.

We will then review the information and, if necessary, forward it to a medical adviser for review. We'll inform you of the funding decision in writing.

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#### What tests do applicants require?

For applicants 18 years or younger, an oximetry test once each year must be performed to confirm your patient continues to require oxygen and meets medical eligibility criteria. Upon reaching 19 years of age and completing an oximetry test meeting eligibility requirements, no further tests are required to receive home oxygen funding assistance.

For all new applicants age 19 or older, arterial blood gases are required and must be indicated on the application form. At ninety days and fifteen months after oxygen therapy has been initiated, oximetry tests must be performed to confirm your patient continues to require oxygen therapy and meets medical eligibility criteria. On receipt of the final fifteen month oximetry test confirming eligibility, oxygen funding assistance will be approved until you notify HOP that your patient no longer requires oxygen therapy or there is a disruption in oxygen funding for more than thirty-one days.

Resting oximetry studies must record at least five continuous minutes of monitoring and show a saturation level of 88 per cent or less for at least two continuous minutes of sustained desaturation. Improvement with the use of oxygen should also be documented.

When oximetry results are questionable or inconsistent, an arterial blood sample is considered more accurate. If you suspect carbon dioxide retention as a result of oxygen therapy, blood gas analysis is also recommended.

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### **What if my patient cannot have the oxygen removed for the test?**

Perform the test anyway and record why the oxygen cannot be removed. We suggest the litre flow be decreased slowly during the test whenever possible. Results showing desaturation with decreased litre flow is acceptable evidence of hypoxemia oxygen.

My patient is an infant with broncho pulmonary dysplasia (BPD). Do you need an arterial blood gas test result?

No. Infants with BPD are eligible for funding for oxygen with an oximetry test only. The oximetry test also should document the oxygen flow rate.

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### **What is involved in making an application?**

You must complete Section 2, Medical Information, of the Home Oxygen Program application form. The form describes the medical criteria as well as the application process. Only a prescribing physician, licensed to practice in Ontario, can sign and date the application form. Your office staff may fill in other information, however, vendors may not enter any information in Section 2.

If you wish to have these forms available in your office, please call our toll-free line at 1-800-268-1154 or 416-314-5518.

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### **It still sounds like a lot of trouble. Why are all these procedures necessary?**

Quite simply because government resources are limited and we have to make sure funding goes only to eligible Ontario residents who need long term oxygen.

We hope you will support our efforts to build control into the program as we try to make it work well for you and your patients.

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## **Types of Oxygen Systems**

There are three types of oxygen systems.

### **Concentrator**

An oxygen concentrator is an electrically powered device capable of filtering nitrogen from atmospheric gas.

Room air gas is drawn into a compressor, pressurized to a relatively low level of 4 to 10 psi (27.6 to 69 kPa) and directed through a molecular sieve bed. As the gas passes through the sieve bed, nitrogen is absorbed and the remaining oxygen is collected, concentrated and passed through a flowmeter.

Oxygen concentrators are capable of providing flow rates of up to five litres per minute at concentrations of 90 per cent or more. Generally, the higher the flow rate the lower the oxygen concentration.

For concentrator users who require portability, a gaseous system is used. Steel or lightweight aluminium E or D cylinders in a carrying pouch or cart permit several hours of time away from the stationary source. A back-up cylinder is stored in the home in case of power failure.

### **Cylinder**

This is a tank of compressed oxygen. Large tanks are used inside the home, small tanks for outings or travel. Large ones are often used for babies who need special equipment.

### **Liquid system**

Liquid oxygen systems store oxygen at -182.9 C in Thermos-like containers that keep the oxygen in its liquid state. Oxygen passes through warming coils at a controlled rate to provide gaseous oxygen for administration.

Large stationary units are stored in the home and can be used to refill smaller, lightweight versions of the larger unit.

### **Conserving devices**

How long liquid and cylinder systems last before refilling depends on the amount of oxygen a person uses. Conserving devices extend the length of time.

Oxygen systems deliver oxygen continuously during inspiration and exhalation. Conserving devices can be programmed to deliver oxygen during inspiration only, therefore reducing the amount wasted during exhalation.

You can ask the Assistive Devices Program about the different types of conserving devices available.

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### **What if I have more questions?**

For further information, write:

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

OR visit our web-site at:  
[www.health.gov.on.ca](http://www.health.gov.on.ca)

OR call:

**Toronto:**.....416-327-8804  
**Toll Free:**.....1-800-268-6021  
**TDD/TTY:**.....1-800-387-5559  
**TDD/TTY:**.....416-327-4282  
**Fax:** .....416-327-8192

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