CUSTOMER.....CAF/FAC

PROVINCE.....MB

POC 09

LANGUAGE.....E

PRINT DATE: FEBRUARY 06, 2025

PROVINCE: MB
PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A	PRE-AUTHORIZATION GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
APNEA MONITORS	300105	01-04-2019								
BI-PAP MASK - PURCHASE	343707	01-01-2024	MD,RP,NP,PA RT		YES		1/6 CM			
CPAP/APAP MASK - PURCHASE	343705	01-09-2023	MD,RP,NP,PA RT		YES		1/6CM			
DISTILLED WATER/SALINE SOLUTION	343216	01-04-2019	MD,RP,NP,PA				12/CY			
HOME CARE - OXYGEN THERAPY	342022	01-08-2015	MD,RP,NP,PA		YES				Y	
HOME OXYGEN EQUIPMENT - OXYGEN CYLINDER SYSTEM (PURCHASE)	342048	01-04-2019	MD,NP,RP				1/5 CY			
HOME OXYGEN EQUIPMENT - OXYGEN CYLINDER SYSTEM - RENTAL	342045	01-08-2015	MD,RP		YES				Y	
NASAL POSITIVE PRESSURE BREATHING DEVICE CPAP(CONTINUOUS POSITIVE AIRWAY PRESSURE) (PURCHASE)	343012	01-08-2015	MD,RP		YES		1/60 CM	$2300.00	Y	MUST INCLUDE INITIAL MASK, TUBING AND SUPPLIES
NASAL POSITIVE PRESSURE BREATHING DEVICE(E.G CPAP-CONTINUOUS POSITIVE AIRWAY PRESSURE) (RENTAL)	343015	01-08-2015	MD,RP		YES		12/12 CM		Y	HLTH SVCS NOTE: VERIFY IF PURCHASE IS MORE ECONOMICAL THAN RENTAL

PRINT DATE: FEBRUARY 06, 2025

PROVINCE: MB
PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A	PRE-AUTHORIZATION GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
NASAL POSITIVE PRESSURE BREATHING DEVICEá APAP (AUTOMATIC POSITIVE AIRWAY PRESSURE) (PURCHASE)	343016	15-03-2023	MD,RP		YES		1/60 CM	$2300.00	Y	MUST INCLUDE INITIAL MASK, TUBING AND SUPPLIES
NASAL POSITIVE PRESSURE BREATHING DEVICEá APAP (AUTOMATIC POSITIVE AIRWAY PRESSURE) (RENTAL)	343018	15-03-2023	MD,RP		YES		12/12 CM		Y	HLTH SVCS NOTE: VERIFY IF PURCHASE IS MORE ECONOMICAL THAN RENTAL
NASAL POSITIVE PRESSURE BREATHING DEVICEá BIPAP (BI LEVEL POSITIVE AIRWAY PRESSURE) (PURCHASE)	342042	01-09-2023	MD,RP		YES		1/60 CM	$2300.00	Y	MUST INCLUDE INITIAL MASK, TUBING AND SUPPLIES
NASAL POSITIVE PRESSURE BREATHING DEVICEá BIPAP (BI LEVEL POSITIVE AIRWAY PRESSURE) (RENTAL)	342043	01-09-2023	MD,RP		YES		12/12 CM		Y	HLTH SVCS NOTE: VERIFY IF PURCHASE IS MORE ECONOMICAL THAN RENTAL
OXYGEN & OXYGEN EQUIPMENT - OUT OF CANADA	340300	01-08-2015	MD,RP							
OXYGEN - OTHER ESSENTIAL OXYGEN BENEFITS - PURCHASE	342699	01-08-2015	MD,RP		YES				Y	
OXYGEN - OTHER ESSENTIAL OXYGEN BENEFITS - RENTAL	342693	01-08-2015	MD,RP		YES				Y	
OXYGEN REFILL - GAS	341528	01-08-2015	MD,RP,NP,RN PA							
OXYGEN REFILL - LIQUID	341015	01-08-2015	MD,RP,NP,RN PA							

PROVINCE: MB
PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A	PRE-AUTHORIZATION GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
PORTABLE OXYGEN UNITS - OXYGEN CONSERVER (E.G. OXYLITE) (RENTAL)	342070	01-08-2015	MD,RP				12/12 CM			
PORTABLE OXYGEN UNITS - OXYGEN CONSERVER (E.G. OXYLITE) - PURCHASE	342065	01-04-2019	MD,RP,NP		YES			$650.00	Y	
PORTABLE OXYGEN UNITS - PORTABLE CYLINDER (PURCHASE)	342052	01-04-2019	MD,RP,NP				1/5 CY			
PORTABLE OXYGEN UNITS - PORTABLE CYLINDER (RENTAL)	342059	01-08-2015	MD,RP				12/12 CM			HLTH SVCS NOTE: VERIFY IF PURCHASE IS MORE ECONOMICAL THAN RENTAL
PROVINCIAL SALES TAX (PST)	0PST	01-01-2011								
REPAIRS AND MAINTENANCE TO RESPIRATORY EQUIPMENT	343514	01-04-2019	MD,RP,NP,RN		YES			$300.00/CY	Y	ENSURE WARRANTIES EXPLORED PRIOR TO REPAIRING AND MAINTENANCE
RESPIRATORY SUPPLIES - MINOR (E.G. TUBING, FILTERS, CANNULA,ETC.)	343450	01-04-2019	MD,RP,NP,PA							
SHIPPING AND DELIVERY CHARGES	341011	04-01-2000								
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010								

PRINT DATE: FEBRUARY 06, 2025

PROVINCE: MB
PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

- GENERAL NOTES