CUSTOMER.....RCMP/GRC

PROVINCE.....NB

POC 09

LANGUAGE.....E

PRINT DATE: AUGUST 24, 2023

PROVINCE: NB
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
BI-LEVEL POSITIVE AIRWAY PRESSURE (BI-PAP) BREATHING DEVICE - RENTAL	342043	01-09-2023	ES,RP,MD		YES				Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
DISTILLED WATER/SALINE SOLUTION	343216	13-12-1999	MD,RT,RN							
HOME OXYGEN EQUIPMENT - LIQUID OXYGEN SYSTEM - PURCHASE	342014	13-12-1999	MD		YES				Y	
HOME OXYGEN EQUIPMENT - LIQUID OXYGEN SYSTEM - RENTAL	342016	13-12-1999	MD		YES		12 / 12 CM		Y	
HOME OXYGEN EQUIPMENT - OXYGEN CONCENTRATOR - PURCHASE	342037	13-12-1999	MD		YES				Y	
HOME OXYGEN EQUIPMENT - OXYGEN CONCENTRATOR - RENTAL	342034	13-12-1999	MD		YES		12 / 12 CM		Y	
HOME OXYGEN EQUIPMENT - OXYGEN CYLINDER SYSTEM - PURCHASE	342048	13-12-1999	MD		YES				Y	
HOME OXYGEN EQUIPMENT - OXYGEN CYLINDER SYSTEM - RENTAL	342045	13-12-1999	MD		YES		12 / 12 CM		Y	
NASAL POSITIVE PRESSURE BREATHING DEVICE (CPAP-CONTINUOUS POSITIVEAIRWAY PRESSURE)- RENTAL	343015	01-09-2023	ES,RP,MD		YES				Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE

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NASAL POSITIVE PRESSURE BREATHING DEVICE (CPAP, BIPAP, APAP) - RENTAL	343014	07-09-2022 31-08-2023	ES,RP		YES				Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
NASAL POSITIVE PRESSURE BREATHING DEVICE - APAP (AUTOMATIC POSITIVE AIRWAY PRESSURE) - PURCHASE	342000	07-09-2022 31-08-2023	ES,RP,MD		YES		1/36 CM	$2300.00	Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
NASAL POSITIVE PRESSURE BREATHING DEVICE - APAP (AUTOMATIC POSITIVEAIRWAY PRESSURE) - PURCHASE	343016	01-09-2023	ES,RP,MD		YES		1/36 CM	$2300.00	Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
NASAL POSITIVE PRESSURE BREATHING DEVICE - BIPAP (BILEVEL POSITIVE AIRWAY PRESSURE) - PURCHASE	342042	07-09-2022	MD,RP,ES		YES		1/36 CM	$2300.00	Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
NASAL POSITIVE PRESSURE BREATHING DEVICE - CPAP (CONTINUOUS POSITIVE AIRWAY PRESSURE) - PURCHASE	343012	01-09-2023	ES,RP,MD		YES		1/36 CM	$2300.00	Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
NASAL POSITIVE PRESSURE BREATHING DEVICE - CPAP(CONTINUOUS POSITIVE AIRWAY PRESSURE) - PURCHASE	343011	01-04-2012 31-08-2023	ES,RP,MD		YES		1/36 CM	$2300.00	Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
NASAL POSITIVE PRESSURE BREATHING DEVICE APAP (AUTOMATIC POSITIVE AIRWAY PRESSURE)- RENTAL	343018	01-09-2023	ES,RP,MD		YES				Y	MD. LIMITED TO PHYSICIAN WITH EXPERTISE IN SLEEP MEDICINE
OXYGEN REFILL - GAS	341528	13-12-1999	MD,RT							
OXYGEN REFILL - LIQUID	341015	13-12-1999	MD,RT							

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OXYGEN THERAPY (OHC)	342710	01-04-2012	MD,RT,RN		YES				Y	SEE NOTE 4
PORTABLE OXYGEN UNITS - OXYGEN CONSERVER (E.G. OXYLITE) - PURCHASE	342065	13-12-1999	MD		YES				Y	
PORTABLE OXYGEN UNITS - OXYGEN CONSERVER (E.G. OXYLITE) - RENTAL	342070	13-12-1999	MD		YES		12 / 12 CM		Y	
PORTABLE OXYGEN UNITS - PORTABLE CYLINDER - PURCHASE	342052	13-12-1999	MD		YES				Y	
PORTABLE OXYGEN UNITS - PORTABLE CYLINDER - RENTAL	342059	13-12-1999	MD		YES		12 / 12 CM		Y	
REPAIRS AND MAINTENANCE TO RESPIRATORY EQUIPMENT	343514	01-04-2012	MD,RT		YES				Y	
RESPIRATORY SUPPLIES - MINOR - (E.G. TUBING; MASKS; FILTERS; CANNULAS ETC)	343450	01-04-2012	MD,RT							
SHIPPING AND HANDLING CHARGES	342011	01-04-2012								
SLEEP APNEA ORAL APPLIANCE	343017	01-04-2012	ES,RP,MD		YES				Y	SEE NOTE 1 AND 2

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SLEEP STUDY (POLYSOMNOGRAPHY) (OHC)	342700	01-12-2014	MD		YES				Y	SEE NOTE 3
SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB -OHC	342720	01-02-2015	MD,RT,RN		YES				Y	SEE NOTE 5
SPECIAL ENTITLEMENTS AUTHORIZED BY THE DG OF OHSB -SHC	342721	01-02-2015	MD,RT,RN		YES				Y	SEE NOTE 5
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010								
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0TPS	13-12-1999								

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- GENERAL NOTES

- - COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" COLUMNS INDICATE OR, (EG. "MD", "RN", MEANS "MD" OR "RN").

- - IF THE BENEFIT GRID SPECIFIES A SPECIALIST, ONLY THAT SPECIALIST IS ACCEPTED. SHOULD "MD" BE INDICATED, THE SERVICE MAY BE PRESCRIBED BY A GENERAL PRACTITIONER OR ANY MEDICAL SPECIALIST.

- SPECIAL NOTES:- NOTE 001 - SLEEP APNEA APPLIANCE FABRICATED AT A MEDICAL LABORATORY; APPLIANCE FABRICATED AT A DENTAL LABORATORY IS PROCESSED THROUGH POC 4 DENTAL SERVICES.

- SPECIAL NOTES:- NOTE 002 - THIS APPLIES TO MD'S WORKING IN SLEEP STUDY INSTITUTES/CLINICS ONLY

- SPECIAL NOTES:- NOTE 003 - FOR INTERNAL RCMP USE ONLY - MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE "CLAIM MANAGEMENT - AUTHORIZATION COMMENTS" BOX WITHIN NPS. PRE-AUTHORIZATION AS PER CURRENT POLICY.

- SPECIAL NOTES:- NOTE 004 - FOR INTERNAL RCMP USE ONLY. MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT- AUTHORIZATION COMMENTS' BOX WITHIN NPS. -PRE-AUTH AS PER CURRENT POLICY. - OCCUPATIONAL HEALTH CARE (OHC).

- SPECIAL NOTES:- NOTE 005 - FOR INTERNAL RCMP USE ONLY. -MANDATORY DESCRIPTION TO BE ENTERED BY THE OHSS OFFICE IN THE 'CLAIM MANAGEMENT- AUTHORIZATION COMMENTS' BOX WITHIN NPS. -PRE-AUTH AS PER CURRENT POLICY