CUSTOMER.....RCMP/GRC

PROVINCE.....NT

POC .....09

LANGUAGE.....E

PRINT DATE: AUGUST 24, 2023

PROVINCE: NT
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<br>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<br>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<br>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 | |
| PROVINCIAL SALES TAX (PST) | 0PST | 01-01-2011 | | | | | | | | |
| 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 | | | | | | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| SLEEP APNEA ORAL APPLIANCE | 343017 | 01-04-2012 | ES,RP,MD | | YES | | | | Y | SEE NOTE 1 AND 2 |
| 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