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*      CUSTOMER.....VAC/ACC
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*      PROVINCE.....YT
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*      POC      .....09
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PROVINCE: YT

PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
BI-LEVEL POSITIVE AIRWAY PRESSURE (BI-PAP) BREATHING DEVICE - PURCHASE	342042	31-03-2025	MD,NP	RT, PG, RN, LP RO	MAC	MAC	1/5 CY		Y	SEE NOTE 12,15
BI-LEVEL POSITIVE AIRWAY PRESSURE (BI-PAP) BREATHING DEVICE - RENTAL	342043	31-03-2025	MD,NP	RT, PG, RN, LP RO	MAC	MAC	4/4 CM		Y	SEE NOTE 12,15
BI-PAP MASK - PURCHASE	343707	31-03-2025	MD,RT,NP		MAC	MAC	1/6CM			SEE NOTES 1,10 AND 15
CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE / AUTOMATIC POSITIVE AIRWAY PRESSURE DEVICE (CPAP/APAP) - PURCHASE	343011	31-03-2025	MD,NP	RT, PG, RN, LP RO	MAC	MAC	1/5 CY	\$2500.00	Y	SEE NOTE 12,15
CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE / AUTOMATIC POSITIVE AIRWAY PRESSURE DEVICE (CPAP /APAP) - RENTAL	343014	31-03-2025	MD,NP	RT, PG, RN, LP RO	MAC	MAC	4/4 CM		Y	SEE NOTE 12,15
CPAP/APAP MASK - PURCHASE	343705	31-03-2025	MD,RT,NP		MAC	MAC	1/6CM			SEE NOTES 1,10 AND 15
CPAP/APAP/BIPAP SUPPLIES - MINOR (E.G., TUBING, FILTERS, CANNULAS, ETC.)	343700	31-03-2025	MD,RT,NP		MAC	MAC	12/1 CY			SEE NOTES 1,10,11
DISTILLED WATER/SALINE SOLUTION	343216	01-05-2024						\$125/CY		
HOME OXYGEN EQUIPMENT - LIQUID OXYGEN SYSTEM - PURCHASE	342014	31-03-2025	MD,NP	RT	MAC	MAC			Y	

PROVINCE: YT

PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
HOME OXYGEN EQUIPMENT - LIQUID OXYGEN SYSTEM - RENTAL	342016	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 17,18
HOME OXYGEN EQUIPMENT - OXYGEN CONCENTRATOR - PURCHASE	342037	31-03-2025	MD,NP	RT	MAC	MAC	1/5 CY		Y	
HOME OXYGEN EQUIPMENT - OXYGEN CONCENTRATOR - RENTAL	342034	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 17,18
HOME OXYGEN EQUIPMENT - HOME FILL MODEL - PURCHASE	343701	31-03-2025	MD,NP	RT	MAC	MAC	1/5 CY		Y	
HOME OXYGEN EQUIPMENT - HOME FILL MODEL - RENTAL	343702	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 17,18
HOME OXYGEN EQUIPMENT - OXYGEN CYLINDER SYSTEM - PURCHASE	342048	31-03-2025	MD,NP	RT	MAC	MAC	1/5 CY		Y	
HOME OXYGEN EQUIPMENT - OXYGEN CYLINDER SYSTEM - RENTAL	342045	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 17,18
OTHER ESSENTIAL PAP BENEFITS - PURCHASE	342040	31-03-2025	MD,NP,RT		MAC	MAC	1/1 CY		Y	SEE NOTE 15
OXYGEN - OTHER ESSENTIAL OXYGEN BENEFITS - PURCHASE	342699	31-03-2025	MD,NP,RT		MAC	MAC		\$450.00	Y	

PROVINCE: YT

PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\ VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
					GROUP A	GROUP B				
OXYGEN - OTHER ESSENTIAL OXYGEN BENEFITS - RENTAL	342693	31-03-2025	MD,NP,RT		MAC	MAC	4/4 CM		Y	
OXYGEN REFILL - GAS	341528	31-03-2025	MD,NP	RT	MAC	MAC			Y	SEE NOTE 17,18
OXYGEN REFILL - LIQUID	341015	31-03-2025	MD,NP	RT	MAC	MAC			Y	SEE NOTE 17,18
OXYGEN STORAGE UNIT	343703	31-03-2025			MAC	MAC	1 PER LIFETIME	\$300.00		
OXYGEN SUPPLIES - MINOR - (EG, TUBING, MASKS, FILTERS, CANNULAS, ETC)	343450	31-03-2025	MD,RT,NP		MAC	MAC				SEE NOTES 1, 8 AND 10
PORTABLE OXYGEN UNITS - OXYGEN CONSERVER (E.G. OXYLITE) - PURCHASE	342065	31-03-2025	MD,NP	RT	MAC	MAC		\$650.00	Y	
PORTABLE OXYGEN UNITS - OXYGEN CONSERVER (E.G. OXYLITE) - RENTAL	342070	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 17,18
PORTABLE OXYGEN UNITS - PORTABLE CYLINDER - PURCHASE	342052	31-03-2025	MD,NP	RT	MAC	MAC	1/5 CY		Y	
PORTABLE OXYGEN UNITS - PORTABLE CYLINDER - RENTAL	342059	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 17,18

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PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION		FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
					GROUP A	GROUP B				
PROVINCIAL SALES TAX (PST)	0PST	01-01-2011								
REPAIRS AND MAINTENANCE TO RESPIRATORY EQUIPMENT	343514	31-03-2025			MAC	MAC		\$300/CY	Y	
SHIPPING AND DELIVERY CHARGES	341011	31-03-2025			MAC	MAC				
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-06-2010								
VENTILATOR (RESPIRATOR) - PURCHASE	343720	31-03-2025	MD,NP	RT	MAC	MAC	1/5 CY		Y	
VENTILATOR (RESPIRATOR) - RENTAL	343719	31-03-2025	MD,NP	RT	MAC	MAC	4/4 CM		Y	SEE NOTE 19
VENTILATOR (RESPIRATOR) SUPPLIES - MINOR	342010	31-03-2025	MD,NP,RT		MAC	MAC				SEE NOTE 1, 8, 10, 11

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- GENERAL NOTES
- PRE-AUTHORIZATION REQUIRED UNLESS OTHERWISE INDICATED.
- COMMAS APPEARING IN THE "PRESCRIBER REQUIRED" AND "RECOMMENDER REQUIRED" COLUMNS INDICATE OR, EG. "MD", "RN" MEANS MD OR RN.
- FOR ONGOING RENTAL AGREEMENTS, IF DETERMINED THE EQUIPMENT RENTAL HAS/WILL RESULT IN PAYMENTS EXCEEDING THE PURCHASE PRICE, THE RENTAL AGREEMENT SHOULD, WHERE POSSIBLE AND WHEN DETERMINED APPROPRIATE UNDER THE CIRCUMSTANCES, BE TERMINATED AND THE EQUIPMENT PURCHASED. THE RENTAL FEE OF THE SYSTEM IS TO BE DEDUCTED FROM THE PURCHASE PRICE (IF APPLICABLE).
- WHERE REGISTERED POLYSOMNOGRAPHIC TECHNOLOGIST (PG), REGISTERED NURSE (RN) OR LICENSED PRACTICAL NURSE (LP)/REGISTERED PRACTICAL NURSE (RO) ARE INDICATED AS A REQUIRED RECOMMENDER, THE RECOMMENDER MUST BE WITHIN THEIR SCOPE OF PRACTICE IN THEIR PROVINCE/TERRITORY.
- WHERE A REQUIRED RECOMMENDER IS INDICATED, A REPORT MUST BE SUBMITTED AND INCLUDE:
 - A. DIAGNOSIS
 - B. CURRENT PRESCRIPTION (A PRESCRIPTION IS VALID FOR ONE YEAR AFTER THE DATE WRITTEN)
 - C. RESPIRATORY STATUS
 - D. INTERPRETATION OF TEST RESULTS (COPIES OF THESE REPORTS ARE NOT REQUIRED)
 - E. TESTING/TRIAL RESULTS CONFIRMING IMPROVEMENT IN CLIENT/AS SLEEP CONDITION FOR PAP THERAPY
 - F. MAKE, MODEL AND DETAILED COST OF REQUESTED ITEMS
 - G. SIGNATURES WITH DESIGNATION
 - H. A BENEFIT NOT LISTED IN THE BENEFIT GRID MAY BE CONSIDERED BY EXCEPTION WITH MEDICAL JUSTIFICATION.ö
- PROVIDERS MUST SUPPLY TRAINING ON THE SAFE USE OF OXYGEN THERAPY AND RESPIRATORY EQUIPMENT AND ENSURE THAT THE CLIENT CONTINUES TO USE THE EQUIPMENT PROPERLY DURING FOLLOW-UP APPOINTMENTS.
- SPECIAL NOTES
- NOTE 1 - PRESCRIPTION NOT REQUIRED FOR REPLACEMENT ISSUE.
- NOTE 8 - THIS CODE IS NOT TO BE USED FOR CPAP AND BIPAP SUPPLIES - MINOR.
- NOTE 10 - PRESCRIPTION NOT REQUIRED FOR INITIAL REQUESTS WHEN PRESCRIBER REQUIREMENT IS MET FOR PRIMARY EQUIPMENT.
- NOTE 11 - THIS CODE IS NOT TO BE USED FOR CPAP/APAP AND BI-PAP MASKS.
- NOTE 12 - FOR REPLACEMENT OF CPAP/APAP AND BIPAP DEVICES, (PROVIDING SERVICE ELIGIBILITY HAS BEEN CONFIRMED) ONLY A PRESCRIPTION FROM AN MD OR NP IS REQUIRED. A RECOMMENDATION IS NOT REQUIRED.
- NOTE 15 - FOR INDIVIDUALS COVERED UNDER THE PUBLIC SERVICE HEALTH CARE PLAN (PSHCP) OR THE ONTARIO MINISTRY OF HEALTH - ASSISTIVE DEVICES PROGRAM, AND

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CO-PAYMENT IS REQUESTED, ONLY THE PROOF OF PAYMENT FROM THE INSURER IS REQUIRED.

- NOTE 17 - FOR EXTENSION OF THE INITIAL OXYGEN THERAPY AUTHORIZATION, THE PROVIDER MUST COMPLETE A 4 MONTH FOLLOW-UP AND SUBMIT AN RRT REPORT TO CONFIRM THE CLIENT CONTINUES TO MEET APPROVAL CRITERIA.
- NOTE 18 - FOR RENEWAL OF OXYGEN THERAPY, THE PROVIDER MUST COMPLETE AN ANNUAL FOLLOW-UP. A NEW PRESCRIPTION AND AN RRT REPORT ARE REQUIRED TO CONFIRM THE CLIENT CONTINUES TO MEET APPROVAL CRITERIA.
- NOTE 19 - THE RENTAL APPROVAL PERIOD FOR VENTILATORS MUST NOT EXCEED 4 MONTHS UNLESS ACCOMPANIED BY A WRITTEN JUSTIFICATION SUPPORTING THE NEED.