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*      CUSTOMER.....VGIP/PEGV
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*      PROVINCE.....NT
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*      POC          .....09
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*      LANGUAGE.....E
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PROVINCE: NT
PROGRAM OF CHOICE: 09 - OXYGEN THERAPY

BENEFIT DESCRIPTION	BENEFIT CODE	EFF. DATE TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	PRE-AUTHORIZATION GROUP A GROUP B	FREQUENCY	MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT PREAUTH.	COMMENT
CPAP/APAP MASK - PURCHASE	343705	01-09-2023			YES	1/6 CM		Y	APPROVAL DMEDPOL
HOME CARE - OXYGEN THERAPY	342022	09-06-2019	MD,NP		YES			Y	APPROVAL DMEDPOL
NASAL POSITIVE PRESSURE BREATHING DEVICE CPAP(CONTINUOUS POSITIVE AIRWAY PRESSURE) (PURCHASE)	343012	09-06-2019			YES	1/60 CM	\$2300.00	Y	APPROVAL DMEDPOL
NASAL POSITIVE PRESSURE BREATHING DEVICE(E.G CPAP-CONTINUOUS POSITIVE AIRWAY PRESSURE) (RENTAL)	343015	09-06-2019			YES	12/12 CM		Y	APPROVAL DMEDPOL
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	APPROVAL DMEDPOL
NASAL POSITIVE PRESSURE BREATHING DEVICEá BIPAP (BI LEVEL POSITIVE AIRWAY PRESSURE) (RENTAL)	342043	01-09-2023	MD,RP		YES	12/12 CM		Y	APPROVAL DMEDPOL
TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-11-2024			YES			Y	