CUSTOMER.....VGIP/PEGV

PROVINCE.....PQ

POC 09

LANGUAGE.....E

PRINT DATE: NOVEMBER 26, 2024

BENEFIT GRID

PROVINCE: PQ
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
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, TUBIING 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
PROVINCIAL SALES TAX (PST)á	0PST	01-11-2024			YES				Y	

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TAXES - GST/HST (GST/HST REGISTRATION NUMBER REQUIRED)	0GST	01-11-2024			YES				Y	