

BC Home Oxygen Program Medical Eligibility (July 3, 2012)

Statement:

All HOP applicants are expected to seek and be compliant with optimal medical or adjunctive treatment prior to use of oxygen therapy.

The safe use of oxygen at all times is vital.

Oxygen flow rates titrated to achieve $SpO_2 > 90\%$ must be provided with the application.

1. Resting Oxygen:

Client must be breathing room air and seated at rest for at least 10 minutes prior to taking ABG or beginning to monitor oximetry.

A. $PaO_2 \leq 55$ mmHg on room air. Or $SpO_2 < 88\%$ sustained continuously for 6 minutes.

-OR-

B. $PaO_2 \leq 60$ mmHg, with evidence of one of the following co-morbid diseases.
i. Heart Failure
ii. Pulmonary hypertension

Information to support the co-morbid diseases is required (e.g. consultation note, discharge summary, spirometry, echocardiogram, etc).

2. Ambulatory oxygen:

If the client is unable to walk 1 minute or more, ambulatory oxygen will not be useful and will not be funded. Long-term criteria takes precedence over short-term criteria.

Short-term ambulatory oxygen therapy criteria: (Community and residential care):

$SpO_2 < 88\%$ sustained continuously for one minute while breathing room air.

Long-Term ambulatory oxygen therapy criteria: Outpatient portable oxygen applications (e.g. Pulmonary Function Labs, etc):

i. $SpO_2 < 88\%$ sustained continuously for a minimum of one minute while breathing room air and a measured improvement within a 6-minute walk test as tolerated on oxygen compared to room air showing the distance traveled increases by at least 25% and at least 30 meters (100 feet).

-OR-

ii. $SpO_2 < 80\%$ with ambulation for a minimum of one minute.

3. **Nocturnal Oxygen:**

In absence of co-morbidities (as mentioned in 1B), daytime desaturation must be present at rest or with ambulation according to Sections 1 or 2 for nocturnal oxygen therapy to be funded. Information to support the co-morbid diseases, if present, is required (e.g. consultation note, discharge summary, spirometry, echocardiogram, etc).

Sleep disordered breathing (i.e. sleep apnea) will only be treated with supplemental oxygen if the nocturnal criteria are met despite optimal CPAP treatment.

SpO₂ must be < 88% for > 30% of a minimum 4 hour nocturnal oximetry study while breathing room air.

4. **Palliative:**

Palliative clients must have hypoxemia according to Sections 1, 2, or 3 to be funded.

5. **Substance Abuse:**

Known illicit drug users (e.g. crack, heroin, cocaine, etc) or excessive alcohol users may not be eligible for funding. Clients involved with active rehabilitation may be considered.

6. **Smoking:**

Smokers who do not comply with safety instructions will be at risk of having oxygen funding discontinued immediately and Doctor notified.