Social Development Respiratory Program Policy
October 2016

Introduction

The Health Services Respiratory Program assists clients of the Department of Social Development with coverage for specific respiratory services.

Who is Eligible

- Department of Social Development clients and their dependents who hold a valid white Health Card indicating
  - “Supplementary” in the BASIC HEALTH ELIGIBILITY section
  OR
  - “Respiratory Services” in the ADDITIONAL HEALTH ELIGIBILITY section

- Department of Social Development clients who hold a valid yellow Health Card that indicates
  - a “Y” under the OTH in the VALID ONLY FOR box
  OR
  - an “X” under SUPP in the VALID ONLY FOR box

Clients must not have any other medical coverage to be eligible for full benefits.

How to Determine Valid Health Card Coverage

<table>
<thead>
<tr>
<th>Colour of Card</th>
<th>Client groups</th>
<th>ID# characteristics</th>
<th>Coverage indicators</th>
</tr>
</thead>
</table>
| White          | • Social assistance clients and their dependents  
                 • Health Card Only clients (individuals who receive assistance for medical expenses only) | ID number has 9 digits and begins with “0” | • “Supplementary” indicated in the “Basic Health Eligibility” box  
                OR  
                • “Respiratory Services” indicated in the “Additional Health Eligibility” box |
| Yellow – Type 1| Children with special needs or in care of the Minister  
                 Adults in residential facilities (special care homes and community residences) | 8 digits and 1 letter beginning with “6” and ending with “C”  
               OR  
               • ID number may have 2 letters and 8 digits beginning with “CW6” | A “Y” indicated under “OTH” in the “Valid Only For” box |
|                | Nursing Home residents | ID number has 8 digits and 1 letter beginning with “8” and ending with an “R” | An “X” indicated under “SUPP” in the “Valid Only For” box |
**Mental Health clients**
ID number has 8 digits and 1 letter beginning with “96” and ending with “A”

---

**Benefits**

**Important Notes:**
1. Provision of all respiratory equipment **except** aerochambers and optichambers, requires prior approval from the Health Services Program.
2. When changes in need occur, a copy of the new prescription and a new estimate must be submitted to Health Services for a revised approval.
3. All services require prior approval from the Health Services Program.
4. Benefits must be provided by a New Brunswick supplier unless the client is unable to obtain the equipment or service in this province.
5. All eligibility criteria must be met in order for a benefit to be approved.

### BREATHING AIDS

#### SPACING DEVICES

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Eligibility Criteria/ Limitations</th>
</tr>
</thead>
</table>
| • Spacing Devices (Aerochambers, optichambers, etc.)
  • Masks                                      | 1. Client has been prescribed an inhaled medication to treat a chronic or permanent respiratory condition |
|                                              | 2. Client is unable to administer the medication without the assistance of a spacing device. |
|                                              | 3. Only the least expensive model that will meet client need will be covered. |
|                                              | 4. Spacing devices are eligible once in 5 years for adults (19+) once every 2 years for children |
|                                              | 5. Masks are payable at the time of purchase of the spacing device only. |

#### Documentation Required

<table>
<thead>
<tr>
<th>Documentation Required</th>
<th>Eligible service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Copy of the physician or nurse practitioner’s RX for the inhalant which specifies</td>
<td></td>
</tr>
</tbody>
</table>
  o the client’s long term respiratory condition |
| • 1 quote on a Health Services claim form or E-form | • licensed NB medical suppliers |
|                                              | • licensed NB pharmacies |

#### Ineligible services

<table>
<thead>
<tr>
<th>Ineligible services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• inhalers</td>
</tr>
</tbody>
</table>

#### AEROSOL MACHINES

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Eligibility Criteria/ Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aerosol machines</td>
<td>1. The client has been prescribed an inhaled medication to treat a chronic or permanent respiratory condition.</td>
</tr>
<tr>
<td>• Masks, tubing and filters</td>
<td>2. Client is unable to administer the inhalant using a spacing device</td>
</tr>
<tr>
<td></td>
<td>3. Aerosol machines are eligible once in 5 years</td>
</tr>
<tr>
<td></td>
<td>4. Approvals for supplies are valid for 1 year only but may be billed monthly.</td>
</tr>
<tr>
<td></td>
<td>5. Supplies are only eligible to clients who have an aerosol machine purchased by the Health Services Program.</td>
</tr>
<tr>
<td></td>
<td>6. Clients are eligible for a maximum of $20 worth of supplies per month</td>
</tr>
</tbody>
</table>

#### Documentation Required

<table>
<thead>
<tr>
<th>Documentation Required</th>
<th>Eligible service providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Copy of the physician or nurse practitioner’s RX for the inhalant which specifies</td>
<td></td>
</tr>
</tbody>
</table>
  o The client’s long term respiratory condition |
<p>| • The reason a spacing devices cannot be used to administer the medication |
| • Supplies and quantities required          | • licensed NB medical suppliers |
|                                              | • licensed NB pharmacies |</p>
<table>
<thead>
<tr>
<th><strong>NEBULIZERS</strong></th>
<th></th>
</tr>
</thead>
</table>
| **Benefits**   | - Nebulizers  
|                | - Filters  
|                | - Mouthpiece |
| **Eligibility Criteria/ Limitations** | 1. Client has an aerosol machine purchased by the Health Services Program.  
|                                            | 2. These supplies are payable once in 6 months. |
| **Documentation Required** | - An indication of the duration of need from the prescribing physician or nurse practitioner  
|                                            | - 1 quote on a Health Services claim form or E-form |
| **Eligible service providers** | - licensed NB medical suppliers  
|                               | - licensed NB pharmacies |

<table>
<thead>
<tr>
<th><strong>SUCTION MACHINE</strong></th>
<th></th>
</tr>
</thead>
</table>
| **Benefits**        | - Suction machine  
|                     | - Suction supplies  
|                     | - Suction catheters  
|                     | - Tubing  
|                     | - Collection bottles |
| **Eligibility Criteria/ Limitations** | 1. The client suffers from a chronic or permanent respiratory condition or a disability that affects respiratory function.  
|                                            | 2. Suction machines are eligible once in 5 years  
|                                            | 3. In order to be eligible for supplies, the client must have received a suction machine through the Health Services Program.  
|                                            | 4. Approvals for supplies are valid for 1 year and may be billed monthly |
| **Documentation Required** | - Physician or nurse practitioners RX specifying  
|                                            | - Diagnosis (respiratory condition or disability)  
|                                            | - Supplies, quantities and the duration of the need  
|                                            | - How the equipment will address the condition or disability  
|                                            | - 1 quote on a Health Services claim form or E-form |
| **Eligible service providers** | - licensed NB medical suppliers  
|                               | - licensed NB pharmacies  
|                               | - accredited oxygen suppliers |

<table>
<thead>
<tr>
<th><strong>TRACHEOTOMY SUPPLIES</strong></th>
<th></th>
</tr>
</thead>
</table>
| **Benefits**             | - Trach tubes (inner and outer cannulas, obturators, trach plates)  
|                         | - Sterile cotton tip applicators, pipe cleaners or trach brush  
|                         | - Sterile water  
|                         | - Hydrogen peroxide  
|                         | - Trach dressings  
|                         | - Twill tape |
| **Eligibility Criteria/ Limitations** | 1. The client has a tracheotomy  
|                                            | 2. The need for supplies is long term or permanent  
|                                            | 3. Approvals for supplies are valid for 1 year and may be billed monthly |
| **Documentation Required** | - Physician or nurse practitioners RX  
|                                            | - Confirming the tracheotomy  
|                                            | - Indicating the supplies and quantities required with the duration of the
### OTHER RESPIRATORY DEVICES

#### Benefits
- Peak flow meters
- Chest Vibrators
- Spirometers
- Lung Volume Recruitment (LVR)
- Vaporizers
- Humidifiers
- Dehumidifiers

#### Eligibility Criteria/ Limitations
1. The client suffers from a chronic or permanent respiratory condition or a disability that affects respiratory function.
2. All devices listed are eligible once in 5 years
3. Vaporizers, humidifiers and dehumidifiers are not eligible for nursing home residents

#### Documentation Required
- Copy of the physician or nurse practitioner’s RX for the inhalant which specifies
  - the client’s long term respiratory condition
  - the duration of the need
  - How the equipment will address the condition or disability
- 1 quote on a Health Services claim form or E-form

#### Eligible service providers
- licensed NB medical suppliers
- licensed NB pharmacies

---

### HOME OXYGEN THERAPY

#### HOME OXYGEN

#### Benefits
- Oxygen refills
- Oxygen Concentrator rental
- Back up cylinder
- Purchase of oxygen supplies

#### Eligibility Criteria/ Limitations
1. The client’s home is suitable for the use of the oxygen equipment.
2. The client and other household members have received education relevant to the equipment required and are willing to comply with the treatment plan prescribed, including a smoking cessation program, where required.
3. The client is assessed as meeting at least one of the following physiological criteria:
   - A diagnosis of hypoxemia confirmed an arterial blood gas study indicating PaO2 less than 55 mmHg on room air at rest.
   - A diagnosis of hypoxemia confirmed by an arterial blood gas study indicating PaO2 56 –59 mmHg AND Evidence of cor pulmonale, pulmonary hypertension or secondary polycythemia (haematocrit greater than 55%).
   - Confirmation of nocturnal desaturation by a polysomnography or nocturnal oximetry study showing SpO2 less than 89% in room air at least several times during one night. Sleep disorders must be ruled out.
- Confirmation of exertional desaturation by an oximetry study showing SpO2 of less than 89% on room air while performing usual activities of daily living.

4. The client must be reassessed annually (+ or – 1 month of initial assessment) to confirm continued need. An updated Home Oxygen Application Form must be submitted for renewal of the approval along with confirmation of competency in the care, maintenance and utilization of the equipment and adherence to all oxygen safety precautions.

5. High flow concentrators will only be provided for flow rates which are 5-10 liters/min.

6. The client is under 65 years of age.

**Documentation Required**
- **Home Oxygen Application Form**, with Section B completed by the physician
- 1 quote on a Health Services claim form

**Eligible service providers**
- Accredited NB oxygen service providers with an NB licensed respiratory therapist on staff

### HOME REFILL SYSTEM

**Benefits**
- Home refill system

**Eligibility Criteria/ Limitations**
1. The client has a concentrator provided by the Health Services Respiratory Program.
2. The client meets the general eligibility criteria for portability and has been using portability for 6 months.
3. Client’s flow rate is below 5 litres per minutes.
4. Usage of a home refill system is the most cost effective option for providing the client with portability.

**Documentation Required**
- The special authorization section of the Home Oxygen Application Form completed by a respiratory therapist
- 1 quote on a Health Services claim form

**Eligible service providers**
- Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff

### LIQUID OXYGEN

**Benefits**
- Liquid Oxygen
  - Liquid oxygen refills
  - Base unit
  - Cylinders
  - Related supplies

**Eligibility Criteria/ Limitations**
1. The client has been approved for home oxygen coverage by the Health Services Program.
2. The client’s flow rate must exceed 10 litres/min.
3. Liquid oxygen must be the most cost effective means of providing oxygen therapy to the client.
4. Portable liquid oxygen will only be considered when there is no other option for providing oxygen therapy cost effectively to the client.
5. The client is under 65 years of age.

**Documentation Required**
- **Home Oxygen Application Form**, with Section B completed by the physician
- 1 quote on a Health Services claim form

**Eligible service providers**
- Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff
### PORTABILITY

<table>
<thead>
<tr>
<th>Benefits</th>
<th><strong>Portability (General)</strong></th>
</tr>
</thead>
</table>
| **Eligibility Criteria/ Limitations** | 1. The client has been approved for long term home oxygen coverage by the Health Services Program.  
2. No more than 93 hours a month (3 hours per day) will be approved.  
3. Health Services will only pay for 1 method of portable oxygen therapy at any one time.  
4. The method of portable oxygen therapy must be the most cost effective treatment option for the needs of the client  
5. Client must be under 65 years of age. |
| **Documentation Required** | 1. *Home Oxygen Application Form*, with Section B completed by the physician  
2. 1 quote on a Health Services claim form |
| **Eligible service providers** | Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff |

### PORTABLE OXYGEN CYLINDERS

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Portable Oxygen cylinders (rental)</th>
</tr>
</thead>
</table>
| **Eligibility Criteria/ Limitations** | 1. All general criteria for portability (above) have been met.  
2. Portable oxygen therapy via cylinder will be limited to 3 hours per day.  
3. Only type D or E cylinders are eligible.  
**EXCEPTION:** M6 cylinders may be considered when the client is unable to manage D or E cylinders due to a medical condition. A detailed explanation must accompany the request. |
| **Documentation Required** | 1. *Home Oxygen Application Form*, with Section B completed by the physician  
2. 1 quote on a Health Services claim form |
| **Eligible service providers** | Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff |

### PORTABLE OXYGEN CONCENTRATORS

| Benefits | Portable oxygen concentrators  
 batteries |
| --- | --- |
| **Eligibility Criteria/ Limitations** | 1. All general criteria for portability (above) have been met.  
2. The client’s flow rate is less than 6 litres/minute  
3. A portable oxygen concentrator is the most cost effective option to meet the client’s oxygen needs outside the home.  
4. The client is under 65 years of age |
| **Documentation Required** | 1. *Home Oxygen Application Form*, with Section B completed by the physician  
2. 1 quote on a Health Services claim form |
| **Eligible service providers** | Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff |

### OXYGEN CONSERVING DEVICES
| **Benefits** | • Rental of Oxygen conserving devices |
| **Eligibility Criteria/ Limitations** | 1. All general criteria for portability (above) have been met.  
2. The client is using cylinders for portability.  
3. The client’s flow rate is 1-6 litres/min  
**AND** use of an OCD will reduce the overall costs of the client’s oxygen therapy |
| **Documentation Required** | • [Home Oxygen Application Form](#), with Section B completed by the physician  
• 1 quote on a Health Services claim form |
| **Eligible service providers** | • Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff |

### DISPOSABLE OXYGEN CONSERVING DEVICES

| **Benefits** | • Purchase of disposable oxygen conserving devices |
| **Eligibility Criteria/ Limitations** | 1. All general criteria for portability (above) have been met.  
2. The client is using cylinders for their oxygen therapy.  
3. Use of this device will reduce the overall costs of the client’s oxygen therapy and increase compliance |
| **Documentation Required** | • [Home Oxygen Application Form](#), with Section B completed by the physician  
• 1 quote on a Health Services claim form |
| **Eligible service providers** | • Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff |

### RESPIRATORY MONITORING

| **Benefits** | • Purchase of oxygen saturation Monitors  
• Purchase of Pulse Oximeters  
• Purchase of Regulators  
• Rental of Table Top Oxygen Saturation Monitors |
| **Eligibility Criteria/ Limitations** | 1. All general criteria for portability (above) have been met.  
2. The client has a medical need for frequent monitoring of their respiratory or circulatory sufficiency on a long term basis. Details of this need must be provided.  
3. The care giver(s) is (are) trained to provide this monitoring correctly.  
4. Only 1 monitor can be purchased in 5 years.  
1. All general criteria for portability (above) have been met.  
2. The client has a medical need for frequent monitoring of their respiratory or circulatory sufficiency on a long term basis. Details of this need must be provided.  
3. The client’s medical condition can only be addressed with a specialized type of saturation monitor. Details must be provided.  
4. The care giver(s) is (are) trained to provide this monitoring correctly. |
| **Documentation Required** | • [Home Oxygen Application Form](#), with Section B completed by the physician  
• 1 quote on a Health Services claim form |
| **Eligible service providers** | • Accredited NB oxygen service suppliers with an NB licensed respiratory therapist on staff |
# CONTINUOUS POSITIVE AIRWAY THERAPY (CPAP)

## TRIAL OF CPAP

<table>
<thead>
<tr>
<th>Benefits</th>
<th>3 month trial of CPAP machine</th>
</tr>
</thead>
</table>

### Eligibility Criteria/Limitations

1. Client has been assessed using:
   - a level 1 sleep study (polysomnogram) in a registered sleep lab
   - a level 3 sleep study in the home environment

2. The diagnosis of obstructive sleep apnea has been confirmed by:
   - An Apnea Hypopnea Index (AHI) greater than 15 events per hour
   - AHI between 5 and 15 events per hour PLUS physician confirmation of one of the following:
     - Excessive daytime sleepiness
     - Impaired cognition
     - Mood disorders
     - Hypertension
     - Ischemic heart disease
     - Cardiac arrhythmias
     - Pulmonary hypertension
     - History of stroke

3. Rental and supplies for the trial period will only be paid if a CPAP unit is not purchased (i.e. failed trial)

4. Trials are eligible once per year

### Documentation Required

- CPAP/ BPAP application form completed by respiratory therapist with Part B completed and signed by a physician
- Copy of sleep study or nocturnal oximetry report signed by the physician

### Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
- Accredited sleep clinics

## CPAP PURCHASE

| Benefits | CPAP machine purchase  
<table>
<thead>
<tr>
<th></th>
<th>CPAP replacement</th>
</tr>
</thead>
</table>

### Eligibility Criteria/Limitations

1. The compliance report confirms that
   - The unit was trialed for 3 months for at least 4 hours per night for a minimum of 21 days per month
   - The client is comfortable and compliant using the device

2. An oximetry summary confirms that the CPAP therapy has been effective.

### Documentation Required

- Updated CPAP/ BPAP application form including the final diagnosis confirmation section completed by the respiratory therapist
- Copy of RT’s report indicating trial results which have been interpreted and signed by the physician.
- Copy of compliance summary report for the entire duration of the trial (3 months)
- 1 quote on a Health Services claim form

### Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on
| providers | staff and a Medical Devices Establishment License  
|          | **Accredited sleep clinics** |

### CPAP SUPPLIES

**Benefits**
- Masks
- Tubing
- Filters
- Humidifier
- Head gear

**Eligibility Criteria/ Limitations**
1. CPAP unit has been provided by the Health Services Program (rental for trial or purchase)  
2. CPAP unit was purchased elsewhere but eligibility is confirmed by CPAP Equipment Maintenance Form and a download of the last 30 days for compliance purposes.

**Documentation Required**
- For unit purchased by Health Services:  
  - 1 quote on a Health Services claim form
- For units purchased elsewhere:  
  - Equipment Maintenance Form.
  - Physician’s Rx with dx of the client’s medical condition
  - Copy of the machine download for the last 30 days
  - 1 quote on a Health Services claim form

**Eligible service providers**
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
- Accredited sleep clinics

### CPAP REPAIRS

**Benefits**
- Repairs as required

**Eligibility Criteria/ Limitations**
1. CPAP unit has been provided by the Health Services Program
2. The repairs are the most cost effective option given the age and condition of the CPAP/
3. Repairs or replacements WILL NOT be approved when the damage is due to a smoker in the household.
4. Travel or service charges are not a benefit

**Documentation Required**
- 1 quote on a Health Services claim form

**Eligible service providers**
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
- Accredited sleep clinics

### FAILED CPAP TRIAL

**Benefits**
- Payment for 3 month rental of CPAP unit

**Eligibility Criteria/ Limitations**
1. CPAP Unit has been approved for a three-month trial period with the Health Services Program.
2. The client:  
   - Is non-compliant with the therapy despite supplier efforts to resolve the issues.  
   - has refused therapy and returned all equipment to the supplier.  
3. Failed Trials are payable once per year
Documentation Required

- Updated CPAP/ BPAP application form with the appropriate sections completed by the respiratory therapist
- A detailed explanation from the RT or respiratory specialist of why the client failed the fixed pressure CPAP trial
- A copy of compliance report

Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
- Accredited sleep clinics

CPAP REPLACEMENT WITHOUT TRIAL

Benefits

- Replacement without trial

Eligibility Criteria/ Limitations

1. The initial CPAP was purchased by the Health Services Program
2. The client must display continuing need and compliance for CPAP therapy as confirmed by a recent compliance report or oximetry study.
3. If the CPAP unit to be replaced does not have a data card to provide the compliance report or oximetry study, then the client must complete a 1 month trial.

Documentation Required

- Compliance report for the past month
- An oximetry study for the past month
- Physician’s Rx

Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
- Accredited sleep clinics

AUTOMATIC POSITIVE AIRWAY PRESSURE (APAP)

AUTOSET CPAP / AVAP

Benefits

- Purchase of auto-set CPAP
- Purchase of APAP

Eligibility Criteria/ Limitations

1. A diagnosis of obstructive sleep apnea has been confirmed by:
   - An Apnea Hypopnea Index (AHI) greater than 15 events per hour
   OR
   - AHI between 5 and 15 events per hour PLUS physician confirmation of one of the following:
     - Excessive daytime sleepiness
     - Impaired cognition
     - Mood disorders
     - Hypertension
     - Ischemic heart disease
     - Cardiac arrhythmias
     - Pulmonary hypertension
     - History of stroke
2. The client is intolerant of high fixed pressures despite education and intervention to improve comfort and compliance
3. The client has failed a fixed pressure CPAP trial
4. The compliance report confirms that:
   - the unit was trialed for 3 months for at least 4 hours per night for a minimum of 21 days per month
   AND
   - The client is comfortable and compliant using the auto-set device.
5. An oximetry summary confirms that that auto-set CPAP therapy has been
6. Purchase of auto-set CPAP or AVAP is eligible once in 5 years.

### Documentation Required
- Updated CPAP/ BPAP application form including the final diagnosis confirmation section completed by the respiratory therapist
- Copy of RT’s report indicating trial results which have been interpreted and signed by the physician.
- A detailed explanation of why the client failed the fixed pressure CPAP trial from the RT or respiratory specialist.
- Copy of compliance report

### Eligible service providers
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
- Accredited sleep clinics

## BI-LEVEL POSITIVE AIRWAY THERAPY (BPAP)

### BPAP Trial

**Benefits**
- Trial of a Trial of Bi-Level therapy unit without back-up rate (3 months)

**Eligibility Criteria/Limitations**
1. (a) Client has a confirmed diagnosis of obstructive sleep apnea with CPAP of at least 15 cmH2O and client still exhibits one of the following:
   - nocturnal hypoxemia (O2 saturations less than 88%)
   - nocturnal hypercapnia (PaCO2 is more than 45 mmHg)
   - apnea/hypopnea index greater than 10
   **OR**
2. (b) Client has a confirmed diagnosis of obstructive sleep apnea with CPAP of at least 15 cmH2O or more but the oximetry and compliance reports confirm intolerance to that level of pressure.
1. Client is capable of independent respiration

**Documentation Required**
- BPAP application form completed by a respiratory therapist with Part B completed and signed by a physician
- Copy of sleep study or nocturnal oximetry report signed by the physician

**Eligible service providers**
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License

### BPAP Purchase

**Benefits**
- Purchase of a Trial of Bi-Level therapy unit without back-up
- Humidifier

**Eligibility Criteria/Limitations**
1. Client has trialed the unit for a minimum of 3 months for at least 4 hours per night on a minimum of 21 days per month.
2. Improvement is confirmed by oximetry report or compliance report following the BPAP trial
3. BPAP are eligible for purchase once every 5 years.

**Documentation Required**
- Updated BPAP application form including the final diagnosis confirmation section completed by the respiratory therapist
- Copy of RT’s report indicating trial results which have been interpreted and signed by the physician.
- Copy of the BPAP unit summary download for entire duration of trial (3-months)

**Eligible service providers**
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
### BPAP Supplies

| Benefits          | • Mask  
|                  | • Tubing  
|                  | • Filters  
|                  | • Water chambers  
|                  | • Head gear  

| Eligibility Criteria/ Limitations | 1. BPAP unit has been provided by the Health Services Program (rental for trial or purchase)  
|                                 | OR  
|                                 | 2. BPAP unit was purchased elsewhere but eligibility is confirmed by BPAP Equipment Maintenance Form and a download of the last 30 days for compliance purposes.  
|                                 | 3. Supplies are eligible once a year.  

| Documentation Required | • For unit purchased by Health Services:  
|                       |   o 1 quote on a Health Services claim form  
|                       | • For units purchased elsewhere:  
|                       |   o Equipment Maintenance Form.  
|                       |   o Physician’s Rx with a dx of the client’s medical condition  
|                       |   o Copy of the machine download for the last 30 days  
|                       |   • 1 quote on a Health Services claim form  

| Eligible service providers | Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License  

### BPAP Repairs

| Benefits | • Repairs as required  

| Eligibility Criteria/ Limitations | 1. BPAP unit has been provided by the Health Services Program  
|                                 | 2. The repairs are the most cost effective option given the age and condition of the CBPAP  
|                                 | 3. Repairs or replacements WILL NOT be approved when the damage is due to a smoker in the household.  
|                                 | 4. Travel or service charges are not a benefit  

| Documentation Required | • 1 quote on a Health Services claim form  

| Eligible service providers | Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License  

### FAILED BPAP TRIAL

| Benefits | • Payment for 3 month rental of BPAP unit  

| Eligibility Criteria/ Limitations | 1. BPAP Unit has been approved for a three-month trial period with the Health Services Program.  
|                                 | 2. The client:  
|                                 |   • Is non-compliant with the therapy despite supplier efforts to resolve the issues.  
|                                 |   OR  

<table>
<thead>
<tr>
<th><strong>TRIAL OF BPAP S/T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
</tr>
</tbody>
</table>
| **Eligibility Criteria/ Limitations** | 1. The client has a confirmed diagnosis of 1 of the following:  
   a. Progressive neuromuscular disease  
   b. Severe thoracic cage abnormalities  
   c. Severe chronic obstructive pulmonary disease (COPD)  
   d. Central sleep apnea  
   OR  
   2. Client has a confirmed diagnosis of obstructive sleep apnea with CPAP of 25 or more.  
   3. Client requires occasional assistance to breathe.  
   4. The client and other household members have received education relevant to the equipment required and are willing to comply with the treatment plan prescribed, including a smoking cessation program, where required.  
   5. Trials of BPAP S/T are eligible once a year. |
| **Documentation Required** | [Home Ventilation Application Form](#) completed and signed by one of the following specialists;  
   - Respiratory  
   - Cardiac  
   - Thoracic  
   - Neurology  
   - Pulmonology  
   - Quote on a Health Services invoice |
| **Eligible service providers** | Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License |

<table>
<thead>
<tr>
<th><strong>RENTAL OF BPAP S/T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
</tr>
</tbody>
</table>
| **Eligibility Criteria/ Limitations** | 1. Client has trialed the unit for a minimum of 1 month for at least 4 hours per night on a minimum of 21 consecutive days.  
   2. Improvement confirmed by oximetry report and compliance report.  
   3. Rental should be billed monthly. |
| **Documentation Required** | [Home Ventilation Application Form](#) completed and signed by one of the following specialists;  
   - Respiratory  
   - Cardiac  
   - Thoracic  
   - Neurology  
   - Pulmonology |
### RENTAL OF BPAP with AVAP

**Benefits**  
- Rental of BPAP with AVAP with back up

**Eligibility Criteria/ Limitations**
1. The client has been diagnosed with one of the following:
   - Neuromuscular disease
   - Spinal Cord injury
   - Chronic respiratory failure
   - Chronic pulmonary disorder
   - Client has been prescribed nocturnal ventilation
2. The client and other household members have received education relevant to the equipment required and are willing to comply with the treatment plan prescribed, including a smoking cessation program, where required.

**Documentation Required**
- [Home Ventilation Application Form](#) completed and signed by one of the following specialists:
  - Respiratory
  - Cardiac
  - Thoracic
  - Neurology
  - Pulmonology

**Eligible service providers**
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License

### PURCHASE OF HUMIDIFIER

**Benefits**  
- Purchase of humidifier

**Eligibility Criteria/ Limitations**
1. Client has a BPAP unit or a ventilator that is being rented by the Health Services Program.
2. Client does not reside in a nursing home or special care home
3. The purchase of a humidifier is eligible once in 5 years.

**Documentation Required**
- [Home Ventilation Application Form](#) completed and signed by one of the following specialists:
  - Respiratory
  - Cardiac
  - Thoracic
  - Neurology
  - Pulmonology

**Eligible service providers**
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License

### PURCHASE OF BPAP SUPPLIES

**Benefits**
- Masks
- Tubing
- Filters
- Water chamber
### Eligibility Criteria/Limitations

1. Client has a BPAP unit that is being rented by the Health Services Program.
2. Supplies have been approved by the Health Services Program.
3. Supplies are eligible once a year.

### Documentation Required

- **Home Ventilation Application Form** completed and signed by one of the following specialists:
  - Respiratory
  - Cardiac
  - Thoracic
  - Neurology
  - Pulmonology
- Quote on a Health Services invoice

### Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License

---

## HOME VENTILATION

### PURCHASE OF A COUGH ASSIST MACHINE

#### Benefits

- Purchase of Mechanical in/ ex-sufflator (cough assist machine)

#### Eligibility Criteria/Limitations

1. The client has been diagnosed with:
   - Neuromuscular disease
   - Spinal Cord injury
   - Chronic respiratory failure
   - Chronic pulmonary disorder
2. Client unable to cough independently.
3. Client’s peak cough flow is below 200 litres per minute.
4. The client and other household members have received education relevant to the equipment required and are willing to comply with the treatment plan prescribed, including a smoking cessation program, where required.
5. Cough assist machines are eligible once in 5 years.

#### Documentation Required

- **Application for Ventilation Equipment Form** completed by
  - Physiatrist
  - Intensivist
  - Respiriologist
  - Designated pediatrician
- 1 quote on a Health Services claim form

#### Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License

---

## COUGH ASSIST MACHINE SUPPLIES

#### Benefits

- Mask
- Tubing
- Filters

#### Eligibility Criteria/Limitations

1. Client has a cough assist machine that was purchased by the Health Services Program.
2. The supplies have been approved by the Health Services Program.

#### Documentation Required

- 1 quote on a Health Services claim form

#### Eligible service providers

- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License
# HOME VENTILATION

## Benefits
- Rental of Ventilator with backup

## Eligibility Criteria/Limitations
1. The client has been diagnosed with:
   - Neuromuscular disease
   - Spinal Cord injury
   - Chronic respiratory failure
   - Chronic pulmonary disorder
2. Client is unable to:
   - maintain independent ventilation
   - maintain airway clearance
3. Client requires ventilation 24 hrs/day
4. The client and other household members have received education relevant to the equipment required and are willing to comply with the treatment plan prescribed, including a smoking cessation program, where required.
5. Client does not reside in a nursing home or special care home

## Documentation Required
- **Application for Ventilation Equipment Form** completed by
  - Physiatrist
  - Intensivist
  - Respiriologist
  - Designated pediatrician
- 1 quote on a Health Services claim form

## Eligible service providers
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License

---

# HOME VENTILATION SUPPLIES

## Benefits
- Purchase of ventilation supplies

## Eligibility Criteria/Limitations
1. Client has a ventilator that is being rented by the Health Services Program
2. The supplies have been approved by the Health Services Program.
3. The client does not reside in a nursing home or special care home.

## Documentation Required
- **Application for Ventilation Equipment Form** completed by
  - Physiatrist
  - Intensivist
  - Respiriologist
  - Designated pediatrician
- 1 quote on a Health Services claim form

## Eligible service providers
- Accredited medical service suppliers with licensed NB respiratory therapist on staff and a Medical Devices Establishment License