



SAIL & NIHB Oxygen Testing Criteria Comparison Chart (Adults)

The following chart provides assistance in comparing the Saskatchewan Aids to Independent Living (SAIL) Home Oxygen program and the Non-Insured Health Benefits (NIHB) Home Oxygen Program criteria for adults. Equipment coverage is not included here as they can be quite different in each program. This is not an all-inclusive chart; please see links below for in-depth understanding of the program's details.

Detailed instructions on oxygen testing and program contact information:

NIHB:

[NIHB Home Oxygen Policy](#)

[Prior Approval Form](#)

[NIHB Oximetry Instructions](#)

SK NIHB Contact: 1-866-885-3933

sasknihbmedicalsuppliesandequipment@sac-isc.gc.ca

SAIL:

[SAIL Home Oxygen Policy](#)

[Home Oxygen Tester Handbook](#)

SAIL Contact: 1-888-787-8996

ehb@health.gov.sk.ca

	NIHB	SAIL
Testers	<ul style="list-style-type: none"> SAIL Home Oxygen Testers, Respiratory Therapy Departments, and home oxygen companies can test as long as they are RRT/RN/RPN/LPN Physician ABG's will also be accepted. 	<ul style="list-style-type: none"> SAIL Home Oxygen Testers and Respiratory Therapy Departments can test as long as they are Saskatchewan Health Authority employees Physician ABG's are also accepted
Continuous Testing	<ul style="list-style-type: none"> a PaO₂ ≤ 55 mmHg a PaO₂ between 56-59 mmHg with hypoxia on exertion (SpO₂ less than 89% for 2 continuous minutes) a PaO₂ of ≤ 60 mmHg with dx of cor pulmonale, pulmonary hypertension and/or polycythemia oximetry at rest: <ul style="list-style-type: none"> SpO₂ ≤ 88% for 2 continuous minutes oximetry at rest with Stage IV Heart Disease (severe CHF) – SpO₂ less than 89% for 2 continuous minutes (need documentation from MD/NP) <p>Client must meet one of the above.</p> <p>Home oxygen may be considered for coverage once the client's condition is stabilized and treatment optimized</p>	<ul style="list-style-type: none"> a PaO₂ ≤ 55 mmHg a PaO₂ of ≤ 59 mmHg with dx of cor pulmonale and/or polycythemia oximetry at rest: <ul style="list-style-type: none"> ≤ 87% for 2 continuous minutes oximetry at rest with a dx of cor pulmonale or polycythemia: <ul style="list-style-type: none"> ≤ 90% for 2 continuous minutes <p>Client must meet one of the above.</p> <p>If client is in hospital, testing must be completed within 48 hours of discharge</p>
Exertional Testing	<p>A. Room air testing at rest (oximetry or ABG):</p> <ol style="list-style-type: none"> SpO₂ greater than 90%, OR PaO₂ greater than 60 mmHg <p>B. Exercise testing on room air:</p> <ol style="list-style-type: none"> SpO₂ ≤ 88% for 2 continuous minutes If exercise testing on room air demonstrates a SpO₂ < 80% with good pulse tracking regardless of dyspnea or distance walked, the applicant meets eligibility criteria, and no further testing is required for the requested funding period <p>C. Exercise testing with supplemental oxygen:</p> <ol style="list-style-type: none"> testing must be performed with the requested equipment improved breathlessness - BORG scale increase of at least one unit at the end of the exercise 	<p>A. Must not meet criteria for continuous oxygen</p> <p>B. Exercise testing on room air:</p> <ol style="list-style-type: none"> SpO₂ ≤ 87% for a minimum of 20 continuous seconds <p>C. Exercise testing with supplemental oxygen:</p> <ol style="list-style-type: none"> Improved exercise capacity – Must have a documented improvement in exercise capacity of 20% while maintaining SpO₂ 90-92% <p>Client must meet A, B, & C and has not been hospitalized, had an exacerbation or change of treatment in the past 30 days for a cardiorespiratory event</p>

	<p>c. improved exercise capacity - improved walking distance by at least 25% and at least 30 meters OR time traveled increased by at least 25% and at least 2 minutes</p> <p>Client must meet A, B, & C</p>	
<p>Nocturnal Testing</p>	<p>A. room air testing demonstrating nocturnal desaturation $SpO_2 \leq 88\%$ for 30% of the night</p> <p>B. sleep-disordered breathing must be ruled out</p> <p>Client must meet A & B</p>	<p>A. must not meet criteria for continuous oxygen</p> <p>B. one night of room air testing: <ul style="list-style-type: none"> ○ $SpO_2 \leq 87\%$ for 30% of the night </p> <p>C. one night of testing with oxygen that shows evidence of significant improvements</p> <p>Client must meet A, B, & C and has not been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the past 30 days</p>
<p>Palliative Care</p>	<ul style="list-style-type: none"> • PaO₂ of 60 mmHg or less <p>OR</p> <ul style="list-style-type: none"> • oximetry that demonstrates sustained desaturation ($SpO_2 \leq 91\%$ for 2 continuous minutes) <p>Dyspnea that cannot be improved with medication and/or comfort analgesia must be supported by documentation from physician, nurse practitioner or palliative care team member (for example, Registered Nurse).</p> <p>Client must meet one of the above.</p> <p>Regular testing will be required for ongoing therapy after 6 months of palliative care oxygen therapy.</p>	<p>The following parameters shall be used to help determine whether a terminally ill individual is in the end stage of the palliative process:</p> <p>A. The timeframe for the end stage may be measured in terms of days or weeks of active dying. Time frames are difficult to determine, however, and in some cases, this end stage may be longer than a few weeks or as short as a couple of days.</p> <p>B. There are typically day-to-day changes with deterioration proceeding at a dramatic pace. There is usually a sudden drop in the Palliative Performance Rating according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.</p> <p>C. The end stage may be characterized by increasing intensity of need: increased assistance required for physical or psychological need, family exhaustion, usually a requirement for social work, pastoral care and therapies.</p> <p>D. There is documented clinical progression of disease which may include a combination of symptoms such as dyspnea, crescendo pain, profound weakness, being essentially bed bound, increased nausea or drowsy for extended periods.</p>

		<p>E. The terminally ill individual is assessed a Palliative Performance Rating of 30% according to the Palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.</p>
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