

Medical Aids Subsidy Scheme (MASS)

Application Guidelines for Oxygen



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General clinical eligibility

These guidelines must be read in conjunction with the [MASS General Guidelines](#).

Persons eligible

Applicant requires an accurate and current diagnosis and any underlying condition appropriately managed with maximum therapy.

Circumstances where oxygen not supplied by MASS:

- Nebulising – when oxygen required solely for nebulising.
- Adult portable oxygen for community access (see Oxygen Equipment Provided).
- Dyspnoea without hypoxaemia, unless there is another special indication.
- Terminally ill applicants must have explored the availability of Palliative Care Program funding before applying to MASS for domiciliary oxygen.

Clinical Indicators

If there are clinical concerns in relation to required tests for a particular applicant, the prescriber should contact the MASS Clinical Advisor prior to arranging or conducting the tests.

Adult

Condition	Clinical Justification
Respiratory - Chronic hypoxaemia	<ul style="list-style-type: none">• All measurements are to be taken on room air and at rest, if safe for the applicant.• Domiciliary oxygen may be prescribed when the arterial oxygen tension (PaO₂) is 55mmHg or less (or 59mmHg or less when conditions such as cor pulmonale, pulmonary hypertension or polycythaemia are present).• In remote areas, when arterial blood gas estimations are unavailable, hypoxaemia must be demonstrated by oximetry indicating an oxygen saturation of 85% or less (or 90% or less when conditions such as cor pulmonale, pulmonary hypertension or polycythaemia are present).• In all cases, applicants should be on maximum medical treatment. Arterial blood gas estimations (or oximetry measurements in remote areas only), should be obtained after the condition is considered to be stable.• The above measurements are required for both the initial application and the first (four month) reapplication. Clinical assessment only (without measurements) is required for subsequent annual reapplications.

Condition	Clinical Justification
Respiratory - Hypoxaemia with exercise	<p>This category is for the rare circumstances when hypoxaemia on exercise limits a person's ability to mobilise within the home environment.</p> <ul style="list-style-type: none"> For the initial application only, applicants applying under the exercise hypoxaemia category must provide arterial blood gas measurements on room air at rest (if safe for the applicant), in order to identify applicants with hypercapnoea. For the initial application, applicants must undertake an appropriate exercise study (advise approximate distance walked test) by oximetry to objectively demonstrate oxygen desaturation during exercise and improvement in oxygen saturation on exercise with oxygen administration. A placebo controlled study using medical air and oxygen is preferred. For the first (four month) reapplication only oximetry on room air (advise approximate distance walked test) will be required. In remote areas, when arterial blood gas estimations are unavailable, oximetry on exercise only is required for the initial application and for the first (four month) reapplication. <p>Oximetry tests required for applications under the exercise hypoxaemia category are:</p> <ul style="list-style-type: none"> On room air and on oxygen, oxygen saturation should be recorded at rest and after exercise (advise approximate distance walked test). The lowest oxygen saturation should be 88% or less, and: <ul style="list-style-type: none"> Applicants must show at least a 4% improvement in oxygen saturation with oxygen. <p>Or</p> <ul style="list-style-type: none"> An improvement of 20% in distance walked with oxygen. <ul style="list-style-type: none"> Details of the exercise test should be recorded on the application form. Oximetry measurements are not required for subsequent annual reapplications. <p>Special circumstances or high risk applicants should be discussed with the MASS Clinical Advisor.</p>
Respiratory - Nocturnal hypoxaemia	<ul style="list-style-type: none"> All measurements are to be taken on room air and at rest, if safe for the applicant. Measurements are not required for subsequent annual reapplications. A statement regarding the percentage of the sleep period with desaturation to 88% or less is required. <p>For initial application only:</p> <ul style="list-style-type: none"> Applicants applying under the nocturnal hypoxaemia category must provide arterial blood gas measurements on room air at rest, in order to identify applicants with hypercapnia.

Condition	Clinical Justification
	<ul style="list-style-type: none"> • Applicants should also undertake the following clinical procedures to demonstrate nocturnal hypoxaemia by oximetry: <ul style="list-style-type: none"> – Demonstrated oxygen desaturation during sleep of SaO₂ 88% or less for greater than one third of the sleep period. Or <ul style="list-style-type: none"> – Desaturation to 88% or less in the presence of hypoxia related sequelae. • In remote areas, when arterial blood gas estimations are unavailable, nocturnal oximetry measurements only are required for the initial application.
Respiratory – Life threatening asthma	<ul style="list-style-type: none"> • Arterial blood gas estimations or oximetry measurements are not required for the supply of domiciliary oxygen for adults with a history of episodes of life threatening asthma associated with rapid deterioration. • Details of the condition requiring oxygen must be provided on the application form for the initial application, the first (four month) reapplication and subsequent annual reapplications. • A letter from the prescribing Thoracic Physician must be provided with application.
Cardiac	<p>Domiciliary oxygen and equipment may be provided for adults with pulmonary arterial hypertension. Demonstrated oxygen desaturation on oximetry or arterial blood gases (at rest, on exercise or nocturnal) with SaO₂ less than 90% or PaO₂ less than 60mmHg is required.</p> <p>Domiciliary oxygen and equipment may be provided for adults without the need for blood gas estimations or oximetry measurements in the following circumstances:</p> <ul style="list-style-type: none"> • Severe intractable angina - when nothing further can be offered in the way of drug therapy, angioplasty, stenting or coronary artery surgery. • Recurrent episodic acute pulmonary oedema or severe chronic cardiac failure when no further drug treatment or surgical interventions are possible or while waiting for heart transplant. <p>Other cardiac conditions (e.g. congenital heart disease) should be discussed with the MASS Clinical Advisor regarding eligibility.</p>
Neurological	<p>MASS will consider subsidising domiciliary oxygen in rare circumstances for neurological conditions. These conditions must be discussed with the MASS Clinical Advisor before completing the application form.</p> <ul style="list-style-type: none"> • Generally, measurements are not required for the supply of domiciliary oxygen for adults with neurological conditions. • Applicants with neurological conditions associated with hypoxaemia must apply under one of the hypoxaemia categories above. • Details of the condition requiring oxygen must be provided on the application form for the initial application, the first (four month) reapplication and subsequent annual reapplications.

Condition	Clinical Justification
Other	MASS may consider, on an individual basis, subsidising domiciliary oxygen for other conditions. These conditions must be discussed with the MASS Clinical Advisor before completing the application form. MASS will only accept applications when prescribed by relevant specialist physicians. Details of the condition requiring oxygen must be provided on the application form for the initial application, the first (four month) reapplication and subsequent annual reapplications.

Children

Condition	Clinical Justification
Respiratory - Hypoxaemia	<p>Babies/infants who require continuous or nocturnal oxygen should have serial oximetry assessments with oxygen baseline saturation less than 95% or repeated desaturations less than 90%.</p> <p>If possible, all measurements should be on room air. However, for some infants/children with severe disease who are already on oxygen, this may not be possible. This must be indicated on the application form.</p>
Respiratory - Life threatening asthma/Croup	If intermittent oxygen therapy is required for recurrent life threatening asthma or croup associated with rapid deterioration, oximetry measurements are not required. Details of the condition requiring oxygen must be provided on the application form for the initial application and subsequent reapplications.
Cardiac	<p>Oxygen and equipment may be provided for children with cardiac conditions. Details of the condition requiring oxygen must be provided on the application form for the initial application and subsequent reapplications.</p> <p>For applicants with cyanotic congenital heart disease, in addition to details of the condition (as above), documentation of a positive response to oxygen therapy is required either by saturation on oximetry or arterial blood gas estimation, on the initial application only.</p>
Neurological	MASS will consider subsidising oxygen in rare circumstances for neurological conditions. Generally, measurements are not required for the supply of oxygen for children with neurological conditions. Details of the condition requiring oxygen must be provided on the application form for the initial application and subsequent reapplications.
Other	MASS may consider, on an individual basis, subsidising oxygen and equipment for other conditions. These conditions must be discussed with the MASS Clinical Advisor before completing the application form. MASS will only accept applications and reapplications when prescribed by relevant specialist physicians. Details of the condition requiring oxygen must be provided on the application form for the initial application and subsequent reapplications.

Application Type, Timing and Forms

If appropriate forms are not received, payment for ongoing oxygen beyond the MASS approved funding periods will become the responsibility of the applicant.

Adult

Type	Timing	Forms
Initial application		
First reapplication	Four (4) month – application must be received two (2) weeks prior to the cessation date of the initial application	MASS 45
Subsequent ongoing application	Annual - application must be received two (2) weeks prior to the cessation date of each subsequent 12 month funding period	MASS 46

Children

Type	Timing	Forms
Initial application		
First reapplication	0–under 16 years: Six (6) month - application must be received 2 weeks prior to the cessation date of the initial application	MASS 47
Subsequent ongoing application	Under six (6) years: Six (6) month - application must be received 2 weeks prior to the cessation date of each subsequent six (6) month funding period Six (6)–under 16 years: Annual - application must be received 2 weeks prior to the cessation date of each subsequent 12 month funding period	

Eligible Prescribers

Adult

Condition	Initial application and first reapplication	Annual reapplication
Respiratory • Chronic hypoxaemia	<ul style="list-style-type: none"> • Thoracic Physician • Specialist Physician • Oncologist 	<ul style="list-style-type: none"> • Thoracic Physician • Specialist Physician • Oncologist

Condition	Initial application and first reapplication	Annual reapplication
<ul style="list-style-type: none"> • Hypoxaemia with exercise • Nocturnal hypoxaemia • Terminal malignancy 	<ul style="list-style-type: none"> • Palliative Care Physician • Respiratory Nurse Practitioner • General Practitioner (with designated specialist endorsement) in remote areas 	<ul style="list-style-type: none"> • Palliative Care Physician • Respiratory Nurse Practitioner • General Practitioner
Life threatening asthma	<ul style="list-style-type: none"> • Thoracic Physician • Specialist Physician in remote areas 	<ul style="list-style-type: none"> • Thoracic Physician • Specialist Physician • General Practitioner
Cardiac	<ul style="list-style-type: none"> • Cardiologist • Specialist Physician • General Practitioner (with designated specialist endorsement) in remote areas 	<ul style="list-style-type: none"> • Cardiologist • Specialist Physician • General Practitioner
Neurology	<ul style="list-style-type: none"> • Neurologist • Specialist Physician 	<ul style="list-style-type: none"> • Neurologist • Specialist Physician • General Practitioner
Other	<ul style="list-style-type: none"> • Thoracic Physician • Specialist Physician 	<ul style="list-style-type: none"> • Thoracic Physician • Specialist Physician • General Practitioner

Children

Condition	Initial application and first reapplication	Subsequent reapplication
Respiratory	<ul style="list-style-type: none"> • Paediatric Thoracic Physician • Neonatologist • Paediatrician (with endorsement of Paediatric Thoracic Physician) 	<ul style="list-style-type: none"> • Paediatric Thoracic Physician • Neonatologist • Paediatrician
Life threatening asthma	<ul style="list-style-type: none"> • Cardiologist • Paediatric Thoracic Physician • Paediatrician (with designated specialist endorsement) 	<ul style="list-style-type: none"> • Cardiologist • Paediatric Thoracic Physician • Paediatrician • General Practitioner (with designated specialist endorsement) in remote areas
Cardiac	<ul style="list-style-type: none"> • Cardiologist • Paediatric Thoracic Physician • Paediatrician (with designated specialist endorsement) 	<ul style="list-style-type: none"> • Cardiologist • Paediatric Thoracic Physician • Paediatrician

Condition	Initial application and first reapplication	Subsequent reapplication
		<ul style="list-style-type: none"> General Practitioner (with designated specialist endorsement) in remote areas
Neurology	<ul style="list-style-type: none"> Neurologist Paediatrician (with designated specialist endorsement) in remote areas 	<ul style="list-style-type: none"> Neurologist Paediatrician General Practitioner (with designated specialist endorsement) in remote areas
Other	<ul style="list-style-type: none"> Paediatric Thoracic Physician Relevant Specialist Physician 	<ul style="list-style-type: none"> Relevant Specialist Physician

Oxygen Equipment Provided

Refer to the [MASS Oxygen Product Package List](#) for details on particular oxygen packages subsidy funded through MASS.

Applicant	Equipment	Will be provided
Adult	1 x oxygen concentrator	As primary mode of oxygen delivery within the home environment.
	4 x 'E' size cylinders per month	If 240 volt power is not available. The prescriber should discuss oxygen requirements with the MASS Clinical Advisor.
	2 x concentrators or a high flow concentrator	When flow rates over five litres per minute are prescribed.
	Portable oxygen cylinders	<p>Portable oxygen is only provided in a limited capacity to applicants:</p> <ul style="list-style-type: none"> On the cardio-thoracic transplantation program of The Prince Charles Hospital. With a concentrator who require backup oxygen for use in the event of a power failure (see Emergency back up cylinders below). Who require oxygen only during exercise or have life threatening asthma. Eligible applicants will require endorsement from a prescribing medical specialist to apply for portable oxygen cylinders through MASS. <p>MASS does not subsidise adult portable oxygen when its use is primarily for community access.</p>

Applicant	Equipment	Will be provided
	Nasal Cannulae/ Masks	1 x nasal cannula and/or mask per calendar month
Child	'E' size cylinders or Paediatric concentrator	With low flow meter and small filled portable cylinders.
	Portable oxygen cylinders	Portable oxygen is provided to eligible children.
	Nasal Cannulae/ Masks	4 x nasal cannulae per calendar month
All	Emergency back up cylinders	<p>1 x filled 'E' or three filled 'CL' or 'C' size oxygen cylinders per three months, if required, for use in the event of a power failure for applicants using an oxygen concentrator if:</p> <ul style="list-style-type: none"> • Life threatening situation in the event of a power failure. • Dependence on oxygen twenty-four hours per day. <p>Other reasons should be discussed with the MASS Clinical Advisor before completing the application form.</p> <p>MASS will not ordinarily approve backup cylinders for clients applying to MASS under the Hypoxaemia with Exercise or Nocturnal Hypoxaemia categories, unless client has a resting oximetry reading on room air of 85% or less.</p>
	Tubing	2 x supplies of standard length tubing.
	Swivel Connectors for concentrator	2 x swivel connectors.
	Trolleys	1 x cylinder trolley for applicants who require 'E' or 'CL' size cylinders.
	Carry bags	1 x carry bag for applicants who require 'C' size cylinders.
	Restraints	1 x cylinder restraint for applicants who are supplied with multiple 'E' or 'CL' size cylinders.
	Crates	1 x crate for applicants who are supplied with multiple 'C' size cylinders.

Special considerations

General

- Request falls outside eligibility criteria above.
- Situation is rare/unique.
- High clinical need.
- Exceptional circumstances – socio-economic and/or geographic.

Portable oxygen

- Applicant must already be in receipt of MASS subsidised oxygen.
- Needed for medical reasons only (e.g. visiting specialist, hospital).
- Transport to medical appointment by ambulance not available.

Requirements/process

- Written request to MASS Clinical Advisor with relevant details and justification.
- Clinical decision made in consultation with other specialists.
- Director of MASS to make final decision.
- Prescriber and applicant notified in writing.

Follow up requirements

The prescriber must ensure that the applicant is referred to appropriate domiciliary nursing services such as local community health centres for ongoing management/monitoring. This includes:

- A post delivery check to ensure the equipment provided and its usage meet the prescription and the applicant/carer is able to operate, care and use the oxygen equipment appropriately and safely in the home.
- An annual visit (minimum) by a community health or domiciliary nursing agency to assess their oxygen management, confirm that they are complying with their oxygen prescription and refresh their knowledge regarding safety aspects.

Safety

General

The prescriber or the prescribing agency must ensure, in consultation with the oxygen supplier and visiting domiciliary nursing or community health service, that the applicant/carer is adequately instructed in the safe handling and use of oxygen and oxygen equipment.

As a minimum, the prescriber or prescribing agency must advise the applicant/carer of the following:

- To follow the prescription (flow rate and duration of use).
- To use only equipment prescribed.
- To observe safety precautions when using oxygen and equipment, including the tubing and nasal cannula, not to smoke or allow others to smoke near the oxygen equipment.
- Not to have any source of heat or flames (e.g. matches, open fires, gas stoves, vacuum cleaners) near the oxygen equipment.
- Not to use oil or grease on or near the oxygen equipment.
- Not to attempt to repair or modify or use any sealants on the oxygen equipment.
- To secure cylinders to prevent them falling, to avoid damage to the equipment or injury to a person.
- To promptly report any problems with the oxygen equipment to the supplier.
- Before transporting large oxygen cylinders or concentrators outside the home environment, to obtain verbal and written instructions from the supplier for the safe transport of the oxygen equipment.
- Before powering a concentrator with a generator, obtain instructions and advice from the oxygen supplier (concentrator users).
- To develop emergency plans for use in the event of an electricity power failure (concentrator users).

Oxygen and smoking

Smoking near an oxygen supply presents an extreme safety risk. For the safety of our clients and others, MASS will not subsidise oxygen to applicants who are current smokers. MASS expects prescribers to encourage applicants to quit smoking prior to making application to MASS.

Power failure and emergency plan

MASS concentrator users are encouraged, with assistance from their medical practitioner and relatives/carers/neighbours, to develop a personalised emergency plan to use in the event of a power failure. MASS has available on its website a [MASS 48 Power Failure Emergency Plan](#) which can assist oxygen concentrator users to develop their own plan. A copy of the [MASS 48 form](#) is sent to all new users of MASS subsidised oxygen concentrators. The emergency plan should be attached to the oxygen concentrator at all times.

Oxygen compliance

MASS will identify any applicant who is not complying with the prescribed hourly usage. On notification from MASS, the prescriber or community health/domiciliary nursing agency should follow up with the applicant/carer to ensure the applicant is receiving the optimum benefit from home oxygen therapy by complying with the oxygen prescription.

Travelling with oxygen

General

- Oxygen concentrators or cylinders must be stored appropriately and safely outside the home environment.
- Clients must contact their MASS oxygen supplier and transport/flight companies prior to travelling with oxygen for verbal and written instructions on safe transport of oxygen equipment.
- Oxygen concentrators can be taken in a car, bus, train or aircraft. They should be appropriately secured in the vehicle and remain upright.
- MASS oxygen clients should pre-plan with local suppliers at their travel destination.

Medical travel

- Reason for travel must be for medical purposes only (to be confirmed in writing by the treating medical specialist). It is not intended for recreational or any other purposes.
- Travel must be within Australia.
- Client must be away from normal place of residence for a minimum of two days.
- Approved assistance is for a maximum of one week. An extension may be granted with a specific request in writing from the treating medical specialist.
- Oxygen will only be delivered to temporary travel address.
- Request must be received at MASS at least five working days prior to travel (MASS will not reimburse clients for retrospective travel).
- Contact MASS for further information relating to medical travel.

Return of aids and equipment

When a person no longer requires their oxygen package, MASS must be advised in writing from a health professional detailing the circumstance as to why the oxygen package is no longer required. Following receipt of the written advice, MASS will coordinate with the commercial supplier the collection of the equipment.

Consumer information

[‘Handbook for Home Oxygen Therapy’](#) for all applicants

- Power Failure Emergency Plan
- Department of Communities, Child Safety and Disability Services, Electricity Life Support Concession
- Smoking Alert

Many of these resources can be obtained from the MASS website:

health.qld.gov.au/mass/prescribe/oxygen