



Home-Based Noninvasive Positive Pressure Ventilation to Treat Chronic Respiratory Failure Due to Chronic Obstructive Pulmonary Disease

Related Change Request (CR) Information	
Number: 14177 Revised	Release Date: January 30, 2026
Effective Date: June 9, 2025	Implementation Date: October 22, 2025
Transmittal Numbers: R13374CP , R13374NCD , R13611CP & R13611NCD	
Title: Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)	

What's Changed?

We revised this article to remove HCPCS code E0465 and the ICD-10 diagnosis codes; Medicare Administrative Contractors will manage all ICD-10 diagnosis codes locally. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (page 2).

Affected Providers

- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for DMEPOS

Action Needed

Make sure your billing staff knows about these updates, effective June 9, 2025, including updated Medicare coverage guidance for:

- Respiratory assistance devices (RADs)
- Home mechanical ventilators (HMs)

Key Updates

Effective for services performed on or after June 9, 2025, CMS has determined that evidence is sufficient to cover RADs, with or without a backup rate feature, and to cover HMs, in the home, to deliver noninvasive ventilation (NIV) to treat patients with chronic respiratory failure (CRF) due to chronic obstructive pulmonary disease (COPD). See the [National Coverage Determinations \(NCDs\) Manual, Chapter 1, Part 4](#), section 240.9 for the complete coverage criteria.

RAD & HMV Billing Information

To bill for RADs, use 1 of these HCPCS codes:

- E0470
- E0471

To bill for HMs, use 1 of these HCPCS codes:

- E0466
- E0467
- E0468

Always use the KX modifier when billing claims using E0470 and E0471. **MACs manage all national ICD-10 diagnosis codes locally.**

Note: For multifunction ventilators (E0467 and E0468), a patient would need to meet the ventilator criteria plus the criteria for 1 of the other functions for coverage. See details in the [Medicare Claims Processing Manual, Chapter 32](#), section 413.

CR 14177 contains no coding or billing instructions for masks and additional mask-related supplies. While the NCD covers a mask at night and a different mask during the day, existing DME rules, coding, and billing instructions apply.

Note: Contractors won't search for claims processed on or after June 9, 2025, for RAD and HMV, but they'll adjust any claims you bring to their attention.

Background

RADs with bi-level capability, with or without a backup rate feature, are devices that use a non-invasive interface (mask) to deliver a higher level of airway pressure when the patient inhales compared to when they exhale. A backup rate feature enables the device to provide a prespecified respiratory rate if the patient's spontaneous respiratory rate decreases below a set number.

HMVs deliver a predetermined amount of air with each breath and typically have more monitoring, safety, alarm, and backup power features (such as batteries) than RADs.

More Information

We issued these transmittals to your MAC as the official instructions for this change:

- R13374CP
- R13374NCD
- **R13611CP** adds section 413 to Medicare Claims Processing Manual, Chapter 32
- **R13611NCD** adds section 240.9 to the Medicare NCD Manual, Chapter 1, Part 4

For more information, find your [MAC's website](#).

Document History

Date of Change	Description
February 4, 2026	We revised this article to remove HCPCS code E0465 and the ICD-10 diagnosis codes; MACs will manage all ICD-10 diagnosis codes locally. We also updated the CR release date, transmittal numbers, and transmittal links. Substantive content changes are in dark red (page 2).
November 5, 2025	We revised this article to remove the coverage criteria summary and link to the Medicare National Coverage Determination Manual instead.
August 25, 2025	Initial article released.

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