

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13611	Date: January 30, 2026
	Change Request 14177

**Transmittal 13374 issued August 21, 2025, is being rescinded and replaced by Transmittal 13611, dated January 30, 2026, to remove HCPCS code E0465 and ICD-10 diagnosis coding from the Claims Processing instructions and adding minor technical edits to the Pub 100-03 manual. This correction also updates the background and policy sections of both Pub. 100-03 and 100-04 and revises Business Requirement (BR) 14177 - 04.1 and removes BRs 14177 - 04.3 and 14177 - 04.4. All other information remains the same.**

**SUBJECT: Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to inform contractors that effective June 9, 2025, contractors shall pay claims for Respiratory Assist Device (RADs) with or without a backup rate feature and Home Mechanical Ventilators (HMVs), in the home, as treatment for patients with Chronic Respiratory Failure (CRF) consequent to Chronic Obstructive Pulmonary Disease (COPD).

**EFFECTIVE DATE: June 9, 2025**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: October 22, 2025**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N	32/413/Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)
N	32/413/413.1/Coverage
N	32/413/413.2/Claims Processing Instructions

### **III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically

authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

Pub. 100-04	Transmittal: 13611	Date: January 30, 2026	Change Request: 14177
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**SUBJECT:** Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)

**EFFECTIVE DATE:** June 9, 2025

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**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to inform contractors that effective June 9, 2025, contractors shall pay claims for Respiratory Assist Device (RADs) with or without a backup rate feature and Home Mechanical Ventilators (HMVs), in the home, as treatment for patients with Chronic Respiratory Failure (CRF) consequent to Chronic Obstructive Pulmonary Disease (COPD).

## II. GENERAL INFORMATION

**A. 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 than when the patient exhales. 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.

An HMV delivers a predetermined amount of air with each breath and typically has more monitoring, safety, alarm and backup power features (batteries) than a RAD.

**B. Policy:** Effective for services performed on or after June 9, 2025, the Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to cover RADs, with or without a backup rate feature and HMVs, in the home, to deliver Noninvasive Ventilation (NIV) as treatment for patients with CRF consequent to COPD as long as certain patient criteria is met.

Note: This CR does not contain coding and billing instructions for masks.

## III. BUSINESS REQUIREMENTS TABLE

*"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.*

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14177 - 04.1	Effective for claims with dates of service on and after June 9, 2025, contractors shall pay claims for RADs with or				X					

Number	Requirement	Responsibility							
		A/B MAC			DME MAC	Shared-System Maintainers			
		A	B	HHH		FISS	MCS	VMS	CWF
	<p>without a backup rate feature (Healthcare Common Procedure Coding System (HCPCS) codes E0470 and E0471 with KX modifier and HMVs (HCPCS) codes E0466, E0467, or E0468) in the home, as treatment for patients with CRF consequent to COPD under the conditions and criteria outlined in Pub. 100-03, Medicare NCD Manual, Chapter 1, Section 240.9.</p> <p>Note: All national ICD-10 diagnosis codes shall be managed locally by the MACs.</p> <p>Note: For the multifunction ventilators (E0467 and E0468), a beneficiary would need to meet the ventilator criteria plus the criteria for one of the other functions for coverage.</p>								
14177 - 04.2	Contractors shall be aware of claims processing instructions in Pub. 100-04, Medicare Claims Processing Manual, Chapter 32, Section 413				X				
14177 - 04.3	This business requirement has been deleted.				X				
14177 - 04.4	This business requirement has been deleted.				X				
14177 - 04.5	Contractors shall not search for claims processed on or after June 9, 2025, for RAD and HMV, but shall adjust any claims brought to their attention as needed.				X				

#### IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately

track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

**Impacted Contractors:**

**V. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements:** N/A

*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**Section B: All other recommendations and supporting information:** N/A

**VI. CONTACTS**

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VII. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 0**

# Medicare Claims Processing Manual

## Chapter 32 – Billing Requirements for Special Services

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**(Rev. 13611; Issued: 01-30-26)**

### **Transmittals for Chapter 32**

**413- Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)**

*413.1 - Coverage*

*413.2 - Claims Processing Instructions*

## **413 –Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)**

**(Rev. 13611; Issued: 01-30-26; Effective: 06-09-25; Implementation: 10-22-25)**

*Respiratory Assist Devices (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 than when the patient exhales. 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.*

*A home mechanical ventilator (HMV) delivers a predetermined amount of air with each breath and typically has more monitoring, safety, alarm and backup power features (batteries) than a RAD.*

### **413.1 Coverage**

**(Rev. 13611; Issued: 01-30-26; Effective: 06-09-25; Implementation: 10-22-25)**

*Effective for services performed on or after June 9, 2025, the Centers for Medicare & Medicaid Services (CMS) has determined that the evidence is sufficient to cover RADs, with or without a backup rate feature and HMVs, in the home, to deliver high intensity noninvasive ventilation (NIV) as treatment for patients with chronic respiratory failure (CRF) consequent to chronic obstructive pulmonary disease (COPD) as long as certain patient criteria is met.*

*Note: This CR does not contain coding and billing instructions for masks.*

*Please refer to the National Coverage Determinations Manual (Publication, 100-03, Section 240.9 for coverage criteria, frequency, and more information.*

### **413.2 Claims Processing Instructions**

**(Rev. 13611; Issued: 01-30-26; Effective: 06-09-25; Implementation: 10-22-25)**

*Effective for claims with dates of service on and after June 9, 2025, contractors shall pay claims for RADs with or without a backup rate feature and HMVs, in the home, as treatment for patients with CRF consequent to COPD under the conditions and coverage criteria outlined in Pub. 100-03, Medicare NCD Manual, Chapter 1, Section 240.9.*

#### **RAD:**

*Contractors shall allow NIPPV claims submitted with HCPCS code E0470 or E0471 with KX modifier.*

***NOTE: All national ICD-10 diagnosis codes shall be managed locally by the MACs.***

#### **HMV:**

*Contractors shall allow NIPPV claims submitted with HCPCS code E0466, E0467, or E0468.*

*For the multifunction ventilators (E0467 and E0468), a beneficiary would need to meet the ventilator criteria plus the criteria for one of the other functions for coverage.*

**NOTE:** *All national ICD-10 diagnosis codes shall be managed locally by the MACs.*

*Patients must be evaluated at least twice within the first year after initially receiving a RAD or HMV. Evaluations must occur by the end of the six-month initial coverage period and again during months 7-12.*