

National Coverage Determination (NCD)

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

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## Tracking Information

**Publication Number**

100-3

**Manual Section Number**

240.9

**Manual Section Title**

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

**Version Number**

1

**Effective Date of this Version**

06/09/2025

**Implementation Date**

10/22/2025

## Description Information

**Benefit Category**

Durable Medical Equipment

**Please Note:** This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

## Item/Service Description

### **A. General**

*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 on certain RADs enables the device to provide a prespecified respiratory rate if the patient's spontaneous respiratory rate decreases below a set number.*

*Compared with RADs, home mechanical ventilators (HMs) typically have additional ventilatory modes, monitoring, ventilator control, and safety, alarm, and backup power features (batteries).*

## Indications and Limitations of Coverage

### **B. Nationally Covered Indications**

#### **I. Respiratory Assist Devices (RADs)**

##### **(a) Initial Coverage Criteria**

###### **(i) RAD with Backup Rate Feature**

*The Centers for Medicare & Medicaid Services (CMS) will cover in the home a RAD with backup rate feature to deliver high intensity noninvasive ventilation (NIV) as treatment for patients with chronic respiratory failure (CRF) consequent to chronic obstructive pulmonary disease (COPD). A RAD with backup rate feature is covered in the home for an initial 6-month period for patients with COPD when **all the following** criteria are met:*

- The patient exhibits persistent hypercapnia as demonstrated by  $\text{PaCO}_2 \geq 52$  mmHg by arterial blood gas during awake hours while breathing his/her prescribed  $\text{FiO}_2$ ; **and***
- Sleep apnea is not the predominant cause of the hypercapnia (Formal sleep testing is not required if, per the treating clinician, the patient does not experience sleep apnea as the predominant cause of hypercapnia.); **and***
- The patient demonstrates **one of the following** characteristics:*
  - Stable COPD, without increase in or new onset of more than one respiratory symptom (cough, sputum production, sputum purulence, wheezing, or dyspnea) lasting 2 or more days and no change of pharmacological treatment during the 2-week period before initiation of NIV, **or***

- *Hypercapnia present for at least 2 weeks post hospitalization after resolution of an exacerbation of COPD requiring acute NIV.*

*By the end of the initial 6-month period, a RAD with backup rate feature must be utilized as high intensity therapy, defined as a minimum IPAP  $\geq 15$  cm H<sub>2</sub>O and backup respiratory rate of at least 14 breaths per minute.*

*(ii) RAD without Backup Rate Feature*

*CMS will cover in the home a RAD without backup rate feature for a patient with CRF consequent to COPD who cannot tolerate high intensity NIV or for whom the backup rate feature is otherwise medically inappropriate. A RAD without backup rate feature is covered in the home for an initial 6-month period for patients with COPD when **all of the following** criteria are met:*

- *The patient exhibits hypercapnia as demonstrated by PaCO<sub>2</sub>  $\geq 52$  mmHg by arterial blood gas during awake hours while breathing his/her prescribed FiO<sub>2</sub>; **and***
- *Sleep apnea is not the predominant cause of the hypercapnia; (Formal sleep testing is not required if, per the treating clinician, the patient does not experience sleep apnea as the predominant cause of hypercapnia).*

*(iii) RAD Upon Hospital Discharge*

*CMS will cover in the home a RAD with or without backup rate feature immediately upon hospital discharge for an initial 6-month period for patients with acute on chronic respiratory failure due to COPD, if the patient required either a RAD or ventilator within the 24-hour period prior to hospital discharge and the treating clinician determines that the patient is at risk of rapid symptom exacerbation or rise in PaCO<sub>2</sub> after discharge.*

*(b) Continuing Usage Criteria for a RAD*

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

*First evaluation:*

*By 6 months after receiving initial coverage of a RAD, the treating clinician must establish that usage criteria and clinical outcomes are being met. Specifically, the patient must be determined by a clinician to use the RAD at least 4 hours per 24-hour period, on at least 70% of days in a 30-day period and achieve **at least one** the following clinical outcomes:*

- *Normalization (< 46 mmHg) of PaCO<sub>2</sub>, or*
- *Stabilization of a rising PaCO<sub>2</sub>, or*
- *20% reduction in PaCO<sub>2</sub> from baseline value, or*

- *Improvement of **at least one** of the following patient symptoms associated with chronic hypercapnia:*
  - *headache*
  - *fatigue*
  - *shortness of breath*
  - *confusion*
  - *sleep quality*

*Second evaluation:*

*Between 7-12 months after initially receiving a RAD, the treating clinician must establish the patient is using the device at least 4 hours per 24-hour period on at least 70% of days in each paid rental month.*

*Post second evaluation:*

*The patient must be using the device at least 4 hours per 24-hour period on at least 70% of days in each remaining paid rental month and any month in which accessories/supplies are dispensed.*

## *II. Home Mechanical Ventilators*

### *(a) Initial Coverage Criteria*

*CMS will cover a home mechanical ventilator (HMV) used in a volume targeted mode as treatment for a patient with chronic respiratory failure (CRF) consequent to chronic obstructive pulmonary disease (COPD) who exhibits certain clinical characteristics.*

*(i) An HMV is covered for an initial 6-month period for patients with COPD when **all of the following** criteria are met:*

- *The patient exhibits hypercapnia as demonstrated by  $PaCO_2 \geq 52$  mmHg by arterial blood gas during awake hours while breathing his/her prescribed  $FiO_2$ ; **and***
- *Sleep apnea is not the predominant cause of the hypercapnia (Formal sleep testing is not required if, per the treating clinician, the patient does not experience sleep apnea as the predominant cause of hypercapnia.); **and***
- *The patient demonstrates **at least one** of the following characteristics:*
  - *Requires oxygen therapy at an  $FiO_2 \geq 36\%$  or  $\geq 4L$  nasally, **or***
  - *Requires ventilatory support for more than 8 hours per 24-hour period, **or***
  - *Requires the alarms and internal battery of a HMV, because the patient is unable to effectively breathe on their own for more than a few hours and the unrecognized interruption of ventilatory support is likely to cause a life-threatening*

*condition if the patient or cannot be otherwise alerted as determined by the treating clinician, or*

- *Per the treating clinician, none of the below are likely to be achieved with consistent use of a RAD with backup rate feature for at least 4 hours per 24-hour period on at least 70% of days because the patient's needs exceed the capabilities of a RAD as justified by the patient's medical condition:*
- *Normalization (< 46 mmHg) of PaCO<sub>2</sub>, or*
- *Stabilization of a rising PaCO<sub>2</sub>, or*
- *20% reduction in PaCO<sub>2</sub> from baseline value, or*
- *Improvement of **at least one** of the following patient symptoms associated with chronic hypercapnia:*
  - *headache*
  - *fatigue*
  - *shortness of breath*
  - *confusion*
  - *sleep quality*

#### *(ii) Home Mechanical Ventilator Use Upon Hospital Discharge*

*CMS will cover in the home an HMV used in a volume targeted mode immediately upon hospital discharge for an initial 6-month period for patients with acute on chronic respiratory failure due to COPD if the patient's needs exceeded the capabilities of a RAD (with or without backup rate feature) and required usage of a ventilator within the 24-hour period prior to hospital discharge and the treating clinician determines that the patient is at risk of rapid symptom exacerbation or rise in PaCO<sub>2</sub> after discharge.*

#### *b) Continuing Usage Criteria for an HMV*

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

##### *First evaluation:*

*By 6 months after receiving initial coverage of an HMV, the treating clinician must establish that usage criteria are being met. The patient must be determined by a clinician to use the HMV at least 4 hours per 24-hour period, on at least 70% of days in a 30-day period.*

##### *Second Evaluation:*

*Between 7-12 months after initially receiving an HMV, the treating clinician must establish the patient is using the device at least 4 hours per 24-hour period on at least 70% of days in each paid rental month.*

*Post second evaluation:*

*The patient must be using the device at least 4 hours per 24-hour period on 70% of days in each paid rental month.*

*(c)Masks for HMVs*

*For patients who use an HMV in a volume targeted mode: 1) for greater than 8 hours in any 24-hour period; and 2) use an or onasal mask at night, a different interface (e.g., mouthpiece ventilation or nasal mask) is covered for daytime hours. Note, coverage of such supplies does not exclude coverage of additional supplies necessary for the effective use of the HMV.*

**C. Nationally Non-Covered Indications**

N/A

**D. Other**

*Medicare Administrative Contractors (MACs) may make reasonable and necessary determinations under section 1862(a)(1)(A) of the Social Security Act for any patient seeking initial coverage or continued coverage for RADs or HMVs used as treatment of chronic respiratory failure consequent to COPD.*

*Additionally, CMS will make conforming changes in Section 280.1 (Durable Medical Equipment List) of the National Coverage Determinations (NCD) Manual to add a cross reference to the new NCD section 240.9 (NIPPV in the Home for the Treatment of CRF Consequent to COPD).*

*(This NCD last reviewed June 2025.)*

**Claims Processing Instructions**

TN 13374 (Medicare Claims Processing) [↗](#)

TN 13611 (Medicare Claims Processing) [↗](#)

## Transmittal Information

**Transmittal Number**

13374

**Coverage Transmittal Link**

<https://www.cms.gov/files/document/r13374NCD.pdf> [↗](#)

### Revision History

01/2026 - 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. ([TN 13611](#)) (CR14177)

08/2025 - 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 (HMs), in the home, as treatment for patients with Chronic Respiratory Failure (CRF) consequent to Chronic Obstructive Pulmonary Disease (COPD). ([TN 13374](#)) (CR14177)


## National Coverage Analyses (NCAs)

This NCD has been or is currently being reviewed under the National Coverage Determination process. The following are existing associations with NCAs, from the National Coverage Analyses database.

- [Original Consideration for Noninvasive Positive Pressure Ventilation \(NIPPV\) in the Home for the Treatment of Chronic Respiratory Failure consequent to COPD \(CAG-00465N\)](#)

## Additional Information

### Other Versions

Title	Version	Effective Between	
Noninvasive Positive Pressure Ventilation (NIPPV) in the Home for the Treatment of Chronic Respiratory Failure (CRF) Consequent to Chronic Obstructive Pulmonary Disease (COPD)	1	06/09/2025 - N/A	You are here