

## Medical Policy



### Air Cleaner/Purifier

#### Description

A device that cleans air from dust pollens and allergens.

#### Policy

An Air Cleaner (purifier) is not reasonable and necessary as it is environmental control equipment and not primarily medical in nature. Equipment that is used primarily and customarily for a non-medical purpose is not considered medical equipment, even if such equipment has a medically related use.

#### HCPCS Level II Codes and Description

E1399 Durable medical equipment, miscellaneous.

#### Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

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Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

#### References

1. Centers for Medicare and Medicaid Services, National Coverage Determination Manual. 280.1 Durable Medical Equipment Reference List. [NCD - Durable Medical Equipment Reference List \(280.1\)](#)  
Last accessed and reviewed 11-5-25.
2. Centers for Medicare and Medicaid Services, Medicare Coverage Database, National Coverage Documents; November 2017.

#### Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	
01		Annual Review - no changes	Susan Glomb	Ken Fasse	12-2008	
02	12-04-09	Annual Review-no changes	Susan Glomb	Ken Fasse	Dec.09	
03	11-16-10	Annual Review. No changes	Susan Glomb	Ken Fasse		
04	07-19-11	Added Important Notes section to policy	Susan Glomb	Dr. Almasri		
05	11-7-11	Annual Review. Added References to Policy.	Susan Glomb	Dr. Almasri	Nov. 2011	
06	11-26-12	Annual Review. No changes.	Susan Glomb	Dr. Almasri	Nov. 2012	

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07	12-11-13	Annual review. No changes	Susan Glomb	Dr. Almasri		
08	11-20-14	Annual Review. No changes	Susan Glomb	Dr. Almasri		
09	10-27-15	Annual Review. Added 'environmental control equipment' language.	Lisa Wojno	Dr. Almasri	October 2015	
10	11-14-16	Annual Review. No Changes.	Lisa Wojno	Dr. Almasri	November 2016	
11	11-10-17	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2017	
12	11-09-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2018	
13	11-01-19	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2019	November 2019
14	11-02-20	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	November 2, 2020	November 2, 2020
15	11-1-21	Annual Review. Removed URAC reference.	Carol Dimech	Dr. C. Lerchin	November 1, 2021	November 1, 2021
16	11-8-21	Added NCD, LCD verbiage to "Important Note".	Carol Dimech	Dr. C. Lerchin	November 8, 2021	
17	11-2-2022	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2, 2022	
18	11-1-2023	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 1, 2023	November 1, 2023
19	11-4-24	Annual review. References section edited to reflect current NCD link.	Carol Dimech	Dr. C. Lerchin	November 4, 2024	November 4, 2024
20	11-3-25	Annual Review. Updated CMS reference link.	Lisa Wojno	Dr. C. Lerchin	November 3, 2025	November 3, 2025