



PROVIDER POLICIES & PROCEDURES

NON-PNEUMATIC COMPRESSION DEVICES (NPCDS) AND GARMENTS

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for non-pneumatic compression devices (NPCDs) and garments. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Non-pneumatic compression devices (NPCDs) including the Venowave VW5 device apply compression using shape-memory alloy actuators within a garment sleeve controlled by a battery-operated device. The garment contracts and relaxes, mimicking the action of muscle contractions. Unlike pneumatic compression devices, these devices allow the individual to be mobile during use and do not limit mobility. They are indicated primarily for the treatment of lymphedema but have also been indicated for the treatment of venous insufficiency.

HUSKY Health uses InterQual® criteria when reviewing prior authorization requests for coverage of pneumatic compression devices and garments.

HUSKY Health uses the [Compression Garments Policy](#) when reviewing prior authorization requests for compression garments in which InterQual® criteria are not available.

HUSKY Health uses the [Burn Garments Policy](#) when reviewing prior authorization requests for burn garments in which InterQual® criteria are not available.

CLINICAL GUIDELINE

Coverage guidelines for NPCDs and garments will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines only. Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

The use of NPCDs and garments, including the Venowave VW5 device, is considered **investigational and therefore not medically necessary** for the treatment of any condition, including, but not limited to, lymphedema, venous thromboembolism (VTE), and post-thrombotic syndrome (PTS) or other chronic venous insufficiencies as there is insufficient evidence in peer-reviewed, published medical literature supporting safety and clinical efficacy.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a

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screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE

Prior authorization for NPCDs and garments is required. Requests for coverage is reviewed in accordance with procedures in place for reviewing requests for durable medical equipment. Coverage determinations are based upon a review of requested and/or submitted case specific information.

EFFECTIVE DATE

This Clinical Guideline is effective for prior authorization requests for NPCDs and garments for individuals covered under the HUSKY A, B, C, and D programs on or after February 01, 2026.

LIMITATIONS

N/A

CODES

Codes Reviewed Using Policy:

Code	Description
E0677	Non-pneumatic sequential compression garment trunk
E0678	Non-pneumatic sequential compression garment full leg
E0679	Non-pneumatic sequential compression garment half leg
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure
E0681	Non-pneumatic compression controller without calibrated gradient pressure
E0682	Non-pneumatic sequential compression garment full arm
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump

DEFINITIONS

- HUSKY A:** Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
- HUSKY B:** Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
- HUSKY C:** Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
- HUSKY D:** Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
- HUSKY Health Program:** The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
- HUSKY Limited Benefit Program or HUSKY, LBP:** Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.

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7. **Medically Necessary or Medical Necessity:** (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. prescription.
8. **Prior authorization:** A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

- American Academy of Orthopaedic Surgeons (AAOS). Preventing Venous Thromboembolic Disease in Patients Undergoing Elective Hip and Knee Arthroplasty. 2011. Available at URL address: https://www.aaos.org/globalassets/quality-andpractice/resources/vte/vte_full_guideline_10.31.16.pdf
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- Executive Committee of the International Society of Lymphology. The diagnosis and treatment of peripheral lymphedema: 2020 Consensus Document of the International Society of Lymphology. *Lymphology.* 2020;53(1):3-19.
- Falck-Ytter Y, Francis CW, Johanson NA, et al. Prevention of VTE in orthopedic surgery patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest.* 2012;141(2 Suppl):e278S-e325S. doi:10.1378/chest.11-2404
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- Pneumatic Compression Devices. Cms.gov. Published 2002. Accessed August 26, 2025.

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- Rao A, Berland T, Mullick A, Maldonado TS, Blumberg SN. A novel non-pneumatic compression device results in reduced foot and ankle swelling in patients with venous and lymphatic edema. *Vascular*. Published online December 4, 2024. doi:10.1177/17085381241305898
- Rockson SG, Karaca-Mandic P, Nguyen M, Shadduck K, Gingerich P, Campione E, Hettrick H. A non-randomized, open-label study of the safety and effectiveness of a novel nonpneumatic compression device (NPCD) for lower limb lymphedema. *Sci Rep*. 2022b Aug 17;12(1):14005.
- Rockson SG, Karaca-Mandic P, Skoracki R, Hock K, Nguyen M, Shadduck K, Gingerich P, Campione E, Leifer A, Armer J. Clinical Evaluation of a Novel Wearable Compression Technology in the Treatment of Lymphedema, an Open-Label Controlled Study. *Lymphat Res Biol*. 2022a Apr;20(2):125-132.
- Rockson SG, Skoracki R. Effectiveness of a Nonpneumatic Active Compression Device in Older Adults with Breast Cancer-Related Lymphedema: A Subanalysis of a Randomized Crossover Trial. *Lymphat Res Biol*. 2023 Dec;21(6):581-584.
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PUBLICATION HISTORY

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