OHCA Guideline

Medical Procedure Class:	**Alarm for Primary Nocturnal Enuresis**
Initial Implementation Date:	12/23/2015
Last Review Date:	2/21/2025
Effective Date:	3/1/2025
Next Review/Revision Date:	March 2028

* This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

☐ New Criteria ☒ Revision of Existing Criteria

Summary

Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.

Definitions

Enuresis (nocturnal enuresis) – intermittent urinary incontinence during sleep in a child at least five years of age.

Primary enuresis – refers to children who have never achieved six months of continuously dry nights.

Secondary enuresis – refers to children who previously attained at least six months of nighttime dryness but who have relapsed.

Description

Approximately 5% to 10% of all seven-year-olds have enuresis, and an estimated 5 to 7 million children in the US are affected. The pathophysiology of primary nocturnal enuresis involves the inability to awaken from sleep in response to a full bladder, coupled with excessive nighttime urine production or a decreased functional capacity of the bladder. Treatment of primary mono-symptomatic enuresis (i.e., the only symptom is nocturnal bed-wetting in a child who has never been dry) begins with counseling the child and parents on effective behavioral modifications. First-line treatments for enuresis include bed alarm therapy and Desmopressin. The choice of therapy is based on the child's age and nighttime voiding patterns, and the desires of the child and family.

Bedwetting alarms have a special sensor that detects moisture in a child's pajamas or training pants. It triggers a bell or buzzer to go off with wetness. The child wakes with the alarm and tries to get up to go to the bathroom before having an accident. The alarm works by conditioning a child to wake when it's time to urinate. This is behavioral-type therapy that is known to be very successful.

CPT Codes Covered Requiring Prior Authorization (PA)

S8270 – Enuresis alarm, using auditory buzzer and/or vibration device.

Approval Criteria

An enuresis alarm may be considered medically necessary when **ALL** of the following conditions have been met:

1. The child is between 7-20 years of age; **AND**
2. The child has primary nocturnal enuresis (PNE) and is consistently continent during the day; **AND**

3. The child has experienced a bedwetting episode at least two times a week for at least one month. This should be clearly documented in the patient's medical record; **AND**
4. The child has been thoroughly examined by a physician or other qualified healthcare professional and other causes of nocturnal enuresis have been ruled out (e.g., renal disease, neurologic disease, infection, etc.). The physical exam should pay special attention to the abdomen and the genitalia, and a thorough neurologic examination of the lower body should be done. The workup for other causes of PNE should be clearly documented in the patient's medical record. At a minimum, a urinalysis and urine culture should be done and the results noted in the patient's chart. Other tests may be indicated depending on the patient's history and physical exam; **AND**
5. Documentation supports simple behavioral modification techniques such as awakening the child to void at times usually associated with bedwetting, positive reinforcement for desired behavior (including star or sticker charts for rewarding periods of continence), bladder training, and/or minimizing liquids and caffeine intake prior to bedtime have been tried and failed.

References

1. Oklahoma Health Care Authority, Policies and Rules, OAC 317:30-3-1 and 30-5-210.2
2. Urology Care Foundation; Urological Conditions – Nocturnal Enuresis; https://www.urologyhealth.org/urologic-conditions/nocturnal-enuresis-(bedwetting)
3. Kalyanakrishnan Ramakrishnan, "Evaluation and Treatment of Enuresis"; American Family Physician, Volume 78, Number 4, August 15, 2008.
4. Drew C. Baird MD and Robert Atchinson MD, "Effectiveness of Alarm Therapy in the Treatment of Nocturnal Enuresis in Children"; American Family Physician, Volume 103, Number 1, January 1, 2021.