

## Medical Policy



### Bedwetting Alarm for Nocturnal Enuresis

#### Description

Enuresis is defined as the repeated voiding of urine into the bed or clothes at least twice a week for at least three consecutive months in a child who is at least seven years of age. A child is also considered to be enuretic if the frequency or duration is less but there is associated distress or functional impairment.

Types of enuresis include:

- Nocturnal enuresis (NE) refers to voiding during sleep.
- Diurnal enuresis defines wetting while awake.
- Primary enuresis occurs in children who have never been consistently dry through the night.
- Secondary enuresis refers to the resumption of wetting after at least six months of dryness.

Bed-wetting alarms (S8270) are used to treat members who frequently wet their beds. The alarm wakes the member when they first start to urinate, which in turn helps to train the child to wake **before** they start to urinate. Along with the alarm, the parents/caregiver may frequently wake the child to empty their bladder and may restrict fluids before bedtime. Using a bed-wetting alarm can be a very effective treatment with cooperative and motivated families.

#### Policy

##### For Non-Medicare Members

Enuresis alarms are referred to Northwood Case Review for coverage determination.

##### For Medicare Members

A bed wetting alarm (S8270) for nocturnal enuresis is not covered under Medicare guidelines.

#### Policy Guidelines

Coverage Criteria:

A bedwetting alarm is considered medically necessary for the treatment of primary nocturnal enuresis when all of the following criteria are met:

- a. The alarm is prescribed by a treating health care professional; and
- b. The member is 7 years of age or older; and
- c. The member has experienced bedwetting a minimum of 3 nights a week in the previous month, or at least 1 wetting episode weekly for 1 year; and

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- d. The member has no daytime wetting; and
- e. The member has been examined by a physician, and physical or organic causes for nocturnal enuresis (e.g., renal disease, neurological disease, infection, etc.) have been ruled out.

#### **Inclusionary Guidelines:**

In order to increase the chance of success at eliminating nocturnal enuresis, the following criteria must be met:

- Traditional behavioral methods and/or motivation therapy have proven unsuccessful after a six-month period.

#### **Exclusions:**

- The use of a bedwetting alarm is considered experimental and investigational when all the aforementioned criteria are not met.
- There is no coverage provided for any diagnosis other than primary nocturnal enuresis because it is considered experimental, investigational or unproven.

#### **HCPCS Level II Codes and Description**

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

#### **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.

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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.

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. Sellinger VJ. Nocturnal enuresis in children. Lippincott Prim Care Pract. 1997; 1 (4); 399-407.
2. Thiedke CC. Nocturnal enuresis. American Family Physician. 2003 April; 67(7); 1499-1506.
3. American Academy of Child and Adolescent Psychiatry. Practive Parameter for the Assessment and Treatment of Children and Adolescents with Enuresis. J Am Acad. Child Adolesc Psychiatry 2004 Dec; 43; 1540-1550.
4. Aetna: Nocturnal Enuresis Treatments.  
[http://www.aetna.com/cpb/medical/data/400\\_499/0431.html](http://www.aetna.com/cpb/medical/data/400_499/0431.html) Last accessed 11-1-23.
5. Geisinger Health Plan: Nocturnal Enuresis Alarm.

### Change/Authorization History

| Revision Number | Date     | Description of Change                        | Prepared / Reviewed by | Approved by      | Review Date: | Effective Date: |
|-----------------|----------|--|------------------------|------------------|--------------|-----------------|
| A               | 02-14-11 | Initial Release                              | Susan Glomb            | Kenneth G. Fasse |              |                 |
| 01              | 07-20-11 | Added Important Note to all Medical Policies | Susan Glomb            | Kenneth G. Fasse |              |                 |

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|----|----------|--|--------------|----------------|-------------------|------------------|
| 02 | 11-7-11  | Annual Review. Added References to Policy  | Susan Glomb  | Dr. B. Almasri | November 2011     |                  |
| 03 | 04-03-12 | Added reference to NH Medicaid   | Susan Glomb  | Dr. B. Almasri |                   |                  |
| 04 | 11-27-12 | Annual Review. No changes  | Susan Glomb  | Dr. B. Almasri |                   |                  |
| 05 | 12-18-13 | Annual review. No changes  | Susan Glomb  | Dr. B. Almasri |                   |                  |
| 06 | 11-24-14 | Annual Review. No changes  | Susan Glomb  | Dr. B. Almasri |                   |                  |
| 07 | 10-26-15 | Annual Review. Updated policy to reflect current medical criteria guidelines and policies. | Lisa Wojno   | Dr. B. Almasri | October 2015      |                  |
| 08 | 11-14-16 | Annual Review. No Changes.   | Lisa Wojno   | Dr. B. Almasri | November 2016     |                  |
| 09 | 11-10-17 | Annual Review. No Changes.   | Carol Dimech | Dr. C. Lerchin | November 2017     |                  |
| 10 | 11-09-18 | Annual Review. Updated policy to clarify these items are not covered under Medicare.       | Lisa Wojno   | Dr. C. Lerchin | November 2018     |                  |
| 11 | 11-01-19 | Annual Review. No Changes.   | Lisa Wojno   | Dr. C. Lerchin | November 2019     | 11-2019          |
| 12 | 11-05-20 | Annual Review. No Changes.   | Carol Dimech | Dr. C. Lerchin | November 5, 2020  | November 5, 2020 |
| 13 | 11-5-21  | Annual review. No changes.   | Carol Dimech | Dr. C. Lerchin | November 5, 2021  |                  |
| 14 | 11-12-21 | Added NCD, LCD verbiage to “Important Note”.   | Carol Dimech | Dr. C. Lerchin | November 12, 2021 |                  |
| 15 | 11-02-22 | Annual Review. No Changes.   | Lisa Wojno   | Dr. C. Lerchin | November 2, 2022  |                  |
| 16 | 11-01-23 | Annual Review. No Changes.   | Carol Dimech | Dr. C. Lerchin | 11-1-23           | 11-1-23          |