

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. Practice 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 Last accessed 11-5-25.
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
17	11-4-24	Annual Review. No Changes.	Carol Dimech	Dr. C. Lerchin	11-4-24	11-4-24

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18	11-5-25	Annual review. No changes.	Lisa Wojno	Dr. C. Lerchin	11-5-25	11-5-25
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