

ENURESIS THERAPY

Effective Date: February 21, 2024

Review Dates: 9/96, 12/99, 12/01, 3/02, 3/03, 3/04,
3/05, 2/06, 2/07, 2/08, 2/09, 2/10, 2/11, 2/12, 2/13,
2/14, 2/15, 2/16, 2/17, 2/18, 2/19, 2/20, 2/21, 2/22,
2/23, 2/24, 2/25

Date Of Origin: September 1, 1996

Status: Current

I. POLICY/CRITERIA

1. Coverage for enuresis therapy is limited to the following:
 - a. Medical evaluation to rule out organic disease.
 - b. Enuresis alarm/urine alarm (Covered at the DME benefit level; see Durable Medical Equipment policy #91110 and DME reference document).
 - c. Prescription drugs. Covered at the prescription drug copay.
2. The following are non-covered services:
 - a. Enuresis programs which include counseling, home care, and equipment.
 - b. Personal or household items (e.g., diapers, bedding).

Medicaid Members: Services for enuresis, other than testing, are not a covered benefit. Please refer to the MDHHS [Medicaid Provider Manual](#) for coverage of supplies.

II. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the [Priority Health Provider Manual](#).

III. APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*

- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Enuresis is urinary incontinence during sleep in a child five years or older. Incontinence (urinary incontinence) means uncontrollable leakage of urine. It can be continuous or intermittent (Neveus, 2006). Urinary incontinence is a common problem in children. Conditions such as constipation, obstructive sleep apnea, diabetes mellitus, diabetes insipidus, chronic kidney disease, and psychiatric disorders are associated with enuresis. In children aged ≥ 5 years, enuresis is considered abnormal (Vande Walle, 2012). The evaluation of the child is done to determine whether the child has bowel and bladder dysfunction, or enuresis is the result of an underlying medical problem. The International Children's Continence Society (ICCS) does not recommend blood tests, radiology, or urodynamic assessment in the absence of certain warning signs (i.e., voiding difficulties, excessive thirst). Active therapy is recommended from the age of 6 years (Neveus, 2020).

For children with without any other lower urinary tract symptoms and without a history of bladder dysfunction also known as monosymptomatic nocturnal enuresis, there are two established first-line therapies: enuresis alarms and desmopressin (a synthetic vasopressin analog). Enuresis alarms have a Level 1, Grade A ICI recommendation. The alarm is triggered when a sensor in the sheets or night clothes becomes wet, setting off an auditory signal causing the child to wake, cease voiding, and arise to void. The alarm should be worn every night. If there is no sign of progress after 6 weeks therapy should be stopped. If there is progress (smaller wet spot, occasional dry nights) then therapy should be continued until 14 consecutive dry nights have been achieved. Desmopressin is a synthetic analog of arginine vasopressin, the naturally occurring antidiuretic hormone. One of its major actions is to reduce the volume of urine produced overnight to within normal limits.

Desmopressin has a Level 1, Grade A recommendation from the International Consultation on Incontinence (ICI) (Neveus, 2020).

V. CODING INFORMATION

ICD-10 Codes that may apply:

N39.44 Nocturnal enuresis

F98.0 Enuresis not due to a substance or known physiological condition

CPT/HCPCS Codes:

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

(Not covered for Priority Health Medicare or Priority Health Medicaid)

VI. REFERENCE

1. Austin PF, Bauer SB, Bower W, Chase J, Franco I, Hoebeke P, Rittig S, Walle JV, von Gontard A, Wright A, Yang SS, Nevéus T. The standardization of terminology of lower urinary tract function in children and adolescents: Update report from the standardization committee of the International Children's Continence Society. *Neurourol Urodyn*. 2016 Apr;35(4):471-81. PMID: 25772695.
2. Baird DC, Seehusen DA, Bode DV. Enuresis in children: a case based approach. *Am Fam Physician*. 2014 Oct 15;90(8):560-8. PMID: 25369644.
3. Nevéus T, Fonseca E, Franco I, Kawauchi A, Kovacevic L, Nieuwhof-Leppink A, Raes A, Tekgül S, Yang SS, Rittig S. Management and treatment of nocturnal enuresis-an updated standardization document from the International Children's Continence Society. *J Pediatr Urol*. 2020 Feb;16(1):10-19. Epub 2020 Jan 30. PMID: 32278657.
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5. Nevéus T. Nocturnal enuresis-theoretic background and practical guidelines. *Pediatr Nephrol*. 2011;26(8):1207–1214.
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