

NO. 91418-R6

ENURESIS THERAPY

Effective date: 03/01/2026

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This policy addresses the evaluation and treatment of nocturnal enuresis in pediatric patients, specifically covering medically necessary interventions and identifying non-covered services.

Related policies:

- Durable Medical Equipment # 91110

Summary of Changes-R6

Additions:

- New Medical/Professional Society Guidelines section
- New Policy Scope Section
- New Government Regulations section listing applicable CMS NCDs or LCDs
- New FDA/Regulatory section
- Added additional non-covered services

Changes:

- Updated alarm therapy treatment time to latest literature

Clarifications:

- Added updated references
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I. MEDICAL NECESSITY CRITERIA

A. Coverage for enuresis therapy is limited to the following:

1. Medical evaluation to rule out organic disease
2. Enuresis alarm/urine alarm (Covered at the DME benefit level; see Durable Medical Equipment Policy # 91110)
3. Prescription drugs (Covered at the prescription drug co-pay).

B. The following are non-covered services:

1. Enuresis programs which include counseling, home care, and equipment.
2. Personal or household items (e.g., Diapers, bedding).
3. Electrical stimulation therapy (e.g., TENS, PTNS)
4. Acupuncture (e.g., Laser acupuncture (LAT))
5. Tuina (Massage) therapy
6. Artificial Intelligence (AI) wearable devices
7. Hypnotherapy
8. Psychotherapy
9. Chiropractic treatment

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the [CMS Online Manual System \(IOMs\)](#) and Transmittals.

For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to [CMS Medicare Coverage Database](#).

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare [Coverage Database website](#) for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
None Identified	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None Identified
First Coast Service Options, Inc.	None Identified
National Government Services, Inc.	None Identified
Noridian Healthcare Solutions	None Identified
Novitas Solutions, Inc.	None Identified
Palmetto GBA	None Identified
WPS Insurance Corporation	None Identified

III. BACKGROUND

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 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 International Consultation on Incontinence (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. Alarm therapy should continue for at least three months if early improvement is seen (e.g., smaller wet patches, fewer alarms, later alarm activation, or fewer wet nights). Treatment should not stop until the child achieves 14 consecutive dry nights, which typically takes 12–16 weeks (range: 5–24 weeks). After a three-month trial, therapy should continue if the child shows progress (more dry nights per week than baseline), even if 14 consecutive dry nights have not yet been reached.

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). The anti-enuretic effect is immediate. The response to desmopressin should be completed within 1-2 weeks. Treatment should continue for three months if signs of improvement are noted. If effective, families may use it nightly or for special occasions. If used daily, it is recommended that medication be held for one week every three months to reassess the need for the medication. If stopping the medication, the dose should be tapered

According to the European Association of Urology (EAU) Paediatric Urology Guidelines (2025), recommended first-line interventions for nocturnal enuresis (NE) include supportive measures, use of wetting alarms, and pharmacologic therapy. They conclude that evidence from systematic reviews and randomized controlled trials (RCTs) suggests potential benefits of electrical neural stimulation; however, the overall quality of studies is low and results are inconsistent. A 2022 Cochrane review found weak evidence supporting complementary interventions such as hypnosis, psychotherapy, acupuncture, chiropractic, and medicinal herbs for nocturnal enuresis in children. Reported benefits were based on single small trials with questionable methodological rigor. Robust randomized trials assessing efficacy, cost-effectiveness, and adverse effects are needed (Huang T, Shu X, Huang YS, et al.). A 2020 Cochrane review concluded that, due to very low-quality evidence, there is uncertainty regarding differences in effectiveness between alarm interventions and other approaches such as cognitive behavioral therapy, psychotherapy, hypnotherapy, or restricted diet. Further high-quality trials are needed to clarify comparative efficacy (Caldwell PHY, Codarini M, Stewart F, et al.).

Wang and colleagues (2025) reported that newer therapeutic interventions including mirabegron and neuromodulation (e.g., TENS, PTNS) have shown success, although the literature supporting these interventions is limited.

A systematic review and meta-analysis of RCTs evaluating parasacral transcutaneous electrical nerve stimulation (PTENS) in children with nocturnal enuresis found no clear benefit compared to controls. Subgroup analysis demonstrated no advantage for PTENS in monosymptomatic nocturnal enuresis. Study limitations included small sample sizes and the use of prior or concomitant therapies. Additional high-quality research is needed to determine efficacy (Toale J, Kelly G, Hajduk P, et al., 2022).

A 2024 RCT evaluated laser acupuncture (LA) combined with desmopressin versus desmopressin alone in adolescent females with monosymptomatic NE. The intervention group showed statistically significant improvements in bladder capacity and maximum voiding volume compared to controls. Despite these findings, overall evidence quality remains low; further studies are needed (Botla AM, Mustafa JH, Abd-Elmonem AM, et al.).

A 2022 systematic review and meta-analysis of 12 randomized controlled trials (n = 1,007) found that Tuina significantly improved the total effective rate of enuresis in children compared to non-Tuina traditional Chinese medicine (TCM) treatments. Subgroup analyses indicated Tuina combined with acupuncture or herbal medicine was more effective than either therapy alone. No adverse effects were reported. Despite promising results, limitations include methodological quality and short follow-up; additional high-quality trials are needed to confirm efficacy and safety (Tong C, He Q, Ho M, et al.).

A 2025 review described an innovative wearable medical device designed to monitor bladder fullness and trigger alarms at the pre-void stage to prevent nocturnal enuresis episodes. The device integrates miniaturized mechatronics with AI for real-time bladder expansion detection and predictive feedback. Early evidence suggests improved bladder control through adaptive learning and customization based on individual patterns. While initial results are promising, further research and clinical trials are needed to confirm long-term efficacy, usability, and safety (Cammisa I, Zona M, Ferrara P).

A 2023 study introduced a customizable, wearable medical device (MyPAD) using miniaturized mechatronics and artificial intelligence to monitor bladder fullness and trigger alarms at the pre-void stage. Validation using phantom models and volunteers demonstrated high accuracy (Se = 99%, Sp = 99.5%, overall accuracy = 99.3%) through advanced algorithms (Bi-LSTM-RNN and reinforcement learning). Early evidence suggests MyPAD may outperform traditional post-void alarm systems by promoting bladder control and reducing nocturnal enuresis episodes. However, findings are based on pre-clinical research; further clinical trials are required to confirm efficacy and safety (Kuru K, Ansell D, Hughes D, et al.).

A 2024 study evaluated NEcare, an AI-powered wearable system for in-home monitoring of nocturnal enuresis using sensors to track bladder volume, heart rate, and movement. Validation included in-hospital studies with 30 pediatric patients and in-home studies with 4 NE patients. Algorithms achieved up to 71% accuracy for predicting NE episodes in real-world settings. While feasibility was demonstrated, further research with larger populations is needed to confirm effectiveness and clinical utility (Lee S, Moon J, Lee YS, et al.).

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
International Children's Continence Society (ICCS)	Management and treatment of nocturnal enuresis—an updated standardization document from the International Children's Continence Society - Journal of Pediatric Urology
American Academy of Pediatrics; European Society for Paediatric Urology; European Society for Paediatric Nephrology; International Children's Continence Society.	Practical consensus guidelines for the management of enuresis - PMC
European Association of Urology (EAU) Paediatric Urology Guidelines	EAU-Guidelines-on-Paediatric-Urology-2025.pdf
American Academy of Pediatrics	Enuresis (Chapter 249) American Academy of Pediatrics Textbook of Pediatric Care Pediatric Care Online American Academy of Pediatrics
American Academy of Family Physicians	enuresis-children.pdf

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See [U.S. Food & Drug Administration \(FDA\) Medical Device Databases](#) for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date
None	None	None

VI. CODING

ICD-10 Codes that may support medical necessity

- 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

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, 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, refer to the [Priority Health Provider Manual](#).

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the 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); 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](#). If there is a discrepancy between this policy and the [Michigan Medicaid Provider Manual](#), the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

General

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Other Complementary Treatments (medical hypnotherapy, hypnosis, psychotherapy, chiropractic care)

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Past review dates: 09/1996, 12/1999, 12/2001, 03/2002, 03/2003, 03/2004, 03/2005, 02/2006, 02/2007, 02/2008, 02/2009, 02/2010, 02/2011, 02/2012, 02/2013, 02/2014, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019, 02/2020, 02/2021, 02/2022, 02/2023, 02/2024, 02/2025, 02/2026

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