



BEDWETTING ALARMS FOR NOCTURNAL ENURESIS

Policy number: 200901-0003

Original effective date: 01/2001

Revision date: 01/26/2009

Overview

Nocturnal enuresis, or nighttime bedwetting, can be divided into primary nocturnal enuresis and secondary nocturnal enuresis. Nocturnal enuresis is considered primary when the child has never had nighttime bladder control. If the child has experienced a minimum 6-month period of continence before the onset of bedwetting, nocturnal enuresis is considered secondary.¹

Primary enuresis is generally viewed as a delay in maturation of the nervous system. The fundamental problem faced by children with primary nocturnal enuresis is in the inability while asleep to recognize neurologic messages sent by the full bladder to the sleep arousal centers of the brain. Heredity plays a roll in primary bedwetting. If one parent had nocturnal enuresis, the child has a 45% chance of a developing primary enuresis as well.

The cure for primary nocturnal enuresis is the passage of time. However, many parents and children are appropriately frustrated with bedwetting as it starts to interfere with self-esteem or social events (for example, sleepovers). A step-by-step approach to overcoming primary nocturnal enuresis has a successful outcome in the majority of children. First-line treatment options include restricting fluid intake before bedtime and waking the child up 1 to 2 hours after he/she falls asleep to urinate.

If the child is not able to stay dry after an adequate trial of first-line treatment, and is well motivated, conditioning through the use of a bedwetting alarm may be helpful. Bedwetting alarms provide feedback to enhance bladder sensation and overcome sleep arousal difficulties. Bedwetting alarms tend to be most successful for children who have some dry nights.

Definitions

Nocturnal enuresis – the involuntary passage of urine (urinary incontinence) while asleep. Inherent in the definition of nighttime bedwetting is satisfactory bladder control while the person is awake.

Policy

¹ Secondary nocturnal enuresis usually resolves when the underlying cause of bedwetting has been treated. Secondary nocturnal enuresis may be caused by urinary tract infections, metabolic disorders, external pressure on the bladder, as well as neurologic and behavioral disorders.



FCHP covers bedwetting alarms when ordered by a plan provider and all the following criteria are met:

1. The plan member is 5 years of age or older and has achieved bladder control during the waking hours.
2. Other causes of enuresis such as urinary tract infection, anatomic abnormalities and psychological stressors have been ruled out and the plan member has been diagnosed with primary nocturnal enuresis.
3. The plan member has failed an adequate trial of first-line treatment and is well motivated.

Bedwetting alarms are covered under the durable medical equipment benefit subject to the DME/prosthetics and orthotics benefit limit.

Bedwetting alarms are commercially available (cost approximately \$80 to \$100). The plan member may purchase a bedwetting alarm and submit proof of payment, such as a credit card receipt or cancelled check, along with an itemized invoice to:

Claims Department
Fallon Community Health Plan
P. O. Box 15121
Worcester, MA 01615-0121.

Requests for reimbursement must be submitted within 1 year from the date of purchase.

Codes

Codes	Number	Description
HCPCS	S8270	Enuresis alarm, using auditory buzzer and/or vibration device

Copyright © 2009 American Medical Association, Chicago, IL

Products to Which This Policy Applies

- ⊕ FCHP Direct & Select Care
- ⊕ Fallon Preferred Care (PPO)
- ⊕ Major Medical
- ⊕ MassHealth
- ⊕ Companion Care
- ⊕ Commonwealth Care
- ⊕ Fallon Senior Plan™

References

1. Centers for Medicare & Medicaid Services. CMS Manual System Publication 100-04 Medicare Claims Processing. Transmittal 564. Issued May 20, 2005.



2. American Academy of Pediatrics. Bed-Wetting and School-Age Children. © 2000 American Academy of Pediatrics. Available at: <http://www.medem.com/medlib/print/ZZZU7BQW8FC>.
3. American Academy of Pediatrics. Bed-Wetting. © 2000 American Academy of Pediatrics. Available at: <http://www.medem.com/medlib/print/ZZZ30FMNH4C>.
4. eMedicine. Robson WL. Enuresis. Updated December 7, 2007. Available at: <http://medicine.medscape.com/article/1014762>.
5. Cutting DA, Pallant JF, Cutting FM. Nocturnal Enuresis: Application of Evidence-Based Medicine in Community Practice. *J Paediatr Child Health*. 2007 Mar;43(3):167-72.
6. Lottmann HB, Alova I. Primary Monosymptomatic Nocturnal Enuresis in Children and Adolescents. *Int J Clin Pract Suppl*. 2007 Sep;(155):8-16.

Committee review dates:

Benefits Committee: 02/01

Technology Assessment Subcommittee: 01/26/2009

Technology Assessment Committee: 01/01, 06/10/2009

IMPORTANT NOTE:

Not all services are covered for all products or employer groups. This medical policy expresses FCHP's determination of whether certain services or supplies are medically necessary, experimental or investigational or cosmetic. FCHP has reached these conclusions based upon the regulatory status of the technology and a review of clinical studies published in peer-reviewed medical literature. Even though this policy may indicate that a particular service or supply is considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. Members and their providers need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and the plan of benefits, the provisions of the benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this medical policy.