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The Department of Vermont Health Access Clinical Criteria

Subject: Nocturnal Enuresis Alarm
Last Review: January 31, 2022
Past Revisions: July 22, 2020, July 11, 2017, December 28, 2016, January 2, 2015, September 9, 2013, January 4, 2012, and 2004

***Please note: Most current content changes will be highlighted in yellow.**

Description of Service or Procedure

Nocturnal enuresis can occur in individuals despite being toilet trained. The cause of nocturnal enuresis can be attributed to a variety of reasons including constipation, hormones, small functional bladder capacity, failure to awaken during sleep, diabetes, genetic predisposition, stress, and psychological distress. Certain coexisting conditions may also exacerbate the condition, including obesity, attention deficit disorders, and obstructive airway disease.

- Nocturnal enuresis: the involuntary release of urine during sleep.
- Monosymptomatic nocturnal enuresis: enuresis in children who do not have other urinary tract symptoms such as daytime enuresis, urinary pain or urgency, bladder dysfunction, increased frequency.
- Primary nocturnal enuresis: the condition where the individual has never achieved dry nights.
- Secondary nocturnal enuresis: the condition where the individual had achieved consistent dry nights for 6 months but has resumed nocturnal enuresis.

A nocturnal enuresis alarm is a type of behavioral conditioning device used to treat enuresis. The alarm may be wearable, or it may be a pad that is positioned above the bedsheet. When the alarm sensor becomes wet it emits an auditory and/or tactile sensation. The beneficiary then hears and/or feels the alarm, which alerts them to get out of bed and use the toilet. Gradually, the beneficiary learns to respond to the sensation of a full bladder by awakening and using the toilet before the alarm goes off.

The device should be used as part of a comprehensive plan of care which includes treatment of any underlying medical conditions, instruction in proper sleep hygiene, positive behavioral supports, and a program of timed voiding/evening liquid intake control.

Spontaneous resolution is reported to occur in 15% of cases. However, there may be psychological consequences for not treating the condition.

In a systematic review and meta-analysis enuresis alarms are efficacious for well-motivated children and families who prefer not to utilize medications such as desmopressin or imipramine. A different meta-analysis reports benefits from combination medication and alarm treatment. A randomized controlled trial indicated that wearable alarms may be more effective than bed pad alarms.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule or Health Care Administrative Rules that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services

Coverage Position

A nocturnal enuresis alarm may be covered for beneficiaries:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of Professional Regulation's website*, Statute, or Rule who is knowledgeable regarding the use of nocturnal enuresis alarms, and who provides medical care to the beneficiary AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Coverage Criteria

A nocturnal enuresis alarm may be covered for beneficiaries who:

- Are at least six years of age; **AND**
- Have been evaluated by a medical provider who has excluded potential physical or organic causes of enuresis (for example, inadequate bladder storage capacity); **AND**
- Have a condition that is amenable to the use of an enuresis alarm **AND**
- Do not have a condition that should be treated by medication (such as urinary tract infection) **AND** Have documented evidence of conservative treatments including but not limited to: fluid control, avoiding intake of carbonated or caffeinated drinks before bedtime, keeping a bladder diary, urinalysis, pelvic muscle exercises, timed voiding, or the use of an alarm clock/alarm app for voiding; **AND**
- Have experienced nocturnal enuresis a minimum of three nights a week in the previous month, or at least one enuresis episode weekly for the last year; **AND**
- Have the cognitive ability to respond to the conditioning program; **AND**
- Will continue to be followed by their medical provider to ensure compliance to the conditioning program; **AND**

- Have been properly trained in the use of the alarm and/or whose caregiver has been trained to use the alarm and is motivated to support the beneficiary throughout the behavioral conditioning process. This includes initially rewarding for waking to the alarm rather than rewarding for dryness.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

- Repeat service or procedure is limited to the guidelines as noted above and when the device is no longer functional through normal wear and tear and are no longer covered by a warranty. (Please see the DVHA DME Restrictions list for the life expectancy of each device, located at: https://dvha.vermont.gov/forms-manuals/forms/prior-authorizations-tools-and-criteria/durable-medical-equipment) or

- For refractory nocturnal enuresis, additional investigation of the beneficiary's urodynamics may be indicated.

Type of service or procedure covered

Covered enuresis alarms include wearable moisture sensors or a bed pad. They include either a vibratory or audible alarm.

Type of service or procedure not covered (this list may not be all inclusive)

Enuresis alarms are not covered for a beneficiary who:

- Has a medical condition that does not allow response to continence training (for example, a lack of sensation in the bladder or urinary sphincter).
- Has a medical condition that should be treated with medication (for example, a urinary tract infection).
- Has psychological distress which has been determined to be the cause of the enuresis, unless the member is receiving concurrent psychological support.

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