

The Department of Vermont Health Access Clinical Criteria

Subject: Nocturnal Enuresis Alarm

Last Review: July 22, 2020*

Past Revisions: 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, or bedwetting, is the involuntary release of urine during sleep. Nocturnal enuresis can occur in individuals despite being toilet trained. The cause of bedwetting 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 emotional problems. **Certain coexisting conditions may also exacerbate the condition, including obesity, attention deficit disorders, and obstructive airway disease. Primary nocturnal enuresis describes the condition where the individual has never achieved dry nights; secondary nocturnal enuresis describes the condition where the individual has achieved consistent dry nights but has resumed bedwetting.**

A nocturnal enuresis alarm is a type of behavioral conditioning device used to treat bedwetting. The alarm is attached to an area of clothing, typically the underwear or pajamas. When the alarm sensor becomes wet it emits an auditory and/or tactile sensation in response to the wetting occurring. The wearer then hears and/or feels the alarm, which alerts the wearer to get out of bed and void (or urinate) into the toilet. Gradually, the wearer learns to respond to the sensation of a full bladder by awakening and voiding (or urinating) into the toilet before the alarm goes off.

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.

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

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

Medicaid Rules

- 7102.2 Prior Authorization Determination
- 7103 Medical Necessity

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 in their Vermont State Practice Act, 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.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) exception: 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.

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 bedwetting a minimum of three nights a week in the previous month, or at least one wetting 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 member throughout the behavioral conditioning process. This includes initially rewarding for waking to the alarm rather than rewarding for dryness.

Clinical criteria for repeat service or procedure

Repeat service or procedure is limited to the guidelines as noted above.

Type of service or procedure covered

Covered enuresis alarms include moisture sensors that are placed in the pajamas or are part of 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 (e.g. lack of sensation in the bladder or urinary sphincter).
- Has a medical condition that should be treated with medication (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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