

**ENURESIS THERAPY**

Effective Date: February 18, 2009

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

Date Of Origin: September 1, 1996

Status: Current

**I. POLICY/CRITERIA**

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.
3. Prescription drugs. Covered at the prescription drug copay.

The following are examples of non-covered services:

1. Enuresis “programs” which include counseling, home care, and equipment.
2. 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 *Incontinence Supplies for Medicaid Members medical policy #91502* for coverage of supplies.

**Special Notes:** *See Durable Medical Equipment policy  
See DME reference document*

**II. MEDICAL NECESSITY REVIEW**

Required       Not Required: DME rules apply       Not Applicable

**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); 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](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](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**

Specific services for the treatment of enuresis (i.e. nocturnal enuresis or bedwetting) are a covered benefit.

#### **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. REFERENCES**

**AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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*This document is for informational purposes only. 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. 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. 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.*

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