OKLAHOMA HEALTH CARE AUTHORITY
MEDICAL PROFESSIONAL SERVICES
PRIOR AUTHORIZATION GUIDELINES

K Gorton 12/23/15 — Medical Authorization Director Signature / Date

Sylvia Lopez MD 23 Dec 2015 — Physician Medical Director Signature / Date

SUBJECT: Alarm for Primary Nocturnal Enuresis

UPDATED: December 28, 2015

OBJECTIVE: To provide guidelines to assure medical necessity and consistency in the prior authorization process.

DISCLAIMER: This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.

DESCRIPTION: Primary Nocturnal Enuresis (PNE) is a condition that is commonly seen in children. It is defined as incontinence at night after a time when the child would normally be expected to achieve bladder control, usually by 5 or 6 years of age.

DOCUMENTATION REQUIREMENT:

Documentation submitted in order to request services or substantiate previously Provided services must demonstrate through adequate objective medical records, Evidence sufficient to justify the clients need for the service in accordance with OAC 317:30-3-1 (f) (2).

GUIDELINES FOR PRIOR AUTHORIZATION:

An enuresis alarm may be considered medically necessary when the following conditions have ALL been met:

1. The child is between 7-20 years of age.
2. The child has primary nocturnal enuresis and is consistently continent during the day.
3. The child has experienced a bedwetting episode at least once a week for a year or at least three times per week for at least one month. This should be clearly documented in the patient's medical record.
4. The child has been thoroughly examined by a physician or a physician extender and other causes of nocturnal enuresis have been ruled out (e.g., renal disease, neurologic disease, infection, etc.). The physical exam should pay special attention to the abdomen and the genitalia and a thorough neurologic examination of the lower body should be done. The workup for other causes of PNE should be clearly documented in the patient's medical record. At a minimum, a urinalysis and urine culture should be done and the results noted in the patient's chart. Other tests may be indicated depending on the patient's history and physical exam.
5. The patient and his family must be motivated to use the enuresis alarm. The alarm should be given several months to work before it is considered a failure.

Prior to the purchase of a bedwetting (enuresis) alarm for the member, a prior authorization request must be submitted with supporting documentation. The Medical Authorization Unit of the Oklahoma Health Care Authority will then evaluate for medical necessity and issue an approval or denial.

There is a limit of one enuresis alarm per lifetime of the member.

BACKGROUND

Nocturnal enuresis (bedwetting) is defined as the involuntary passage of urine during sleep after the age at which bladder control is normally anticipated. It is the most common voiding abnormality in children and is often accompanied by significant psychosocial issues for child and/or family.

Primary nocturnal enuresis (PNE) refers to the involuntary loss of urine during sleep in children who have never achieved a sustained period of dryness (usually not longer than 6 months). Secondary NE is enuresis that develops after a patient has achieved a sustained period of bladder control.

About 5% of 7 year olds have PNE and there is a spontaneous resolution rate of approximately 15% per year after the age of 5. At 15 years of age, only 1-2% of teenagers will still have PNE.

The cause of PNE is unclear but is generally not thought to be primarily psychological. It is a diagnosis of exclusion and probably multifactorial. The most accepted cause is maturational delay of the central nervous system which impairs the child's ability to inhibit bladder emptying at night.

Although the vast majority of patients with PNE are healthy, the initial evaluations should include ruling out anatomic abnormalities of the urinary tract, possible urine infections, and should include a thorough abdominal, genital, and neurologic examination.

Note: Additional information may be required after the initial review.

Sources of information:

1. Oklahoma Health Care Authority, Policies & rules, Chapter 30, Medicaid Providers Fee-For-Service, 317:30-3-1
2. Cendron, M. Primary Nocturnal Enuresis: Current Concepts. American Family Physician 1999; 1-9
3. American Academy of Pediatrics. How can I keep my child from wetting the bed? Copyright 2006, Published online.
4. Landgraf, JM, Abidari, J., Cilentro, Jr. G., Cooper, C., Shulman S., Ortenberg, J. Coping, Commitment, and Attitude: Quantifying the Everyday Burden of Enuresis on Children and Their Families. Pediatrics 2004: 113:334-344.
5. Hjalmas, K. Enuresis in Children: Brazilian Journal of Urology, 28(3): 232-249, May-June, 2002.
6. Thiedeke, C., Nocturnal Enuresis. American Academy of Family Practice April 2003; Vol. 67, number 7, 1499-1506.