

Nocturnal Enuresis Management

Adjudication Guideline

Rule Category:
Medical

Ref: No:
2012-MN-0002

Version Control:
Version No. 5.1

Effective Date:
01/07/2013

Revision Date:
16/10/2026

Approved by:
Daman

Responsible:
Medical Standards
& Governance

**Related Adjudication
Guidelines:**
N/A

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1. Abstract

1.1 For Members

- Nocturnal enuresis, commonly called bedwetting, is an involuntary urination during sleep in children aged 5 years or older, typically occurring at least twice weekly. Children develop nighttime bladder control at different ages, but most are dry at night by age 5.
- Treatment may be appropriate when bedwetting is frequent, persistent, distressing, or associated with daytime urinary symptoms. Management depends on the clinical presentation, safety considerations, and the preferences of the child and family.

1.2 For Medical Professionals

- Nocturnal enuresis (NE) is a common condition seen in children aged ≥ 5 years and is defined by the occurrence of intermittent incontinence during sleep, at least once a month for a minimum duration of 3 months. It may be classified as primary or secondary and as monosymptomatic or non-monosymptomatic, depending on previous nighttime dryness and the presence of daytime urinary symptoms.
- Classification of Nocturnal Enuresis:

Term	Definition
Primary nocturnal enuresis	Bedwetting in a child who has not achieved at least 6 consecutive months of nighttime dryness.
Secondary nocturnal enuresis	Bedwetting that recurs after at least 6 consecutive months of nighttime dryness; evaluation should consider acquired medical or psychosocial contributors.
Monosymptomatic nocturnal enuresis	Bedwetting without daytime lower urinary tract symptoms.
Non-monosymptomatic nocturnal enuresis	Bedwetting with daytime urgency, frequency, incontinence, abnormal voiding, or other lower urinary symptoms.

Management includes:

- Education, reassurance, and non-punitive behavioural measures.
- Healthy fluid intake and regular toileting, including voiding before sleep.
- Assessment and treatment of constipation.
- Enuresis alarms.
- Medications, particularly desmopressin, when clinically indicated.
- Imipramine only for selected refractory cases under specialist supervision.

Daman does not cover Bedwetting alarms for any plan administered by Daman. Medications for nocturnal enuresis are covered for children above the age of 5 years subject to medical justification.

2. Scope

The scope of this guideline is to focus on the treatment coverage for children aged 5 and above with nocturnal enuresis. Coverage of bedwetting alarms is subject to the member's applicable plan benefits. Pharmacologic treatment for nocturnal enuresis may be covered for children aged 5 years or older when clinically indicated, medically necessary, and supported by appropriate documentation.

3. Adjudication Policy

3.1 Eligibility / Coverage Criteria

Treatment Modality	Plan wise coverage
Behavioural and physical interventions	Will be covered as per policy benefit
Bedwetting Alarms	Not covered for any plans

Drug Name	Indications	Coverage
Desmopressin	Indicated in children above 5 years of age. Not indicated in children with daytime symptoms only.	Age below 5 years is not covered for all plans.
Anticholinergic (Oxybutynin)	Not indicated with daytime symptoms – Only in combination with Desmopressin Anticholinergic should not be combined with TCAs for the treatment of bedwetting in Children and young people.	Age above 5 years - Covered for All Plans.
Tricyclic Antidepressants: (Imipramine, Amitriptyline)	TCAs (Imipramine) should be considered if the patient has not responded to all other treatments.	TCAs should not be used as a first line treatment for bedwetting in children and young people.

3.2 Requirements for Coverage

ICD, CPT and drug codes must be coded to the highest level of specificity.

3.3 Non-Coverage

An enuresis alarm is considered a behavioural training device and is therefore not covered for any health insurance plan administered by Daman.

3.4 Payment and Coding Rules

Please apply Regulator payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

4. Denial Codes

Code	Code Description
AUTH-005	Claim information is inconsistent with pre-certified/authorized services
AUTH-001	Prior approval is required and was not obtained
CLAI-012	Submission not compliant with contractual agreement between provider and payer
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities
NCOV-003	Service(s) is (are) not covered
CODE-014	Activity/diagnosis is inconsistent with the patient's age/gender
CLAI-017	Services not available on direct billing

5. Appendices

5.1 References

- <https://www.aafp.org/afp/2022/1100/enuresis-children>
- <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002112.pub2/full>
- <https://www.nature.com/articles/s41598-018-34935-1>
- <https://www.uptodate.com/contents/nocturnal-enuresis-in-children-etiology-and-evaluation>
- <https://www.uptodate.com/contents/nocturnal-enuresis-in-children-management?>
- <https://pmc.ncbi.nlm.nih.gov/articles/PMC11132618/>

5.2 Revision History

Date	Change(s)
01/07/2013	V2.0 New template
15/07/2014	V3.0 - Updated as per the system requirements - Restored original effective date
01/08/2018	V4.0 Content update
31/12/2024	V5.0 - Template updated - Content updated - References updated
16/10/2026	V5.1 - Clinical content updated - References updated

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