



ELITONE® Reimbursement Guide

Elidah, the maker of [ELITONE](#), does not process insurance claims. If you order directly from Elidah you will need to provide payment when you place your ELITONE order. This guide is provided to assist individuals who wish to pursue coverage or reimbursement for ELITONE. Elidah makes no guarantee that an individual will be able to obtain coverage or reimbursement.

ELITONE falls under the description “**non-implantable pelvic floor electrical stimulator**” and the HCPCS/DME Code “**E0740**”. See the “Detailed Written Order” that your physician can use. [Download info](#) for your doctor.

Private Insurance

Many private insurers provide coverage for devices like ELITONE. Every insurer has different coverage policies and requirements. Ask your insurance provider if they cover it (use the description above) and what their pre-requirements may be (see examples under Medicare section).

Medicare

ELITONE has approval for nationwide Medicare coverage and is considered Durable Medical Equipment (DME), which must be obtained from a licensed DME provider. The DME provider will rent an ELITONE device (E0740) to you on a monthly basis (typically 13 months, after which it is owned), and you will be responsible for any out-of-pocket cost. You will need:

- A prescription for ELITONE from a treating physician (see Detailed Written Order), including a statement of Medical Necessity.
- Physician documentation (e.g., chart notes) showing that you tried and failed an ordered 4-week pelvic floor muscle exercise program.
- (Preferred) Chart notes describing that neuromuscular electrical stimulation is needed prior to advancing to more invasive surgical or implantable treatments.

Healthcare Savings Accounts (HSA) / Flexible Spending Accounts (FSA)

ELITONE is eligible for payment using HSA and FSA accounts. At checkout, select the SIKA FSA-verified payment method. Since SIKA has preapproved ELITONE as an allowable HSA/FSA purchase, no receipts or additional paperwork is necessary. Alternatively, get reimbursed directly from your HSA/FSA provider with a [Letter](#).

Product and Manufacturer Information

ELITONE is manufactured by: Elidah, 810 Main St. Ste C, Monroe, CT 06468

Customer Care contacts: customercare@elitone.com, 978-435-4324, elitone.com

Prescriptions that are sent to Elidah (FAX: 833-830-1310) will be forwarded to a health insurance processor

Product Name	Model no	HCPCS Code	Description	Price
ELITONE	EK-1006	E0740-NU	Non-implanted pelvic floor electrical stimulator, complete, Purchased new.	\$399
ELITONE URGE	EK-1016	E0740-NU	Non-implanted pelvic floor electrical stimulator, complete, Purchased new.	\$399
ELITONE GelPads Pack of 5	EE-1002	A4595	Electrical stimulator supplies	\$28

Additional reference codes that your insurer or physician might ask for include:

- NCD Code – 230.8 (Non-implantable pelvic floor electrical stimulator)
- CPT Code - Pelvic Floor Electrical Stimulation with 599.82 Intrinsic (urethral sphincter) with 625.6 Stress Incontinence, female
- ICD-10-CM Code - N39.3 Stress urinary incontinence (SUI)
- ICD-10-CM Code - N39.41 Urge urinary incontinence (UUI)

Detailed Written Order

PATIENT INFORMATION

Patient Name: _____

Address: _____

Date of Birth: _____

Phone #: _____

Email: _____

Insurance Company: _____

Insured Name: _____

Group #/ID#: _____

Insurance Phone #: _____

Secondary Insurance: _____

Insured Name: _____

Group #/ID#: _____

Insurance Phone #: _____

MEDICAL NECESSITY

Diagnosis & ICD-10 CM Code:

Device Prescribed:

N39.3 Stress Urinary Incontinence

N39.46 Mixed Incontinence

ELITONE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)

N39.41 Urge Urinary Incontinence

ELITONE URGE Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)

Has patient failed a structured 4 week *plan* of Pelvic Muscle Exercise (PME) training? Yes No

(attach documentation of structured training showing no clinically significant improvement)

Is patient cognitively intact? Yes No

Are the pelvic nerves intact? Yes No

Prognosis: Excellent Good Fair Poor

Date of most recent in-office visit: _____

PRESCRIPTION

I am prescribing the above device to decrease urinary leakage associated with urinary incontinence.

Length of Need: Lifetime (\geq 13 months) Other _____

Deliver To: Clinician's Facility Patient's Home*

Prescribing Physician Name: _____

NPI #: _____

Facility Address: _____

Phone #: _____

Fax #: _____

Physician Signature: _____

Date: _____

I certify that I am the physician identified in this form. I have reviewed all sections of the physician's written order. Any statement on my letterhead attached here to has been reviewed and signed by me. The patient's record contains supporting documentation which substantiates the utilization and medical necessity of the ELITONE device and physician notes will be provided to an authorized distributor upon request. I understand any falsification, omission or concealment of material fact may subject me to civil or criminal liability. *My above signature indicates my approval to ship the instrument to my patient's home and releases shipper from any liability from its use prior to proper instrument education and training.

Elidah, Inc., the maker of ELITONE, does not process insurance. Detailed Written Orders received by Elidah will be forwarded to a DME provider for processing. Elidah may maintain contact information to enable follow-up regarding completion of the order. Medical information is not retained by Elidah.

Fax: 833-830-1310 or Email: clinicians@elitone.com