



## Elitone® Reimbursement Guide

Elidah, the maker of [Elitone](#), **does not guarantee insurance coverage or reimbursement**. This guide helps individuals seeking coverage or reimbursement.

Elitone is classified as a **non-implantable pelvic floor electrical stimulator** under **HCPCS/DME Code E0740**. A **prescription (Rx)** or [Detailed Written Order \(DWO\)](#) is typically required. [Download](#) physician resources..

### Medicare Coverage

Elitone is **approved for nationwide Medicare Part B coverage as Durable Medical Equipment (DME)**. Medicare covers Elitone as a **rental for 13 months**, after which ownership transfers to the patient. You will be responsible for any co-pays or out-of-pocket costs.

**Requirements for Coverage:**

- **Prescription** for Elitone or Elitone URGE, including a Medical Necessity Statement (see **DWO**).
- **Physician documentation** proving a **4-week trial** of pelvic floor muscle exercises attempted with additional intervention needed.
- **(Preferred)** Chart notes supporting the need for **neuromuscular electrical stimulation** before considering surgical or implantable treatments.

**Note:**

- **Elidah processes Original Medicare (Part B) claims.**
- **Medicare Advantage (Part C) and private insurance claims take much longer** due to required coordination with in-network DME providers, if covered at all.

### Private Insurance

Many private insurers cover devices like Elitone, but **policies, requirements, and copays vary**. Contact your insurer to confirm coverage using the **HCPCS Code E0740** and description above.

Like Medicare Advantage plans, **private insurance claims take longer** as Elidah must work with in-network DME providers.

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

- **Fastest option:** At checkout, select the **SIKA FSA-verified** payment method for **instant approval—no receipts or paperwork required**.
- **Alternative:** Request **reimbursement** from your HSA/FSA provider using this [Letter](#).

### Product & Manufacturer Information

- **Manufacturer:** Elidah, 31 Pecks Ln, Ste 11, Newtown, CT 06470
- **Product Support (not billing):** [customercare@elitone.com](mailto:customercare@elitone.com) | (978) 435-4324 | [elitone.com/contact-us](http://elitone.com/contact-us)
- **Prescription Submission:** Fax: 833-830-1310 | Email: [billing@elidah.com](mailto:billing@elidah.com)

| Diagnosis (ICD-10)   | Product                          | Model No | HCPCS Code | Description  |
|--|----------------------------------|----------|------------|--|
| <b>N39.3</b> (Stress) & <b>N39.46</b> (Mixed Urinary Incontinence) | <b>Elitone</b>                   | EK-1006  | E0740-NU   | Non-implanted pelvic floor electrical stimulator, complete |
| <b>N39.41</b> (Urge Urinary Incontinence)                          | <b>Elitone URGE</b>              | EK-1016  | E0740-NU   | Non-implanted pelvic floor electrical stimulator, complete |
|  | <b>Elitone GelPads Pack of 5</b> | EE-1002  | A4595      | Electrical stimulator supplies                             |

# Elitone Detailed Written Order



SCAN for  
fillable  
online  
form

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_

☐ Original Medicare, Part B Group

Insured Name: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Insured Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Group #/ID#: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Group #/ID#: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

## MEDICAL NECESSITY

### Diagnosis & ICD-10 CM Code:

☐ N39.3 Stress Urinary Incontinence

☐ N39.46 Mixed Incontinence

☐ N39.41 Urge Urinary Incontinence

### Medical Device Prescribed:

**Elitone** Pelvic Floor Muscle Stimulator (HCPCS E0740), GelPads (HCPCS A4595)  
(contracts muscles for toning + some calming signals)

**Elitone URGE** Pelvic Floor Stimulator (HCPCS E0740), GelPads (HCPCS A4595)  
(calms bladder and surrounding structures)

\*\*Requires additional intervention following a structured 4-week pelvic floor program. ☐ Yes ☐ No

Description: \_\_\_\_\_

Date of most recent visit: \_\_\_\_\_ Length Need: ☐ Lifetime ( $\geq 13$  months) or Other \_\_\_\_\_

## DELIVER TO

☐ Patient's Home  
(Default)

☐ \*Clinician's Facility: \_\_\_\_\_

Clinic Address: Care of: \_\_\_\_\_

\*By requesting shipment to a location that is not the patient's home, I confirm that this order is for the specific patient identified on this prescription. I agree that the device will not be held as stock or dispensed to any other individual, and that I assume responsibility for delivery to this patient.

## PRESCRIPTION

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

Prescribing Physician Name: \_\_\_\_\_ NPI #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_ 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 Elidah or an authorized distributor upon request. I understand any falsification, omission or concealment of material fact may subject me to civil or criminal liability.

**\*\*ATTACH: 1) Documentation of 4 weeks of pelvic floor muscle exercises were attempted 2) Insurance card.**

Send this form and any attachments to: **FAX: 833-830-1310** or **EMAIL: [billing@elidah.com](mailto:billing@elidah.com)**

Elidah, Inc., the maker of Elitone, may process this prescription and/or pass it on to a DME partner for processing. Elidah may maintain contact information to enable follow-up regarding completion of the order.