BIONESS PoNS PRESCRIPTION

PoNS®
Portable Neuromodulation Stimulator

ALL SECTIONS MUST BE FILLED OUT COMPLETELY

Patient Information

Patient Legal Name: First	MI.		Last
Street Address:	City:	State:	Zip:
Patient DOB: MM/DD/YYYY	Phone:		

Device and Diagnosis

☐ PONS Device (1 Controller and 1 Mouthpiece) Quantity _____	☐ PONS Controller Quantity _____	☐ PONS Mouthpiece Quantity _____

ICD-10 reference list on page 2. The list is not exhaustive — enter the code that reflects your clinical findings.

Primary Diagnosis (ICD-10): _____ etiology — MS or chronic stroke sequelae

Other Primary Diagnosis (ICD-10): _____ any other diagnosis you consider appropriate

Secondary Diagnosis (ICD-10):

☐ R26.1 Paralytic gait ☐ R26.2 Difficulty in walking, not elsewhere classified ☐ R26.89 Other abnormalities of gait and mobility

Other Secondary Diagnosis (ICD-10): _____ any other relevant secondary diagnosis

Other

Physical Therapy Required

PHYSICIAN INFORMATION		
Physician:	License #:	NPI #:
Physician's Signature:	Date:	
I certify that the above-prescribed equipment is medically indicated and in my opinion is reasonable and necessary for this patient's treatment.		

Upon completion, fax this form to Bioness Client Relations Department
Fax: 877.362.4855 | Phone: 800.211.9136 option 2

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bioness®

ICD-10 REFERENCE – For Prescriber Use

This list is provided for reference only and is not exhaustive. Enter the code that reflects your own clinical findings for this patient. Bioness Medical does not select or recommend diagnosis codes. Codes entered on this order must be supported by documentation in the patient's medical record.

Primary Diagnosis – Multiple Sclerosis

Code	Descriptor	Code	Descriptor
G35.A	Relapsing-remitting MS	G35.C0	Secondary progressive MS, unspecified
G35.B0	Primary progressive MS, unspecified	G35.C1	Active secondary progressive MS
G35.B1	Active primary progressive MS	G35.C2	Non-active secondary progressive MS
G35.B2	Non-active primary progressive MS	G35.D	MS, unspecified
G35 became a parent code on October 1, 2025 and is no longer valid for billing. G35.B and G35.C are also non-billable parents — a fifth character is required. G35.A has no active / non-active subdivision.			

Primary Diagnosis – Chronic Stroke (Sequelae of Cerebral Infarction)

Code	Descriptor
I69.30	Unspecified sequelae of cerebral infarction
I69.341	Monoplegia of lower limb following cerebral infarction, right dominant side
I69.342	Monoplegia of lower limb following cerebral infarction, left dominant side
I69.343	Monoplegia of lower limb following cerebral infarction, right non-dominant side
I69.344	Monoplegia of lower limb following cerebral infarction, left non-dominant side
I69.349	Monoplegia of lower limb following cerebral infarction, unspecified side
I69.351	Hemiplegia and hemiparesis following cerebral infarction, right dominant side
I69.352	Hemiplegia and hemiparesis following cerebral infarction, left dominant side
I69.353	Hemiplegia and hemiparesis following cerebral infarction, right non-dominant side
I69.354	Hemiplegia and hemiparesis following cerebral infarction, left non-dominant side
I69.359	Hemiplegia and hemiparesis following cerebral infarction, unspecified side
I69.393	Ataxia following cerebral infarction
I69.398	Other sequelae of cerebral infarction

Primary Diagnosis – Sequelae of Hemorrhagic or Unspecified Stroke

Code	Descriptor	Code	Descriptor
169.0–	Nontraumatic subarachnoid hemorrhage	169.2–	Other nontraumatic intracranial hemorrhage
169.1–	Nontraumatic intracerebral hemorrhage	169.4–	Stroke not specified as hemorrhage or infarction
Fourth through sixth characters follow the same pattern as I69.3 above — monoplegia of lower limb at .x4x, hemiplegia and hemiparesis at .x5x, ataxia at .x93. Specify side and dominance as applicable.			

Secondary Diagnosis – Gait and Mobility Impairment

Code	Descriptor
R26.1	Paralytic gait
R26.2	Difficulty in walking, not elsewhere classified
R26.89	Other abnormalities of gait and mobility

Coding Notes

1. **Use sequela codes for chronic stroke.** I69.– describes late effects. I63.– describes acute cerebral infarction and does not apply to this order.
2. **Dominance convention.** When the record does not state handedness: left side affected defaults to non-dominant, right side affected defaults to dominant. Ambidextrous defaults to dominant.
3. **Secondary codes are secondary.** R26.– codes describe symptoms and findings. They support the primary diagnosis and should not be entered alone in the primary field.