

FAQ

Medicare Wheelchair Electronics Clarification: October 2025

Q#1: Did Medicare change the Wheelchair Electronics policy?

A#1: No, Medicare simply provided a clarification of the policy in hopes that they could provide different wording to allow for a better understanding of actuators vs. power options. The article also clarifies the coverage and use of the thru-drive control codes E2310 & E2311.

Q#2: When does this clarification go into effect?

A#2: Again, it is not a new policy it simply was a clarification of the standing policy.

Q#3: What kind of justification supports the medical need of a thru-drive control?

A#3: Medicare coverage policy does not have any specific criteria documented for the reimbursement of the thru-drive control (E2310 or E2311). However, some common justifications are decreased UE strength and/or fine motor control, limited ROM, limited dexterity of the fingers/hand, and spasticity.

This justification needs to be a part of the clinical records, which includes the specialty seating evaluation. Like any supporting documentation, there should not be any contradictions between the prescriber's chart notes and the specialty evaluation.

Q#4: If we provide and bill for a CRT PWC base (Grp 2 with powered tilt and/or recline, or any Grp 3 and above PWC base) can we automatically bill for expandable electronics?

A#4: No, the following is when you can bill for **Expandable Electronics (and harness) – E2377 + E2313:**

- When the client uses alternative drive controls (i.e. head array, sip & puff), OR
- When there are 3 or more covered actuators on the PWC base (i.e. tilt, recline, seat elevator, power legs/centermount legrest).

Q#5: If we provide and bill for a CRT PWC base (Grp 2 with powered tilt and/or recline, or any Grp 3 and above PWC base) can we automatically bill for the thru-drive control?

A#5: No, the following is when you can bill for a **Thru-Drive Control – E2310 or E2311:**

- It must be justified as to why the client cannot physically use separate switches. It is not justified due to a non-thru-drive control being unavailable by the manufacturer. (All manufacturers offer a non-thru-drive control option)

- E2310 is used if thru-drive is clinically justified and there is only 1 actuator
- E2311 is used if thru-drive is clinically justified and there are 2+ actuators

Q#6: What if the manufacturer only provides the PWC I am ordering with a thru-drive control and does not offer separate switches to operate the power seating system?

A#6: This should not be an issue as the CRT manufacturers NSM works with all have an option for the use of switches vs. a thru-drive. If not, please advise the Supply Chain team.

Q#7: Does this mean that UHC will change their policy on electronics?

A#7: This is not a policy change for any payer. However, if there are any misunderstandings with the coverage of expandable electronics and the related harness and/or the thru-drive control, that article could be provided for clarification.

The key issue has been more of the lack of justification for thru-drive control. Either the justification has been missing or much, if not all, of the justification is describing what a thru-drive control does and not why that specific client medically needs the device. This is not only true for UHC, but for all payers.

Q#8 What is the difference between an actuator and a power option? Aren't they the same thing?

A#8: No, an actuator and power option are two different items when it comes to Medicare coverage criteria.

Actuator – In laymen's terms, it is what makes the powered option move. For example, a power tilt system has an actuator that allows it to tilt back and forward. A power seat elevator has an actuator to make it move up & down. As you count the number of actuators, think of each item that moves.

Power Option – For the sake of medical policy, this term is used to decide between a Single Power Option (SPO) or a Multi-Power Option (MPO) base. Although all the powered seating options - tilt, recline, seat elevator, power standing, and power legs – technically count, only use tilt and recline to determine SPO and MPO. Therefore, a tilt (or recline) with any other powered seating system, will fall under a SPO. A tilt and recline, with or without any additional powered seating options, would be an MPO PWC.