Group 2 vs Group 3 Power Chair Decision Worksheet

Use alongside a full seating and mobility evaluation; payer rules and coding should be verified for the individual case.

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PURPOSE

This form helps organize the clinical reasoning for a U.S. Group 2 versus Group 3 power wheelchair request, including the role of power seating, actuator count, and expandable electronics. It is not an LMN and does not replace payer-specific coverage review.

EVALUATION SNAPSHOT

PATIENT: _____ D.O.B: _____

DIAGNOSIS / CONDITION: _____ EVALUATOR / ATP: _____

PAYER / PLAN: _____ DATE: _____

1) CORE POWER MOBILITY PREREQUISITES

- ☐ Mobility limitation affects MRADls in the home.
- ☐ Cane, walker, or manual wheelchair is insufficient or not medically appropriate.
- ☐ POV/scooter is insufficient or not medically appropriate.
- ☐ Home layout supports use: doorways, turning radius, thresholds, surfaces.
- ☐ Person can safely operate the power chair or has appropriate assistance.
- ☐ Use of power chair will meaningfully improve MRADL participation in the home.

MEDICARE-STYLE FRAMING

Coverage turns on medical necessity for mobility-related activities of daily living in the home, diagnosis where applicable, and chair-specific criteria. Other players may follow similar logic but can differ.

2) GROUP PATHWAY SCREEN

Group 2 is more likely when...

- ☐ Power mobility is medically necessary but needs are less complex.
- ☐ No qualifying neurologic, myopathic, or congenital skeletal diagnosis is documented.
- ☐ Standard drive control and limited power options may meet needs.

Group 3 is more likely when...

- ☐ Mobility limitation is due to neurological condition, myopathy, or congenital skeletal deformity.
- ☐ Complex rehab needs are present: posture pressure relief, fatigue, progression, or alternative drive.
- ☐ Specialty evaluation and RESNA-certified ATP involvement support configuration.

PRELIMINARY PATHWAY

Select the best working pathway before payer-specific verification.

- ☐ Group 2 - no power seating
- ☐ Group 2 - single power option
- ☐ Group 2 - multiple power options
- ☐ Group 3 - no power seating
- ☐ Group 3 - single power option
- ☐ Group 3 - multiple power options
- ☐ Other / defer pending more information

POWER SEATING, ACTUATORS, AND ELECTRONICS

Separate medical need for functions from actuator count and controller requirements.

3) POWER SEATING FUNCTIONS REQUESTED AND CLINICAL PURPOSE

Select all required functions:	Actuators	Primary Medical Rationale
☐ Power tilt		
☐ Power recline		
☐ Power elevating legs / AFP		
☐ Seat elevation		
☐ Stander		
☐ Other		

ACTUATOR REMINDER

An actuator is the motorized component that moves a powered function. Count the powered actuators the chair electronics must control. AFP and ELR designs may differ by manufacturer.

CONTROLLER AND DRIVE-CONTROL SCREEN

Non-expandable electronics may fit when...

- ☐ Standard joystick drive control is appropriate.
- ☐ Only 0-2 power actuators must be operated.
- ☐ No specialty interface or alternative drive is required.

Expandable electronics may be needed when...

- ☐ Alternative drive controls are required.
- ☐ 3 or more powered actuators must be operated.
- ☐ Specialty interfaces or expandable input/cabling are required.

DRIVE CONTROL METHOD

- ☐ Standard joystick
- ☐ Mini / Compact / Short-throw joystick
- ☐ Head array
- ☐ Sip-and-puff
- ☐ Switch control
- ☐ Attendant control
- ☐ Other:

ELECTRONICS CONCLUSION

- ☐ Non-expandable controller appears sufficient
- ☐ Expandable controller appears medically/ technically justified
- ☐ Unclear - verify with manufacturer/ATP documentation

CLINICAL NOTES / SUPPORTING RATIONALE

Use this space to connect each requested feature to a task, safety risk, body function, or home-based MRADL.

Simple Group 2 vs Group 3 Decision Tree

Use this visual pathway before final payer-specific verification.

Base group is driven by diagnosis and clinical complexity first. Seating functions, actuator count, and electronics are added after the base pathway is selected.

1) Is power mobility medically necessary in the home?

MRADLs are limited; lower-level aids are insufficient; the home supports safe power chair use.

2) Is there a qualifying complex condition?

Neurological condition, myopathy, or congenital skeletal deformity opens the door to Group 3 review; it does not guarantee coverage.

If NO: Group 2 logic

Evaluate whether a standard, single-power-option, or multiple-power-option Group 2 base can meet the home MRADL need.

If YES: Group 3 logic

Look for complex rehab needs: postural support, pressure relief, progression, fatigue, alternative drive, or advanced seating.

Group 2 fit check

Evaluate whether a standard, single-power-option, or multiple-power-option Group 2 base can meet the home MRADL need.

Group 3 fit check

Does the patient need a complex rehab power base and configuration beyond Group 2 capabilities?

3) Add power seating only when medically necessary

Tilt, recline, AFP/ELRs, seat elevation, standing, or other options need separate clinical rationale from functionaly findings and the mat assessment.

4) Count actuators and select electronics

0-2 actuators may fit non-expandable electronics. 3+ actuators or alternative drive may require expandable.

5) Verify payer criteria and coding

Confirm base code, seating codes, electronics, accessories, home use, and supplier documentation.

Comparing the Group Testing

MINIMUM REQUIREMENTS

	Dynamic Stability Driving Test	Transition Height and Obstacle Climb	Continuous Driving Test/Range	Max Speed, Acceleration/ Deceleration
GROUP 2	Performance Group 2 power chair must pass at **6.0°**	Performance Group 2 power chair must pass at **40 mm (1.5”)**	Performance Group 2 power chair must drive a minimum of **7 miles**	Performance Group 2 power chair must drive no less than **3.0 mph**
GROUP 3	Performance Group 3 power chair must pass at **7.5°**	Performance Group 3 power chair must pass at **60 mm (2.375”)**	Performance Group 3 power chair must drive a minimum of **12 miles**	Performance Group 3 power chair must drive no less than **4.5 mph**

GROUP 3 MUST HAVE DRIVE WHEEL SUSPENSION

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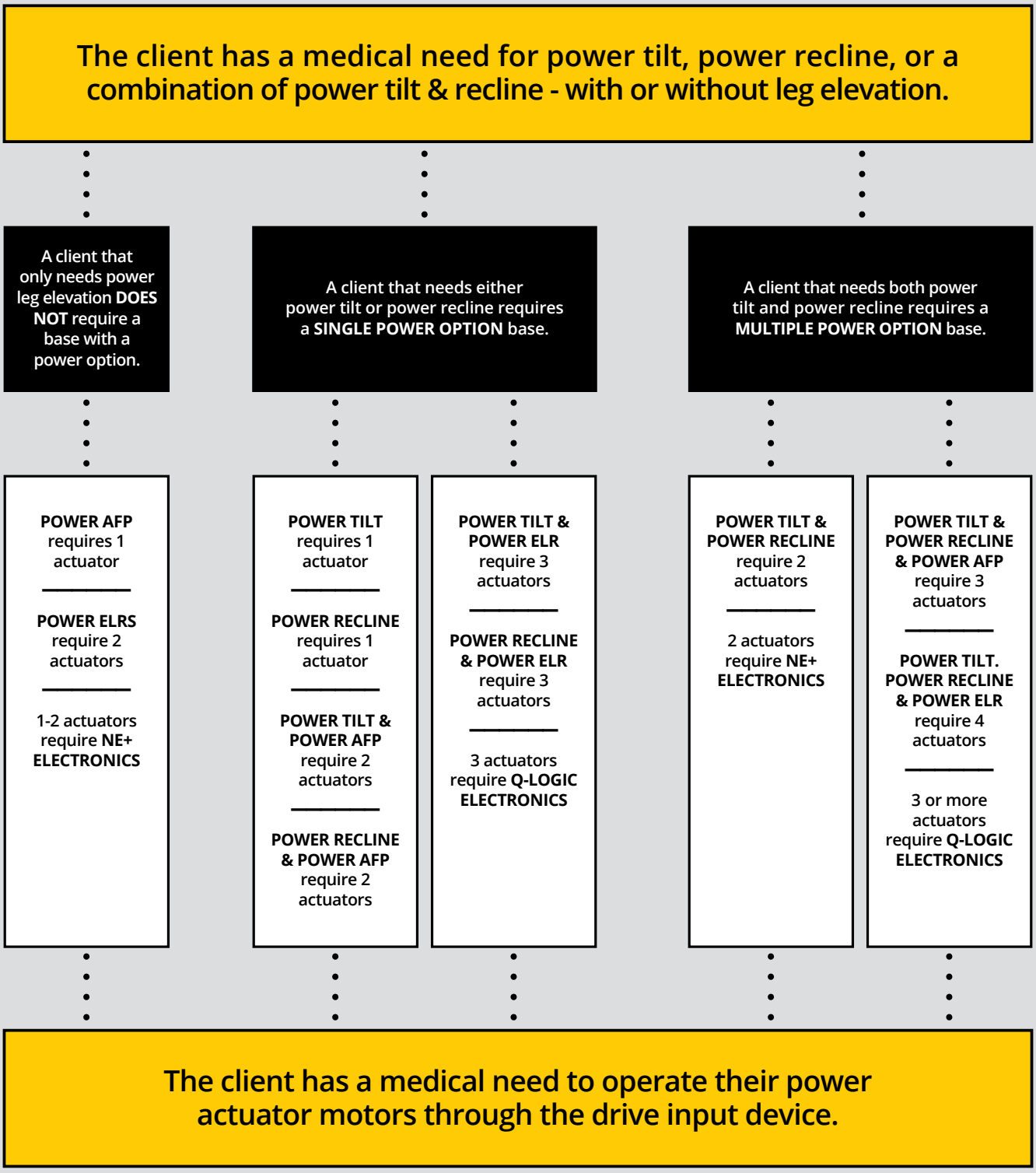

HCPCS code for 1 actuator is **E2310**

HCPCS code for 2 actuators is **E2311**

HCPCS code for 3 actuators is **E2311**

Quick Reference: Choosing the Pathway

Use this page as a plain-language guide for team discussion.

5) QUICK-FIT COMPARISON

	GROUP 2 LEANS LIKELY	GROUP 3 LEANS LIKELY
PRIMARY DRIVER	Power mobility needed, but low clinical complexity.	Neurologic, myopathic, or congenital skeletal diagnosis plus complex rehab needs.
SEATING/POSTURE	Basic or limited powered seating may meet needs.	Complex positioning, pressure, tone, fatique, progression, or skin risk.
DRIVE CONTROLS	Standard joystick is practical and safe.	Alternative drive or specialty interface is needed.
ELECTRONICS	0-2 actuators, no specialty controls.	3+ actuators and/or alternative drive controls.
BOTTOM LINE	Use the least complex base that safely meets home MRADLs.	Use when Group 2 cannot meet medically necessary rehab configuration.

6) PLAIN-LANGUAGE FLOW RULES

RULE A: Start with function in the home - the power chair pathway begins with home MRADL need and why lower-level mobility aids are not enough.

RULE B: Group 3 needs more than extra features - Group 3 is driven by qualifying diagnosis and complex rehab needs, not simply by wanting tilt, recline, seat elevation, or more actuators.

RULE C: Seat functions are separate - a Group 3-qualifying diagnosis does not automatically cover tilt, recline, AFP/ELRs, or seat elevation; support each with clinical findings.

RULE D: Electronics follows the configuration - controller choice follows the drive method and actuator count: standard joystick and fewer actuators may be non-expandable; alternative drive or 3+ actuators may require expandable electronics.

7) SCENARIO GUIDE

Basic power mobility need; standard joystick; No power seating	Usually screen Group 2 first
Tilt only; standard joystick; no complex rehab diagnosis	Often Group 2 single-power-option logic, if criteria are met.
Neurologic condition plus tilt/recline/postural needs	Screen Group 3 with power seating logic.
Alternative drive control needed	Expandable electronics may be justified; group depends on diagnosis and base criteria.
Tilt + recline + seat elevation	Count actuators; expandable electronics may be needed; but group still depends on clinical pathway.

SOURCE ANCHORS

CMS LCD L33789; CMS Wheelchair Options and Accessories guidance; PDAC/DME MAC Power Wheelchair Hardware and Accessories Guidance. Prepared May 16, 2026; Check payer-specific policy before use.