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The role of medical assistants in the Medicare Annual Wellness Visit

Regardless of the changes that are happening in the federal financing of health care, certain core Medicare services continue to be covered. One of these core services is the Annual Wellness Visit (AWV). Questions have arisen about the role of medical assistants—especially CMAs (AAMA)—in AWVs. This article will attempt to clarify what AWV tasks are and are not delegable to medical assistants.

AWV fundamentals

Annual Wellness Visits are available to Medicare recipients who have had Part B coverage for more than 12 months. The purpose of the AWV is “to help prevent disease and disability based on ... current health and risk factors.”¹ After filling out a health-risk assessment questionnaire, the patient meets with the health care provider (and other health professionals) to devise a plan for the patient’s health maintenance and improvement.

The AWV may include the following¹:

- A review of medical and family history
- Developing or updating a list of current providers and prescriptions

- Height, weight, blood pressure, and other routine measurements
- Detection of any cognitive impairment
- Personalized health advice
- A list of risk factors and treatment options
- A screening schedule for appropriate preventive services
- Advance care planning

CMS billing guidelines

According to the Centers for Medicare & Medicaid Services (CMS), Medicare Part B covers an AWV if performed by one of the following²:

- Physician (a doctor of medicine or osteopathy)
- Qualified nonphysician practitioner (a physician assistant, nurse practitioner, or certified clinical nurse specialist)
- Medical professional (e.g., a health educator, registered dietitian, nutrition professional, or other licensed practitioner) or a team of medical pro-

fessionals who are directly supervised by a physician (doctor of medicine or osteopathy)

Interpretation of CMS language

One interpretation of the above language is that medical assistants are permitted to complete the entire AWV without licensed practitioner oversight or review. Another opinion is that medical assistants are prohibited from carrying out any tasks related to the AWV, regardless of practitioner oversight or delegation. Neither of these interpretations is correct, in my judgment.

My legal opinion is that medical assistants would be included in the “team of medical professionals who are directly supervised by a physician.”² It is also my position that a medical assistant would not be subsumed under the category of a “medical professional (including a health educator, registered dietitian, nutritional professional, or other licensed practitioner).”²

Consequently, my legal conclusion is that federal law permits medical assistants to assist licensed health care practitioners (e.g., MDs, DOs, nurse practitioners, physician assistants, and clinical nurse specialists) in

the performing of an AWW. However, medical assistants are not permitted to perform any part of the AWW that requires the exercise of independent clinical judgment or the making of clinical assessments, evaluations, or interpretations.

For example, the question has arisen about whether medical assistants are allowed to provide patient education during an AWW. The answer to this question would depend on the nature of the patient education. If the education requires the making of clinical judgments in the process of conveying information to the patient, medical assistants would not be authorized to perform this type of education. If the education consists only of a verbatim providing of information approved by the overseeing practitioner, then knowledgeable and competent medical assistants would be allowed to provide this type of education.

In the final analysis, although Medicare is a federal program, the permissible medical assisting scope of practice for an AWW is determined by state law and general legal principles applicable to all medical assistants in all American jurisdictions. The medical assistant's legal scope of practice under the laws of the state (including the supervision requirements) is not expanded because of the federal nature of the AWW. ♦

(The medical assisting law for each state is accessible by clicking below "State Scope of Practice Laws" on the bottom, left side of the AAMA website home page at www.aama-ntl.org.)

Questions? Contact Donald A. Balasa, JD, MBA, at dbalasa@aama-ntl.org or 800/228-2262.

References

1. Preventive visit and yearly wellness exams. Medicare.gov. <https://www.medicare.gov/coverage/preventive-visit-and-yearly-wellness-exams.html>. Accessed May 17, 2018.
2. Centers for Medicare & Medicaid Services. The ABCs of the Annual Wellness Visit (AWV). ICN 905706. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/awv_chart_icn905706.pdf. Published April 2017. Accessed May 17, 2018.

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