CareSource

ADMINISTRATIVE POLICY STATEMENT
D-SNP

Policy Name & Number	Date Effective
Against Medical Advice (AMA)-DSNP-AD-1360	GA: 07/01/2023-06/30/2024 OH: 08/01/2023-06/30/2024
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

This policy applies to the following Marketplace(s):	
☒ **Georgia**	☒ **Ohio**

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A. Subject
Against Medical Advice

B. Background
Studies show that patients discharged against medical advice (AMA) are at higher risk for inadequately treated medical conditions, readmissions, and/or negative health outcomes when compared to planned discharges. Documented reasons for leaving AMA may include a lack of satisfaction with the treatment team, treatment team members or facility, a general mistrust of medical systems, underutilization of social support, and/or a lack of health insurance or low socio-economic status. Additionally, research indicates that previous medical diagnoses substantially impact rates of discharge AMA with psychiatric, substance abuse, and human immunodeficiency virus patients exhibiting the most significant risk.

C. Definitions
- **Against Medical Advice (AMA)** - A member chooses to leave the hospital or acute care setting before a practitioner writes the order for discharge.

D. Policy
I. CareSource will only pay for services, procedures, and supplies rendered.

II. The discharge status code on the submitted claim must indicate that the member left against medical advice.

III. If a member leaves against medical advice from the emergency department and the facility has submitted a medical necessity review for inpatient services, only services rendered as part of the emergency department visit will be considered for payment.

IV. Claims are subject to retrospective review, and CareSource reserves the right to adjust reimbursement in accordance with the policies above.

E. Conditions of Coverage
Member must be eligible at the time the service, procedure or supply was provided, and the service, procedure, or supply must be a covered benefit. Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers, if applicable. Medical necessity reviews do not guarantee reimbursement. All services, procedures, and supplies are subject to review for medical necessity.

F. Related Policies/Rules
NA

G. Review/Revision History

	DATE	ACTION
Date Issued	04/12/2023	Approved at Committee.
Date Revised		

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.

Archived

Date Effective	GA: 07/01/2023 OH: 08/01/2023	
Date Archived	GA: 06/30/2024 OH: 06/30/2024	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Albayati A, Douedi S, Alshami A, et al. Why Do Patients Leave against Medical Advice? Reasons, Consequences, Prevention, and Interventions. Healthcare (Basel). 2021;9(2):111. doi:10.3390/healthcare9020111.
2. Alper E, O'Malley T, & Greenwald J. (2021, September 30). Hospital Discharge and Readmission. Retrieved April 3, 2023 from www.uptodate.com.
3. Hasan O, Samad MA, Khan H, et al. Leaving Against Medical Advice from In-patients Departments Rate, Reasons and Predicting Risk Factors for Re-visiting Hospital Retrospective Cohort from a Tertiary Care Hospital. Int J Health Policy Manag. 2019;8(8):474-479. doi:10.15171/ijhpm.2019.26.
4. Khalili M, Teimouri A, Shahramian I, Sargolzaei N, YazTappeh JS, Farzanehfar M. Discharge against medical advice in paediatric patients. J Taibah Univ Med Sci. 2019;14(3):262-267. 10.1016/j.jtumed.2019.03.001.

I. State-Specific Information

A. Georgia, effective: 07/01/2023
B. Ohio, effective: 08/01/2023

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