



Administrative Policy Statement GEORGIA MEDICAID

Policy Name		Policy Number	Date Effective
Against Medical Advice (AMA)		AD-0764	05/01/2021-07/31/2022
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements 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.

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A. Subject

Against Medical Advice (AMA)

B. Background

Studies show that patients who are discharged AMA are at higher risk for readmissions and negative health outcomes when compared to a planned discharge. Reasons why people leave AMA may include lack of satisfaction with stay, finances, and being away from home or children.

C. Definitions

- **Against Medical Advice (AMA)** - When 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 AMA in the emergency room and the facility has submitted a prior authorization for inpatient services, only the emergency room 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 of the service, procedure or supply was provided.

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; and appropriate ICD-10-CM and ICD-10-PCS codes. Please refer to the individual fee schedule for appropriate codes.

Prior authorization does not guarantee reimbursement.

All services, procedures, and supplies are subject to review for medical necessity.

F. Related Policies/Rules

NA



G. Review/Revision History

DATES		ACTION
Date Issued	02/05/2020	
Date Revised	12/16/2020	Added IV. Removed and reworded from conditions of coverage
Date Effective	05/01/2021	
Date Archived	07/31/2022	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. Khalili, M., Teimouri, A., Shahramian, I., Sargolzaei, N., YazTappeh, J. S., & Farzanehfar, M. (2019, April 5). *Discharge against medical advice in paediatric patients*. Retrieved December 4, 2020, from www.ncbi.nlm.nih.gov
2. Hasan, O., Samad, M. A., Khan, H., Sarfraz, M., Noordin, S., Ahmad, T., & Nowshad, G. (2019, August 1). *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*. Retrieved December 4, 2020 from www.ncbi.nlm.nih.gov
3. Alper, E., O'Malley, T., & Greenwald, J. (2020, November). *Hospital discharge and readmission*. Retrieved December 4, 2020 from www.uptodate.com
4. Georgia Department of Community Health Division of Medicaid. (2020, October 1). *Part I Policies and Procedures for Hospital Services*. Retrieved December 9, 2020 from www.mmis.georgia.gov

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

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DCH Approved 02/11/2021