ADMINISTRATIVE POLICY STATEMENT
Georgia Medicaid

Policy Name & Number	Date Effective
Against Medical Advice (AMA) - GA MCD - AD-0764	08/01/2022-07/31/2023
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.

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A. Subject

Against Medical Advice (AMA)

B. Background

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

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 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, and 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. 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

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G. Review/Revision History

DATES		ACTION
Date Issued	02/05/2020	
Date Revised	12/16/2020 2/10/2022	Added IV. Removed and reworded from conditions of coverage. Annual review
Date Effective	08/01/2022	
Date Archived	07/31/2023	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. Published 2021 Jan 21. doi:10.3390/healthcare9020111
2. Alper E, O'Malley T, & Greenwald, J. (2021, September 30). Hospital Discharge and Readmission. Retrieved February 4, 2022 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. Published 2019 Aug 1. doi:10.15171/ijhpm.2019.26 Retrieved February 4, 2022 from www.ncbi.nlm.nih.gov.
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. Published 2019 Apr 5. doi:10.1016/j.jtumed. 2019.03.001 Retrieved February 4, 2022 from www.ncbi.nlm.nih.gov.

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