ADMINISTRATIVE POLICY STATEMENT TrueCare	
Policy Name & Number	**Date Effective**
Against Medical Advice-TrueCare-AD-1311	07/01/2025-05/31/2026
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statements 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 or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

Administrative Policy Statements do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced in the Administrative Policy Statement. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract 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

B. Background
Studies show that approximately 1-2% of all hospitalizations result in discharge against medical advice (AMA). Discharges 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 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 some previously diagnosed conditions substantially impact rates of AMA discharge. Patients with psychiatric conditions, substance abuse disorders, and human immunodeficiency virus are at the most significant risk for an AMA discharge.

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. Also known as self-directed discharge.

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

II. The discharge status code on the submitted claim must indicate that the member left AMA.

III. If a member leaves AMA in the emergency room and the facility has submitted a medical necessity review for inpatient services, only the emergency room visit will be considered for payment.

IV. Claims are subject to retrospective review, and TrueCare 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
N/A

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G. Review/Revision History

	DATE	ACTION
Date Issued	02/21/2025	New market. Approved at Committee.
Date Revised		
Date Effective	07/01/2025	
Date Archived	05/31/2026	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

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2. Alper E, O'Malley T, Greenwald, J. Hospital discharge and readmission. UpToDate. Updated February 03, 2023. Accessed December 12, 2024. www.uptodate.com
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4. 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.2019.264
5. Holmes EG, Cooley BS, Fleisch SB, et al. Against medical advice discharge: a narrative review and recommendations for a systematic approach. *Am J Med*. 2021;134(6):721-726. doi:10.1016/j.amjmed.2020.12.027
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7. Levenson J. Psychological factors affecting other medical conditions: management. UpToDate. Updated July 18, 2024. Accessed December 12, 2024. www.uptodate.com
8. Spooner KK, Saunders JJ, Chima CC, et al. Increased risk of 30-day hospital readmission among patients discharged against medical advice: a nationwide analysis. *Ann Epidemiol*. 2020;52:77-85. doi:10.1016/j.annepidem.2020.07.021
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