HEALTH PLAN POLICY

Policy Title: Leaving Against Medical Advice
Policy Number: MUM23
Revision: B

Department: Medical Management
Sub-Department: Utilization

Applies to Product Lines:
- ☐ Medicaid
- ☐ Children’s Health Insurance Plan
- ☒ Health Insurance Exchange
- ☒ Medicare
- ☒ USFHP
- ☒ Commercial Insured
- ☐ Non Insured Business

Origination/Effective Date: 09/28/2017
Reviewed Date(s): 04/24/2019, 05/14/2020
Revision Date(s): 04/24/2019, 05/14/2020

SCOPE:

CHRISTUS Health Plan will not reimburse any services that are the result of leaving against medical advice as defined by the policy.

DEFINITIONS AND ACRONYMS:

- **Leaving Against Medical Advice** describes a patient who leaves inpatient hospital care against the advice of his/her treating physician.

POLICY:

The Plan will not be financially responsible for any services rendered to treat a condition if the patient leaves the hospital against his/her treating physician’s medical advice after the patient has been informed:

- of the reasons the services are being recommended;
- of the consequences to his or her condition if the treatment is refused; and
- that his or her treating physician believes no medically acceptable alternative exists.

If a patient leaves against medical advice or refuses treatment, The Plan will not be responsible for providing or paying for services the patient might need to treat any reoccurrence, exacerbation or aggravation of that same condition.

Charges related to a service provided to a patient before he or she leaves against medical advice may be denied. In that event, the patient will be financially responsible for the cost of those services. The patient’s financial liability will be reflected on the provider’s Explanation of Payment (EOP) and on the patient’s Explanation of Benefits (EOB).

Enrollees can refer to their handbook/certificate for further explanation of their potential financial liability and exclusion language.

REFERENCES:

None
HEALTH PLAN POLICY

Policy Title: Leaving Against Medical Advice
Policy Number: MUM23
Revision: B

RELATED DOCUMENTS:
None

Nancy Horstmann
Chief Executive Officer Health Plans

David Engleking, M.D.
Medical Director

REVISION HISTORY:

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date</th>
<th>Description of Change</th>
<th>Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>New</td>
<td>09/28/2017</td>
<td>Initial release.</td>
<td>Board of Directors</td>
</tr>
<tr>
<td>A</td>
<td>04/24/2019</td>
<td>Annual review. Removed Medicaid and CHIP from lines of business.</td>
<td>Executive Leadership</td>
</tr>
<tr>
<td>B</td>
<td>05/14/2020</td>
<td>Annual review. No change to policy content.</td>
<td>Executive Leadership</td>
</tr>
</tbody>
</table>