

HEALTH PLAN POLICY	
Policy Title: Leaving Against Medical Advice	Policy Number: MUM23 Revision: B
Department: Medical Management	Sub-Department: Utilization
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 09/28/2017	
Reviewed Date(s):	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

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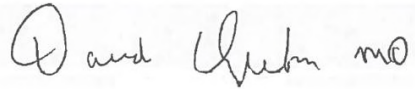
Revision: B

RELATED DOCUMENTS:

None



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REVISION HISTORY:

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