# CODEBLUE SURVEY AMONG SPECIALISTS ON PATIENTS' HEALTH INSURANCE PROBLEMS IN MALAYSIA: COMPLETE FINDINGS

## A full collation of anonymised responses


CodeBlue
Health is a human right

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**CodeBlue conducted and analysed the survey, and led the development, writing, and editing of this report. Our poll was carried out on the basis of public interest.**

The views expressed in this report are those of the respondents in the survey and do not necessarily represent the views of CodeBlue.

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# Introduction

Prior to this survey among specialists, the main issue in the public sphere about health insurance revolved around premium hikes. Thus, CodeBlue wanted to identify problems once policyholders turned into patients – the minute they tried to access their coverage upon stepping into a hospital.

When the CodeBlue team embarked on this project, we thought that we'd only be able to get 200 respondents at the most, as specialist doctors are typically reticent.

Participation in our nationwide survey from more than 850 specialists practising in private hospitals – with representation across every major specialty in the country – shows the depth of clinicians' frustration and exasperation with health insurance practices in Malaysia.

Our poll wasn't short either; it had 20 questions, including several open-ended ones. But the majority of respondents took the time to elaborate on how insurers interfered with their practice of medicine, threatening patient safety and quality of care in many cases.

The names of insurers and takaful operators (ITOs), third-party administrators (TPAs), and corporate clients cited by several respondents have been redacted in our report. Otherwise, responses remain unedited, without spelling/grammatical corrections or explanations of medical jargon or acronyms.

Never before have interactions between doctor and insurer been made known publicly – until the publication of our survey that was conducted online from September 25 to October 5, 2025.

By and large, anecdotal evidence shows that health insurance tactics of "Deny, Delay, Revoke" are increasingly pervasive in Malaysia and starting to mirror American health care, amid growing pressure on the insurance industry in our country post-Covid. But unlike the United States, Malaysia has little regulation of health insurance and institutional payers of health care like TPAs.

We hope that this 200-page report will be of use to the medical fraternity, insurance industry, and policymakers and legislators to reform health insurance in Malaysia in the best interest of patients.

For short reading, below are four articles in our series on the survey, plus a CodeBlue editorial:

- Poll: Nearly All Specialists Perceive Insurer Interference With Clinical Decisions
- 'Deny, Delay, Revoke': Specialists Reveal Health Insurance Underbelly In Malaysia
- Insurance Denies Various Drug Claims In Malaysia, Including Expensive Innovators, Cheap Generics
- 'Is The Patient Pregnant?' (Patient's A Man): Irrelevant Questions Insurers Ask Doctors
- CodeBlue's View: Health Insurance Horrors Demolish Deceptive Fantasy Of Protection

***Boo Su-Lyn***
***Co-founder and editor-in-chief, CodeBlue***

# EXECUTIVE SUMMARY

## Quantitative Findings

- 99% say their patients faced health insurance problems over the past year.
- Most reported problems over the past year included delayed approvals for guarantee letters (GL) or claims, as well as denials of inpatient care, treatment/procedure, or diagnostic tests.
- Nearly 6 in 10 say their patients face problems with health insurance coverage for procedures.

***99% perceive interference from insurers and takaful operators (ITOs) or third-party administrators (TPAs) with their clinical decision-making.***

- Over 50% have 1 to 5 patients facing health insurance coverage problems a month on average over the past year.
- For the majority, their patients who faced health insurance denials or delays ended up delaying treatment, switching to public hospitals, or were unable to afford treatment.
- Over 50% have encountered ITOs or TPAs denying coverage of various medicines or therapies for their patients, such as innovator drugs.
- 67% have experienced GLs getting revoked or denied for their patients after admission or treatment.
- For nearly 80%, appeals to insurers for their patients were only successful sometimes or rarely.
- Nearly 3 in 4 say ITOs or TPAs always or usually ask them irrelevant questions when clarifying admission or coverage.
- Over 8 in 10 find that health insurance claims officers barely understand diagnosis or treatment.
- More than 6 in 10 face pressure from insurance agents seeking coverage for patients.
- Half spend 2 to 5 hours a week on health insurance paperwork for their patients.
- Profile of 855 respondents: All major specialties represented (general surgery most common), nearly 3 in 4 are men, over half practise in the Klang Valley, more than half have over 10 years' experience in private practice.

# EXECUTIVE SUMMARY

## Qualitative Findings

Insurers often deny coverage of inpatient care, insisting on daycare or outpatient treatment instead, including for major or long surgeries that need post-operative monitoring. But coverage is also denied for outpatient procedures like radiotherapy.

"Pre-existing conditions", most commonly diabetes, are used by insurers to deny coverage, even if these chronic diseases are unrelated to the admission diagnosis (e.g. dengue, pneumonia, or fracture) or are an incidental finding.

Insurers deny coverage of exams or tests that will aid clinical decision-making, but demand unnecessary investigations for diagnoses (e.g. wrist MRI to diagnose carpal tunnel syndrome) or a patient's lipid profile and blood sugar levels for unrelated conditions at admission (e.g. viral fever or food poisoning).

Insurance delays lead to postponed surgeries, admission, or critical interventions for medical emergencies.

***"I just had a case whereby final GL was revoked for the reason that patient is overweight."***

***– dermatologist, Johor***

Some ITOs or TPAs have instituted blanket generic-only mandates. However, denials of drug claims span across innovators and generics, as well as expensive and cheap medicines, on the basis of insurers classifying them as "non-medical" or "non-indicated" (e.g. semaglutide for Type 2 diabetes, with insurers claiming that the GLP-1 receptor agonist is indicated for weight loss).

Coverage is denied for policies under two years old, despite insurance agents reportedly telling policyholders that claims can be made from three months. Doctors are often blamed for denials.

***"Patient was not given an option at all for [cataract] surgery to be done under GA. In the end, patient had to pay out of pocket for the anaesthetic charges."***

***– anaesthesiologist, KL/Selangor***

Revoking GLs after admission or completion of a procedure or treatment is common, with terms like "initial" and "final" GL. This forces referrals to government hospitals or leaves patients stuck with private hospital bills and doctor fees unpaid.

# METHODOLOGY

CodeBlue conducted our online survey via SurveyMonkey from September 25 to October 5, 2025. The poll had 20 questions in total, including two open-ended questions and an optional one requesting contact information. Several multiple-choice questions included options to provide examples.

Our poll was launched even before we broke the story on October 2 about a TPA's directive to panel hospitals to prioritise local over general anaesthesia for daycare procedures and surgeries.

The CodeBlue team used convenience sampling by directly sending the survey link to various medical associations, private hospitals, and our own specialist contacts for help to distribute among their colleagues.

The survey link wasn't published by CodeBlue to prevent the general public from accessing the poll.

A total of 859 respondents participated in the survey; we removed four of them because two wrote that they were an admin executive or "from the business operation", while another two declined to specify their specialty, resulting in a final sample of 855 respondents.

Our poll did not ask for respondents' National Specialist Register (NSR) number, names, or place of work to preserve anonymity, due to doctors' general fear of reprisal from either their hospital, or ITO or TPA. Over 240 specialists, more than a quarter of respondents, voluntarily left their contact information for CodeBlue to approach for further comments.

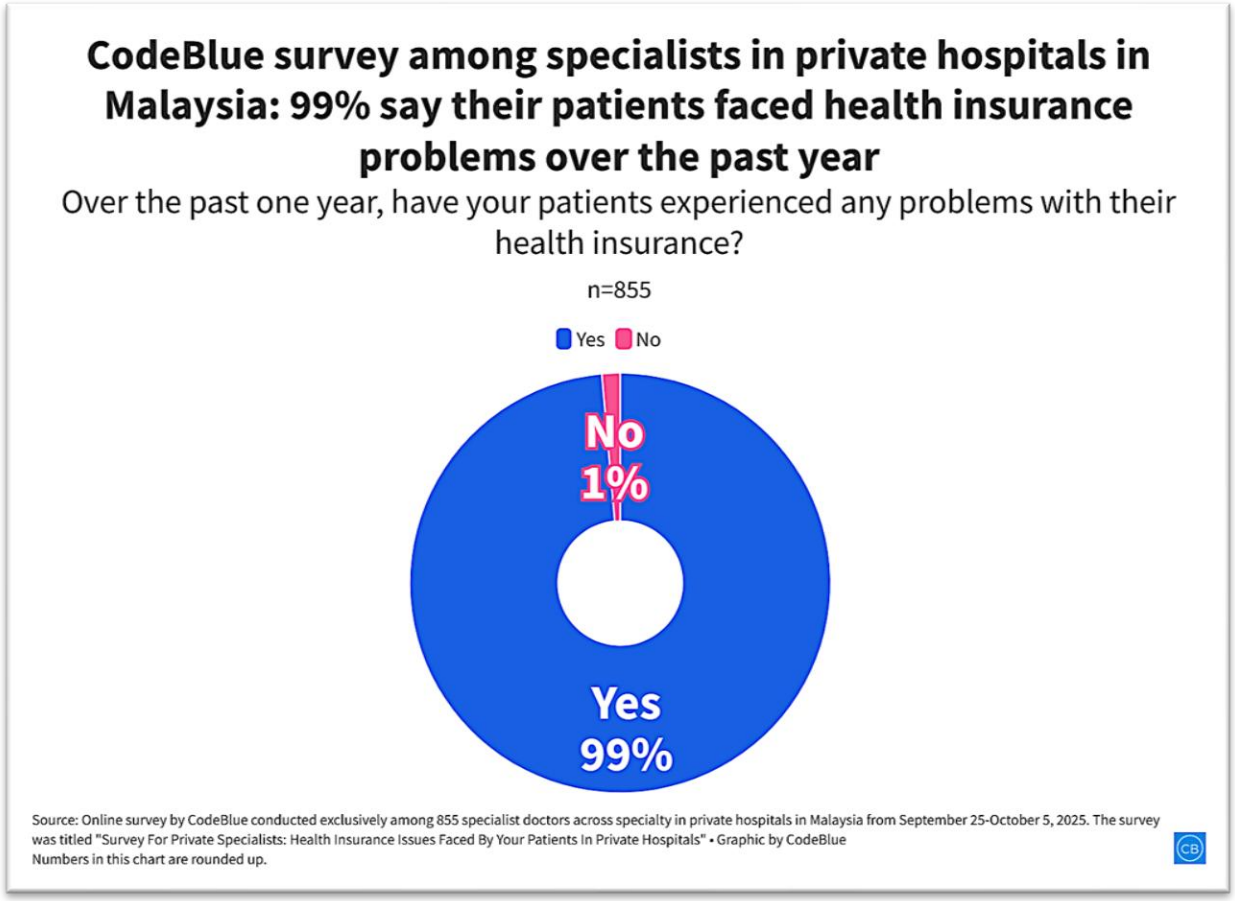
The poll was titled "Survey for Private Specialists: Health Insurance Issues Faced By Your Patients in Private Hospitals".

Our survey title, along with the questions, were specifically designed to elicit responses on health insurance issues encountered by specialists as the treating physicians on the ground, rather than our poll acting as a neutral measure of doctors' attitudes towards insurance.

Hence, the objective of this poll was to identify problems with health insurance faced by patients in Malaysia from the perspective of their doctors, as the scale of payers' interference with clinical decision-making and its impact on patients was not yet known publicly.

As a media outlet, CodeBlue is committed to publishing the views of both sides of an issue. Should the insurance/takaful industry, TPAs, or policymakers respond to our survey, we will run their statements.

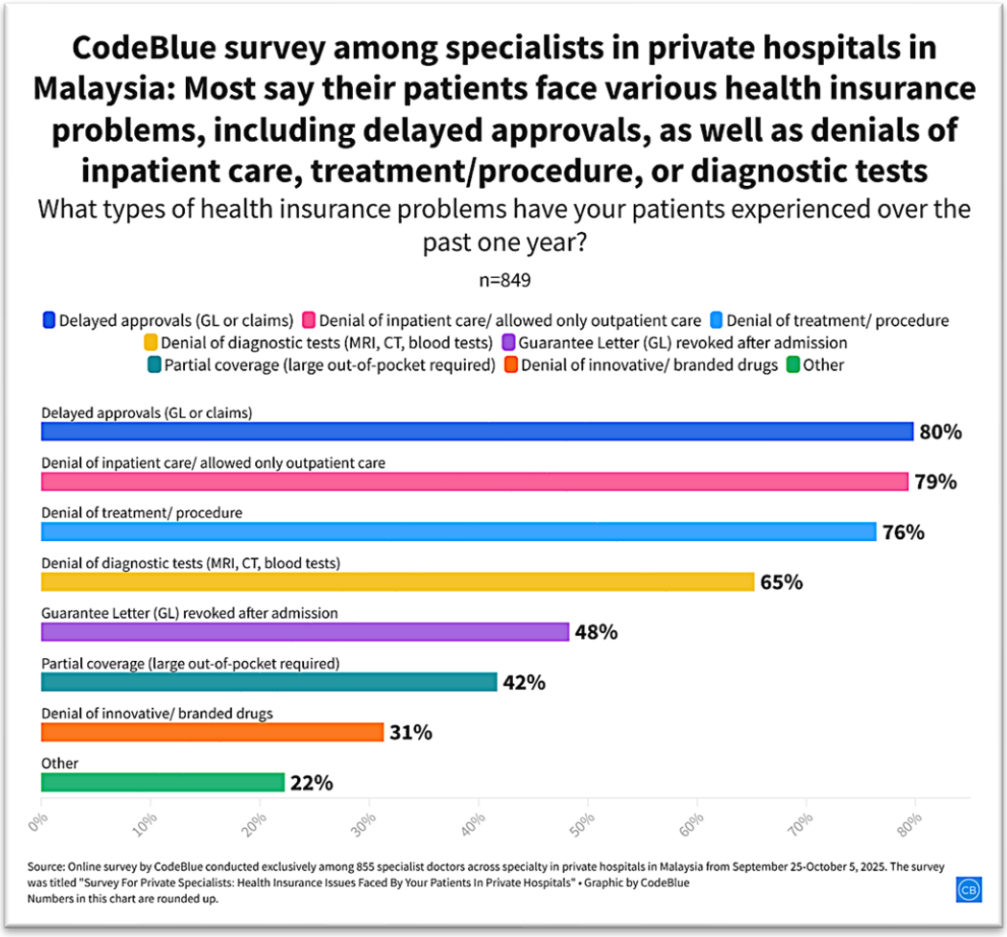
# Question 1




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Yes | 98.60% | 843 |
| No | 1.40% | 12 |
| **Total Respondents: 855** | | |

# Question 2




Answered: 849 | Skipped: 6

| Answer Choices | Responses | |
|---|---|---|
| Delayed approvals (GL or claims) | 79.86% | 678 |
| Denial of inpatient care/ allowed only outpatient care | 79.39% | 674 |
| Denial of treatment/ procedure | 76.44% | 649 |
| Denial of diagnostic tests (MRI, CT blood tests) | 65.25% | 554 |
| Guarantee Letter (GL) revoked after admission | 48.29% | 410 |
| Partial coverage (large out-of-pocket required) | 41.70% | 354 |
| Denial of innovative/ branded drugs | 31.33% | 266 |

| | | |
|---|---|---|
| Other (please specify) | 22.26% | 189 |
| **Total Respondents: 849** | | |

| # | Other (please specify) |
|---|---|
| 1 | [redacted] refuses to cover for patients of mine under individual cashless benefits |
| 2 | Using KKMs name and giving all sorts of rules to avoid payment eventhough is a public holiday , example wound debridement in MVA case |
| 3 | Repitively writing why procedure required GA not LA when patients insist too painful under LA when the most important care of patients revolve around pain free surgery |
| 4 | Dictating clinical management by not allowing standard treatment protocols |
| 5 | Need tissue diagnosis before admission for excision of lesion. Impossible as tissue diagnosis already needs admission and usually full lesion excised on first admission. |
| 6 | Dismissing patient choice of hospitals |
| 7 | Denial of outpatient/daycare cancer care |
| 8 | Asking many questions as if they are the specialist. |
| 9 | Cover only 1 doctor when the patient needs 2 or more doctors eg need physician, neurosurgeon and and gynaecologist but cover only granted for the physician |
| 10 | Final GL was revoked after everything was informed and approved |
| 11 | not cover Delirium referral and management, not cover osteoporosis investigation and management |
| 12 | denied of rehabilitation physician management |
| 13 | Procedure mentioned in IGL, however was deferred upon FGL as “amount under clarification, please do not collect from patient” |
| 14 | The approver doesn't understand about procedures |
| 15 | Irrelevant GL Approval Queries |
| 16 | Allowing only 1 day coverage, then need to write appeal letter for further extension! |

| | |
|---|---|
| 17 | Only daycare surgery, cannot stay overnight even for elderly and stay far away ( more than 40 km) eg hospital in Ipoh PT stays in gerik , all the above , should allow to choose more than one |
| 18 | Denial of guarantee for treating illness in a pregnant woman even though the illness has nothing to do her pregnancy. |
| 19 | 1. GL not approved without reason given, despite detailed justification given 2. Queries repeated over and over again. 3. Delay in review if replies to their queries beyond the date and time scheduled for admission to hospital. 4. Grammatically incorrect querie which seems to indicate that consultant specialist responses seem to be replied by clerical staff. |
| 20 | Ask for money later after audit of last year dispensed claims. [redacted] did an audit for selected doctor on 2024 and then if then highlighted some charges. If disagreed , ask doctor to refund money which previously approved back to then |
| 21 | 2 years insurance waiting period. |
| 22 | Demand for further investigations which are not indicated. |
| 23 | Not accepting evidence based medicine. Eg. Asking patient to pay for Bioflor, a yeast probiotic proven useful for acute infective diarrhoea |
| 24 | Repeated questions about hospitalisation applications - often asking the same questions over & over gain |
| 25 | Repeated time consuming QA |
| 26 | Refused Hyaluronic acid injections |
| 27 | Riduculous QA for basic procedure and even life threatening procedures which needs urgent op |
| 28 | Query on underlying condition and refused GL when it was a clear cut infection like acute sinusitis |
| 29 | Only cover OD round |
| 30 | Refuse payment for dressing, STO |
| 31 | Denied holistic approach to treatment of patients but only cover treatment for a specific admission diagnosis. Only covers 2 ward visits n contentious for after hours consultation charges as if patient only needs office hours treatment advice. |
| 32 | Too many to list. |
| 33 | approved on initial GL but final GL not approved on some procedures that were previously approved |
| 34 | None |

| | |
|---|---|
| 35 | Maxillofacial issues which Insurance company relate to Dental problems |
| 36 | Request doctor to discharge patient after certain days (saying patient in other hospitals usually stay only X amount of days for the similar diagnosis) |
| 37 | Every conceivable problems from these unscrupulous insurance companies. Eg late approval of insurance after asking repeated questionnaires which are drafted by uneducated people, hence delays in admission, investigations and treatments. Declining payments after initially approving etc. etc... |
| 38 | Too many queries & unwanted questions |
| 39 | Claiming pre existing disease and denied admission |
| 40 | Repeated queries on procedures done even though it was all written on the pre-admission forms |
| 41 | required investigation report before issue GL |
| 42 | Requirement of referral letter from GPs, No more than 2 admissions within 6 months period |
| 43 | Request for ridiculous tests pre GL approval. Example admitting for viral fever with severe dehydration. Insurance company request for lipid profile and blood sugar which is irrelevant to the diagnosis. |
| 44 | refuse to pay doctor |
| 45 | Denial of proven tests/treatment which is monimal in cost - dietician review, spirometry test , overight sleep study |
| 46 | GA EXCLUSION |
| 47 | Denial of reasonable and justified treatment fees to doctors |
| 48 | Denied elective admission on sunday/ public holiday for surgery the next day(eg.Monday/ weekday) |
| 49 | Many justifiable procedures denied coverage and self interpret what should and should not be chargeable |
| 50 | Specifying that treatment fee cannot be claimed from patient (pay out of pocket) |
| 51 | denial to cover full charges after admission on the excuse that the extra procedure found necessary during operation was not needed as decided by the insurance staff and insisting that doctor do not charge the patient . |
| 52 | Ask unnecessary and illogical questions |
| 53 | Perioperative Pain management - catheter insertion for regional analgesia for complex surgery . Regional anaesthesia/analgesia is for patient safety and care. Should allow to charge separately from anaesthesia code. |

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|---|---|
| 54 | A whole lot of deferment letters asking to justify certain procedures. An example is asking why sedation was needed for an elective cardioversion. Simple common sense dictates that no one will enjoy a 100J of energy passing through their body. Yet, a deferment was sent. |
| 55 | Request investigation which is not required to diagnose disease |
| 56 | Non claim items of common surgical adjuncts like Tissel, Floseal, drill bits, etc. |
| 57 | Denial of GL for condition such acne vulgaris which to the insurers, it is deemed a cosmetic issue,Denial of GL for condition that occurred acutely but insurance policy is less than 2 years,Medications covered during post hospitalization period |
| 58 | Removal of cashless facility without explanation |
| 59 | Inappropriate suggestions of clinical management to avoid payment of claims. This is the most common. [redacted] is a repeat offender. |
| 60 | Denial of coverage |
| 61 | Denial to be referred to another consultant |
| 62 | Reject anesthesia charge for 2 different op at 2 different time for same patient |
| 63 | They often do refuse to cover referrals to other relevant specialties |
| 64 | Asking simple illogical questions |
| 65 | Delay in approval for investigationa |
| 66 | Multiple queries, every few days, on reasons for continued admission |
| 67 | Finding ways to deny claims as under not covered |
| 68 | Denied palliative care |
| 69 | 1 refused to talk with of dispute. when upgrade policy after many years paying becomes new policy.unnable to get GL after office hours even for emergency cases. when an emergency cases especially life threatening cases been referred from another private hospital cannot get GL until the referring hospital have finnalize the bill, just imagine after office hours and long weekend... any many many many more real cases |
| 70 | Demand of return of paid sum months later as suddenly claimed procedure not covered |
| 71 | All of the above |

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| 72 | Insurers decide that the procedure is for cosmetic purpose |
| 73 | 1) insurance denying AOH charges by doctors despite it being an emergency presentation and the case was done AOH. only doctors portion of the AOH charges are queried. But the insurers are happy to pay the hospital for AOH Services 2) Insurers denying codes for certain procedures (eg PCA code) or asking doctors to charge a cheaper code for certain procedure (eg venepuncture instead of IV cannulation and infusion) |
| 74 | Questioning surgical decisions |
| 75 | denied coverage for acquired neoplasm and not cosmetic reason |
| 76 | Patients are denied cashless facility coverage when consulting a well-known consultant or specialist. |
| 77 | Want to show abnormal ECG or Cardiac enzymes to get GL |
| 78 | Denied rehabilitation treatment |
| 79 | Denied for surgery under GA only approved under LA |
| 80 | Trying to change the amount claimed |
| 81 | Interfere with treatments plan, for example insist patient should be treated as day surgery when it is not suitable |
| 82 | Telling drs to use LA instead of GA |
| 83 | Procedure needs GA but insurance insist on LA |
| 84 | Refusal to pay for certain procedures |
| 85 | None |
| 86 | Insurance Agent question why an open fracture case need to be done after hour ( it was done in after hour because of the presentation time of patient to casualty and delayed approval of insurance from the agent) |
| 87 | USUALLY THE ITEMS NOT COVERED COME AS SURPRISE TO BOTH PATIENTS AND DOCTORS |
| 88 | Refusal of payment for complex procedures not listed in fees schedule |
| 89 | Unnecessary delay in approval by asking frivolous secondary questions. Also trying to advise the doctors what is the best option of treatment |
| 90 | Ridiculous request & reasoning by insurance companies, e.g: cholecystectomy under Daycare. |

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| 91 | Denied of a procedure done intra operatively |
| 92 | Case reviewed by inexperienced insurance staff |
| 93 | denial of drugs that might prevent progression of disease |
| 94 | unable to claim for rehabilitation services ie rehabilitation physician's consult and therapies |
| 95 | Denial of rehabilitation |
| 96 | Denied treatment for CIN SAYING THAT HPV RELATED |
| 97 | Insurance coverage declined for dressing which requires doctors to do as part of wound care to provide optimal healing |
| 98 | Mosty problems with [redacted] |
| 99 | Multiple irrelevant deferments of GL |
| 100 | GL approved but after surgery and discharge, denied. |
| 101 | Multiple deferments. |
| 102 | Initial approved gl, post op not covered . |
| 103 | Repeated queries & forms to fill |
| 104 | Making clinical management decisions whilst issuing GL |
| 105 | only issue GL for surgeries as dayward, not in pateint |
| 106 | Daycare instead of hospitalisation for pt in pain, dehydration, vomiting etc |
| 107 | Insurance covers only generic drugs. Some insurance listing only selected hospitals as "[redacted]Hospital" for cashless admissions, while sidelining others to pay first-and-claim later schemes. |
| 108 | Policy says cover accident fall trauma within 24hours of policy taken but thisnot true..2..insured person got driving license or not non of their problem |
| 109 | Denial of second doctor (referral to other specialty) |
| 110 | GL deferred after HPE showed skin lesion pathology |

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|---|---|
| 111 | Suggesting tests to be done despite not being ordered |
| 112 | Querying standard codes and interprating codes their own way and then lobbying the MOH to change codes |
| 113 | Denial of palliative care (underlying diagnosis of advance/metastatic cancer with cancer pain) |
| 114 | Patient admitted under different discipline--> referral to Neurologist denied. |
| 115 | Only daycare admission allowed instead of ward in patient requiring Iv methyl prednisolone for 3 days |
| 116 | 1. Excessive QA demands before and after procedures consume valuable clinical time, diverting focus from patient care. The administrative burden and cost of handling QA far exceed the procedure fees and are not reimbursable. 2. QA questions are often vague, poorly constructed, and lack two-way communication. Requests for clarification are routinely ignored. 3. Insurance reviewers appear to override clinical judgment, making diagnostic decisions without basis. Despite two specialist referrals and my own assessment ruling out congenital causes, the claim was denied for being congenital—with no explanation provided when queried. |
| 117 | treatment plan dictated by the company |
| 118 | Asking repetitive question for GL application |
| 119 | GL withdrawn after HPE review |
| 120 | Admission for sinusitis or epistaxis needing CT scan report prior to GL approval. |
| 121 | Constant harassment ie endless questions which have all already been covered in the GL application |
| 122 | asking illogical questions |
| 123 | Already approve and procedure or medication given. 1 month later the insurance audit the case and reject |
| 124 | Denial of procedure on the basis of radiological report, not on clinical symptoms or surgeon's recommendation |
| 125 | Limits to 1 day gls. Repeated irrelevant questionnaires.with [redacted] very difficult to add procedures or refer urgently to colleagues |
| 126 | insisting that I change the procedure to a lesser cost one |
| 127 | Only daycare coverage for surgery that requires inpatient admission. |
| 128 | allowing only day care for procedures which require in-patient care eg excision haemorrhoidectomy |

| | |
|---|---|
| 129 | Some doctors are being pressured to discharge early, admit daycare for painful procedures, and threatened to be blacklisted if u don't follow. Lots of pressure created on doctors |
| 130 | Blood transfusions not covered, interference in clinical management |
| 131 | Unable to admit pt with fractures even if pt is suffering in pain |
| 132 | not allowing for MIS even if patient pays the difference |
| 133 | Initial GL approval for procedures revoked after procedure completed. |
| 134 | Skin lesions like moles which may be malignant but unknown until biopsied. If the pathology report is benign the cover is revoked and pt has to pay even if initial GL was approved |
| 135 | Denial the operation because of high BMI (Obesity). Majority of patients are obese nowadays. They presented with severe GERD not responded to medications. Hence, fundoplication is the best choice of treatment for them. But GL was declined due to BMI |
| 136 | Demand rebate on doctors MMA procedure fees rebate up to 20 %. And doctors need to pay up 30 % to private hospital management after the left 80% fees . It's fees splitting which is unethical under ethics . But insurance and private hospital management deem as business and earning by them . |
| 137 | OGD denied despite obvious clinical symptoms of reflux esophagitis |
| 138 | Repeat deferment despite initial approval |
| 139 | Repeatedly questioned on need for same medication prescribed for serious illness. |
| 140 | Quote guidelines but not clinical judgement |
| 141 | Denial of initial GL as no MRI/ CT scan done/ report available during application for initial GL |
| 142 | Clawback of payments when payment has already been done |
| 143 | Refusal to pay months to a year later after treatment and billing |
| 144 | Agents convinced the patient to use their insurance although it was not matured yet or requested HPE result prior approval which clearly absurd as approval is needed for surgery to be done then only HPE result can be obtained |
| 145 | Asking for tumor pathology report before surgery is performed |
| 146 | Plenty of medicine not covered though indicated |

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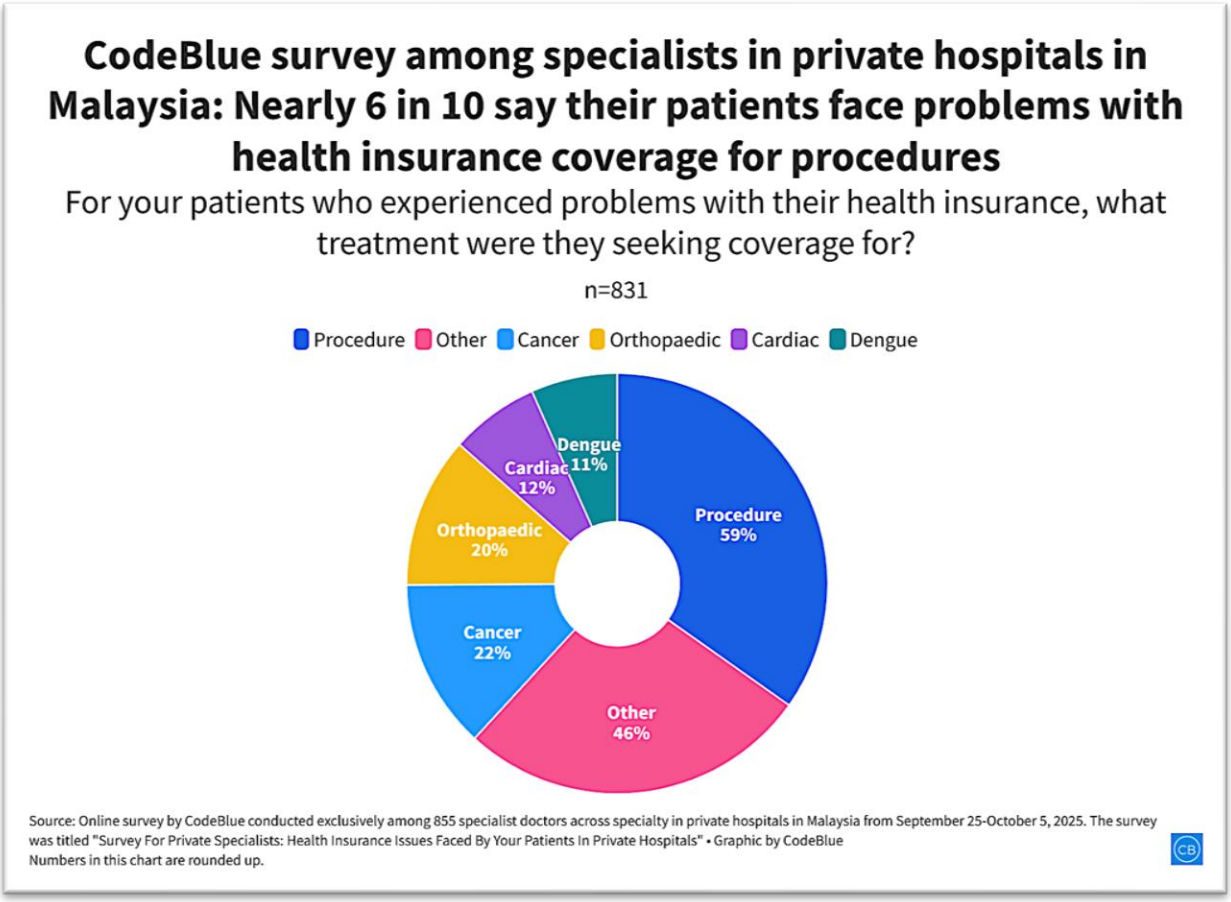
|---|---|
| 147 | repeated, unnecessary QAs |
| 148 | Unnecessary and repeated question from insurance |
| 149 | Refusal to cover medication like SC GCSF or prophylactic antimicrobials/ pre-medications despite being compulsory as part of chemo protocol |
| 150 | Ordered respiratory panel, told if negative result patient have to pay, if positive result insurance will cover. Referred to second doctor for subspecialised care, insurance allowed only 1 review. |
| 151 | Asking to unnecessarily repeat tests - eg already well documented influenza positive from referring GP but still wants hospital to repeat. Asking to do unnecessary test - asking for CXR, even though clinically already diagnosed Pneumonia. |
| 152 | Insistence after an operation that the coverage has been denied because the condition is "congenital" when in actual fact it is not. When one is really to ponder on this deeply, the payers can always argue that everything is "congenital" to start off with, as everything may be determined at birth. |
| 153 | Initial investigation approved eg.allergy test, post discharge patient informed test not covered |
| 154 | Facing a lot of nonsensical questions to justify investigations or treatment |
| 155 | Initially agreeing to cover but after diacharge deny payment to doctor |
| 156 | Certain disease not allowed for in patient care pneumonia dengue |
| 157 | Denied treatment for procedures done by overlapping specialty |
| 158 | denied treatment even after send in an appeal letter. |
| 159 | refusal to cover laser treatment for hemorrhoids |
| 160 | Denial of claim on 'pay and claim' |
| 161 | Refusal to pay consultation fees of co managing colleagues for patients with complex multisystemic conditions |
| 162 | Refusal to pay for doctors procedures |
| 163 | Denied of PET scan who is diagnosed as cancer |
| 164 | Repeated same questions numerous times |
| 165 | Denial of full payment after discharge |

| | |
|---|---|
| 166 | Pre GL approved, after dischaarged, not approved |
| 167 | Not accepting the genetic test which becomes essential nowadays |
| 168 | Dictating terms regarding management |
| 169 | Asking nonsensible management like why using digital technology and explain why need to cannulate patient. |
| 170 | Limited the number of times the doctor is allowed to visit the patient the most bizarre being once only. How are you meant to deliver the reports to the patient after the initial consultation? |
| 171 | Denial of specialist charges for previously accepted procedures like oral chemotherapy. |
| 172 | Totally irrelevant queries |
| 173 | Patient are not aware that insurance policy do not allow GL within first two years |
| 174 | Dictate to change code of procedures |
| 175 | Asking unnecessary medical questions eventually denied guarantee |
| 176 | Deny approval second doctor |
| 177 | Questioning and dictating choice of drugs (can only use generic) and post op pain management practices |
| 178 | Needed multiple times Q&A before approval |
| 179 | Request for confidential documents |
| 180 | Denial of standard surgical procedure as recommended by clinical guidelines |
| 181 | Denial of certain implants even though it’s MDA approved |
| 182 | insurance comapnies do not cover psychiatry treatment either during inpatient referral from other specialities nor outpatient |
| 183 | Some targetted oral therapy approved under inpatient that need to continue on during outpatient post discharge was told not covered as discharged medicine. Inly cover for inpatient. |
| 184 | Denied new method of treatment |
| 185 | Insurance gives outpatient GL for clear inpatient indication like high dose radioiodine therapy |

| | |
|---|---|
| 186 | Deferments for silly reasons like is a 74 yr old lady pregnant?? |
| 187 | patient has an acute condition but is denied as policy is less than 2 years - patient has no idea of this 2 year waiting / cooling off period yrs old |
| 188 | Not paying for important surgical procedures |
| 189 | Insurance company refusal to cover newer technology treatment such as Water Vapor therapy for BPH and Robotic Surgery |

# Question 3




Answered: 831 | Skipped: 24

| Answer Choices | Responses | |
|---|---|---|
| Procedure | 58.72% | 488 |
| Other (please specify) | 45.61% | 379 |
| Cancer | 22.02% | 183 |
| Orthopaedic | 19.61% | 163 |
| Cardiac | 11.55% | 96 |
| Dengue | 11.19% | 93 |
| **Total Respondents: 831** | | |

| # | Other (please specify) |
|---|---|
| 1 | Traumatic wounds , burns |
| 2 | Virtually every problem in clinical Medicine! |
| 3 | Critical care treatments |
| 4 | Bronchitis /age |
| 5 | Headache |
| 6 | Biologic therapy and advance therapy |
| 7 | Esp for biopsies to confirm cancer |
| 8 | Emergency surgeries |
| 9 | Diagnostic Imaging MRI |
| 10 | AGE, simple fracture |
| 11 | Streamlining cataract Surgery ; but not all cataracts are same n may cause complication if a prior procedure not done |
| 12 | Excision or swellings  asking for code excision in case it was cancerous to avoid repetitive surgery and emotional and physical trauma |
| 13 | Admission when no iv medication is required |
| 14 | Trauma. Treatment not covered. Follow up dressing not covered by insurance if there is a charge for follow up consultation. |
| 15 | Renal failure/ dialysis |
| 16 | Supportive care for cancer |
| 17 | Lipoma excision |
| 18 | Bronchopneumonia |
| 19 | infection ( UTI, influenza, bronchitis, non tuberculous Mycobacterium infection, disseminated Staphylococcus infection, Extremely resistant Gram negative bacteria bone and sft tissue infection following MVA,  spine, knee, anemia, |

| | |
|---|---|
| 20 | Renal stones, headache |
| 21 | Abdominal Pain |
| 22 | Pneumonia, acute gastroenteritis, pyelonephritis, intra abdominal infection |
| 23 | Non-coverage of multiple respiratory pathogen panel test (eg. Biofire) Respiratory tract infection pathogen not identified with influenza/ Covid/ RSV rapid test. |
| 24 | eye surgeries / admission |
| 25 | influenza infection |
| 26 | Delirium therapy, investigations and interventions for falls prevention in older patients, osteoporosis investigation and treatment when patients admitted for fragility fractures |
| 27 | Daycare admission for diagnostic, dynamic and confirmatory test |
| 28 | multiple background of cases resulting into disability |
| 29 | Anesthesia |
| 30 | Pediatrics |
| 31 | Plastic and reconstructive surgery |
| 32 | Infections |
| 33 | Gynae procedures |
| 34 | Benign skin lesion and skin cancer |
| 35 | Ent related |
| 36 | pyrexia of unknown origin and part of the workup is a rheumatic screen |
| 37 | Almost all Internal Medicine related illnesses |
| 38 | Denied for ENT examination payment or coverage |
| 39 | Gynaecological |

| | |
|---|---|
| 40 | Endoscopy |
| 41 | Illness involving a pregnant woman |
| 42 | Paediatric infection |
| 43 | Paediatric age group ( especially early infancy up to 2 years of age) requiring operation |
| 44 | Oculoplastic especially ptosis |
| 45 | Infection |
| 46 | Medical |
| 47 | Iron deficiency |
| 48 | Abdominal pain |
| 49 | Cataract surgery |
| 50 | bronchitis, influenza A, gastroenteritis esp [redacted] |
| 51 | Endoscopy |
| 52 | Prostate issue, circumcision for phimosis/balanitis etc |
| 53 | Accurate diagnostic tests |
| 54 | Ophthalmology |
| 55 | Investigation- PCR test |
| 56 | Asthma attack, pneumonia |
| 57 | Fever, diarrhoea, dengue, age, viral disease |
| 58 | Intracranial bleed |
| 59 | Endoscopy |

| | |
|---|---|
| 60 | Various medical conditions |
| 61 | Infection |
| 62 | Neurology related |
| 63 | Bronchitis |
| 64 | Gynaecology |
| 65 | Iron supplements, IV fluids for viral fever |
| 66 | Respiratory |
| 67 | Pneumonia, acute Gastroenteritis, influenza |
| 68 | Infectious diseases that required admissions |
| 69 | Large fibroids with ureteric compression |
| 70 | Infection related illness |
| 71 | infection |
| 72 | Admission for observation required for infants and young children who only needs conservative management. |
| 73 | General surgical procedure |
| 74 | maxillofacial trauma, TMJ disorders/pain, dental trauma, dental management example infections, tumours, |
| 75 | Infection |
| 76 | Respiratory diseases, medical diseases |
| 77 | OGDS abd colonoscopy |
| 78 | Maxillofacial issues |
| 79 | Referrals from other consultant when problem of my specialty was detected |

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|---|---|
| 80 | AGE with dehydration |
| 81 | AGE, BRONCHITIS, PNEUMONIA |
| 82 | ENT PROCEDURES |
| 83 | Spine,back pain |
| 84 | Acute infections |
| 85 | Gynaecology |
| 86 | Gastroenterology |
| 87 | Gynecological treatments both medical n sutgical |
| 88 | Bronchitis |
| 89 | Gynaecological issues |
| 90 | Acute sinusitis , acute vestibulitis |
| 91 | Gastroenteritis, Gastritis, GI bleed |
| 92 | emergency surgery - appendicitis, incarcerated hernia |
| 93 | Acute Pain |
| 94 | Non coverage for certain proven standard therapy (e.g., AGE - refused to cover Bioflor as treatment and sometimes Zinc therapy, refused to cover for topical therapy for eczema) |
| 95 | Inpatient care for infections, dehydration due to various causes |
| 96 | obstructive sleep apnoea |
| 97 | Advanced investigations |
| 98 | Arrhythmias |
| 99 | Bronchitis. Pneumonia |

| | |
|---|---|
| 100 | Blood tests and investigations |
| 101 | Biologic treatment |
| 102 | Pneumonia |
| 103 | General anaesthesia not covered for certain procedures or surgeries |
| 104 | Dermatology |
| 105 | Histopathology testing - Immunohistochemistry staining To rule out malignancy. Insurance will not cover if results turn out no malignancy. But how are we supposed to know if it cancerous or not without performing this test. |
| 106 | Comorbidities management |
| 107 | operations |
| 108 | Spine and pain intervention procedures |
| 109 | Palliative Care, medications for pain and symptoms management at the end of life |
| 110 | Perioperative pain management combine general anathesia with regional analgesic (patien safety for opioid sparing, and enhanced recovery after surgery) |
| 111 | Scoliosis surgery for Idiopathic Scoliosis patients (Cobb angle > 45 degrees) |
| 112 | Gynaecology |
| 113 | Investigation to rule out diseases |
| 114 | Dermatology condition |
| 115 | Advance therapies / BIOLOGIC anti rheumatic drugs for various form of systemic autoimmune diseases |
| 116 | ENT, Opthal, Neurosurgery, Gynaecology |
| 117 | Chronic illness- Diabetes etc. |
| 118 | Neurosurgery and Neurospine |
| 119 | Genetic testing |

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|---|---|
| 120 | Abdominal pain, pregnancy related issues such as vomiting in pregnancy, miscarriage, pregnancy coverage, vaginal discharge - extensive questions about whether it is an STD, colposcopy |
| 121 | Sle - ivig |
| 122 | Pain management |
| 123 | Endoscopy,  gastrointestinal problems |
| 124 | Endocrine dynamic test as inpatients |
| 125 | Thyroid and diabetes care |
| 126 | Palliative care |
| 127 | Brain tumour and degenerative spinal disease |
| 128 | Pediatric surgery cases |
| 129 | emergency cases |
| 130 | Endoscopy, surgery, daycare biopsy |
| 131 | Abnormal uterine bleeding |
| 132 | Surgical procedures |
| 133 | Bronchopneumonia |
| 134 | CRPS |
| 135 | Surgical procedures eg: large lipoma, breast lumps etc |
| 136 | Various surgeries |
| 137 | Dermatology |
| 138 | Severe dust mite induced Allergic rhinitis |
| 139 | Skin lesion and soft tissue reconstruction |

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|---|---|
| 140 | It’s insurers specific. Not procedure specific |
| 141 | Plastic surgery |
| 142 | Endoscopy |
| 143 | neoplams, painful contracture scars |
| 144 | Immunosuppressant for nephritis, GL denial for high risk kidney biopsy that mandate overnight observation post procedure |
| 145 | Medications |
| 146 | Rehabilitation |
| 147 | Peads patient to be under GA for eye surgery. |
| 148 | Reconstruction after cancer extirpation, burns dressings, management of burn scar problems |
| 149 | All |
| 150 | Rehabilitation - speech therapy, audiology, occupational therapy, rehabilitation medicine follow up clinic |
| 151 | Condition requiring rehabilitation |
| 152 | Rehabilitation |
| 153 | Ophthalmology |
| 154 | Stroke |
| 155 | Patient who are pregnant but suffering illness not relating to pregnancy such as appendicitis |
| 156 | None |
| 157 | Breast |
| 158 | Gynaecology cases |
| 159 | Pneumonia |

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|---|---|
| 160 | Acute infection |
| 161 | Gynaecological illness |
| 162 | Denial of antireflux surgery despite endoscopy & manometry confirmation. Insurance company said it was weight related illness. |
| 163 | rehabilitation |
| 164 | Admitted for problems like bronchopneumonia/asthma/AGE with dehydration but GL denied after incidental finding of iron deficiency anaemia |
| 165 | CIN |
| 166 | Influenza , bronchiolitis |
| 167 | Excision of lesions |
| 168 | Imagings |
| 169 | Corneal ulcer requiring close monitoring but no intravenous injection. Diagnostic test if result turns out normal. |
| 170 | Whats labelled as "congenital" |
| 171 | Spine surgeries |
| 172 | Respiratory infection, gastroenteritis, influenza |
| 173 | Ptosis correction, cataract surgery |
| 174 | Pain management |
| 175 | Lung disease |
| 176 | Inpatient medical treatment |
| 177 | Acute febrile illness |
| 178 | Urology |
| 179 | Length of hospital stay , necessity for admission |

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|---|---|
| 180 | Mycoplasma pneumonia with respiratory distress |
| 181 | Medical including pneumonia and bronchitis |
| 182 | Medical illness like DM, INFLUENZA |
| 183 | medications intravenous, infusion |
| 184 | Adenoid, Tonsil, Sinusitis disease |
| 185 | Pneumonia/bronchitis |
| 186 | Abdominal pain |
| 187 | Gastritis, appendicitis,lumps in covered areas of the body |
| 188 | Infections |
| 189 | Respiratory infection |
| 190 | gynae |
| 191 | Ent related |
| 192 | Benign dermal swelling that cause problem but rejected due to cosmetic reason despite lesion not on the face |
| 193 | Infection, asthma, dizziness, stroke |
| 194 | Medical cases like bronchitis, prolong cough, severe vertigo |
| 195 | Jaw tumour/cyst |
| 196 | Denial of palliative care (management of pain and other symptoms related to the diagnosis of advance cancer) |
| 197 | Neurology cases eg Migraines, Strokes, Epilepsy, Uncertain Diagnosis, or as part of multidisciplinary conditions |
| 198 | Pneumonia, bronchitis |
| 199 | For IV pain control for backpain/neck pain |

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|---|---|
| 200 | Rheumatology ... autoimmune |
| 201 | Urology |
| 202 | Ophthalmology |
| 203 | Gynae |
| 204 | Gastroenteritis, gastritis, abdominal pain |
| 205 | Medical: Influenza infection, Acute wheeze |
| 206 | influenzae with dehydration,  temp 39 degrees Celsius, inflammatory arthritis for biologic therapy |
| 207 | blood transfusion iron infusion for severe anemia |
| 208 | Sepsis, stroke, septic shock, uncontrolled DM, hypertensive crisis, influenza with pneumoni |
| 209 | Recommended prophylactic operations like bilateral salpingoophorectomy in menopausal women undergoing hysterectomy , which is based on scientific evidence.Some diagnostic procedures which are part of the treatment for the patients' medical complaints |
| 210 | Spine surgical procedures like extreme lumbar interbody fusion, radiofrequency ablation of facet joint |
| 211 | Biologics |
| 212 | Medical complications in pregnancy |
| 213 | Children surgery |
| 214 | Ent |
| 215 | ACUTE BRONCHITIS AND ACUTE PNEUMONIA(WERE NOT COVERED FOR ADMISSION |
| 216 | Viral Fever , URTI , Bronchopneumonia |
| 217 | Any medical ilness |
| 218 | Infections. Abdominal pains. Gallstone disease. Many endoscopy |
| 219 | Diabetes medication such as GLP1RA weekly injections, recognised in treatment guidelines |

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|---|---|
| 220 | most ophthalmology cases are denied admission (even GA) because they insist that eye cases can only be done in daycare |
| 221 | Hormonal therapies for therapeutic purposes |
| 222 | Spine |
| 223 | Neurosurgery |
| 224 | Endoscopy - gastroscopy, colonoscopy |
| 225 | Haemorrhoids, appendicit |
| 226 | Admission for IV antibiotics, IV hydration |
| 227 | otolaryngology sinusitis pt less than 2 years of insurance. |
| 228 | Endoscopy |
| 229 | Gynaecology issues |
| 230 | Spine, neurosurgery |
| 231 | Endoscopy |
| 232 | Vertigo. Excision of ear and oral lesion. |
| 233 | Paediatric Medical Care - RTI |
| 234 | Respiratory infections, gastrointestinal infections |
| 235 | Thyroid Eye Disease, Strabismus |
| 236 | Respiratory illnesses- bronchitis, |
| 237 | Oral lesions that require biopsy/excsion, temporomandibular joint disorder |
| 238 | symptoms, which imaging is indicated. PT was denied admission unless imaging was done and abnormal. |
| 239 | Pneumonia |

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|---|---|
| 240 | Peritoneal dialysis |
| 241 | Medical treatment |
| 242 | Acute infectio |
| 243 | Infective case need iv antibiotic |
| 244 | Fundus angiograms , Uveitis work up and management |
| 245 | Rheumatology - inflammatory arthritis |
| 246 | MRI |
| 247 | Bone marrow biopsy and it’s associated necessary tests |
| 248 | Knee injections |
| 249 | AGE, Pneumonia, Influenza |
| 250 | Dermatology |
| 251 | Severe headache, back pain (patient has difficulty getting up from bed), |
| 252 | Perioperative diabetes care |
| 253 | Psychiatry |
| 254 | Endometriosis (endometrioma) |
| 255 | Surgery |
| 256 | Medical treatment for acne |
| 257 | autoimmune diseases |
| 258 | General surgery |
| 259 | Pediatric infection related illness |

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|---|---|
| 260 | Biologic therapy |
| 261 | hernia, GERD |
| 262 | Normal illnesses |
| 263 | Paediatric infections |
| 264 | Brain tumor and spine diseases |
| 265 | Sinusitis infection |
| 266 | Influenza |
| 267 | Gynecological |
| 268 | Neurological condition |
| 269 | Psychiatry treatment |
| 270 | Investigation procedure |
| 271 | Prolong pneumonia |
| 272 | acute Infective cases |
| 273 | Pneumonia |
| 274 | Headache |
| 275 | Dermatology |
| 276 | Operation admission |
| 277 | Special ENT Surgery like RFA of Inferior Turbinates |
| 278 | Rheumatic diseases |
| 279 | Sports Medicine |

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|---|---|
| 280 | Autoimmune disease |
| 281 | Bronchitis |
| 282 | Endoscopy, IV hydration and Medications for AGE |
| 283 | General health condition |
| 284 | Even serious conditions like major GI bleed |
| 285 | Influenza/AGE |
| 286 | vertigo patients is denied for further MRI imaging TRO any intracranial cause |
| 287 | Endocrinologist |
| 288 | Blood transfusion |
| 289 | viral fever |
| 290 | MRI/ CT scan/ PETCT |
| 291 | Spine related illnesses |
| 292 | Influenza , Pneumonia |
| 293 | Pneumonia |
| 294 | operation for excision |
| 295 | Surgeries |
| 296 | Psychiatry |
| 297 | Neurology issues esp migraine |
| 298 | iv medications |
| 299 | peptic ulcer disease, hemorrhoids |

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|---|---|
| 300 | Ent |
| 301 | Accident, Infection |
| 302 | Autoimmune condition |
| 303 | Myocarditis, for urgent mri cardiac, |
| 304 | Surgery |
| 305 | Anaesthetic’s |
| 306 | Neurology |
| 307 | sinusitis, FESS |
| 308 | AGE, PNEUMONIA |
| 309 | Brain and spine |
| 310 | outpatient investigations and follow-up care |
| 311 | Drug treatment |
| 312 | Sepsis |
| 313 | Scope |
| 314 | Imaging |
| 315 | Spine surgery |
| 316 | emergency surgery for appendicitis, peritonitis, abscesses |
| 317 | Pain management : laser , rfa, ha gel, prp |
| 318 | Gynaecology surgery |
| 319 | Pediatric illness bronchitis fever |

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|---|---|
| 320 | Pneumonia |
| 321 | Illnesses like food poisoning which they deem just needs out pt care |
| 322 | stroke, TIA, epilepsy |
| 323 | Surgical procedures |
| 324 | IV antibiotics |
| 325 | Severe acute abdominal pain |
| 326 | Severe maxillofacial trauma |
| 327 | Gynaecolgical conditions |
| 328 | Inflammatory bowel disease |
| 329 | rheumatology |
| 330 | Infections |
| 331 | Benign tumor |
| 332 | Monoclonal antibody such as rituximab |
| 333 | Medical - including infections like sepsis, pneumonia, NCD complications renal failure and diabetes complications |
| 334 | Ophthalmology |
| 335 | Mainly diagnostic Radiology MRI |
| 336 | Endoscopy |
| 337 | Autoimmune. Diseases |
| 338 | Influenza, AGE, pneumonia |
| 339 | Not specific to any field |

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|---|---|
| 340 | Pneumonia |
| 341 | lung problems |
| 342 | Gnrh analogue |
| 343 | Skin problem |
| 344 | Paediatrics |
| 345 | Neurosurgery |
| 346 | Surgery |
| 347 | H pylori Gastritis |
| 348 | Infection - swab for Respiratory panel |
| 349 | Breathing related |
| 350 | Biological drugs |
| 351 | Fever, Respiratory problem, gastroenteritis |
| 352 | Diabetes, thyroid |
| 353 | Need for tongue based biopsy under GA, denied |
| 354 | Hepatitis |
| 355 | Shoulder pain |
| 356 | Endometriosis |
| 357 | approved for hysterescope dd&c for menorhagia but when additional test added .i.e pap smear , insurance decline for procedure approved earlier |
| 358 | Normal paediatric illnesses something like AGE, chest infection, gastritis etc |
| 359 | Urology stones |

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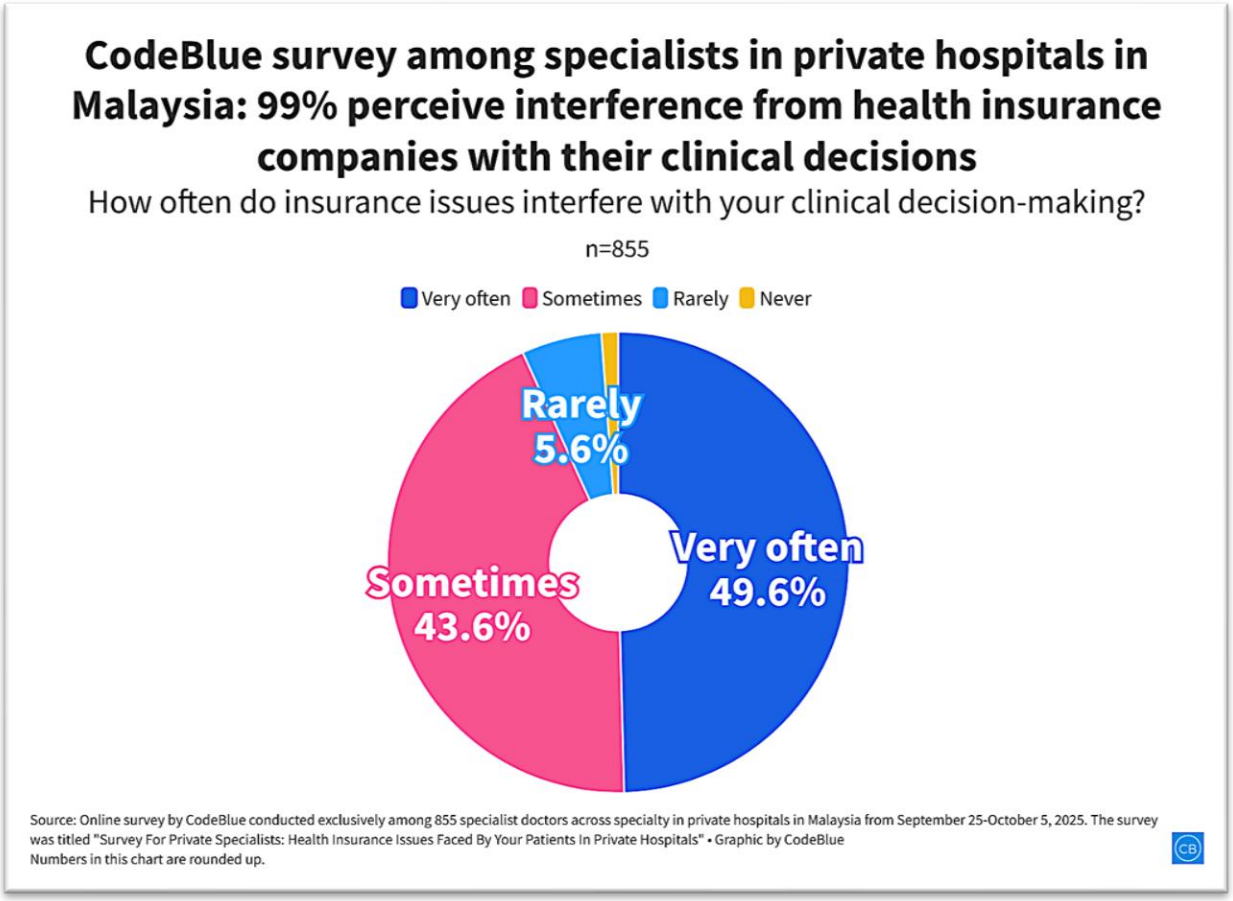
|---|---|
| 360 | All category |
| 361 | Pterygium excision with graft but insurance refuse to cover for the tissue glue used |
| 362 | Gynaecology |
| 363 | Psychiatry (depression, anxiety, insomnia, somatic symptoms, etc) |
| 364 | Gynae related investigation |
| 365 | IV Medication and Ophthalmology services |
| 366 | Critical care or ICU care |
| 367 | Surgery and Endoscopy |
| 368 | Cancer treatment related complications including infection bleeding |
| 369 | Follow up for cancer |
| 370 | Kidney failure |
| 371 | Paediatrics |
| 372 | Urine tray infection with multi drug resistant organism , sepsis |
| 373 | Gastritis, sinusitis,pneumonia, tonsilitis |
| 374 | Medication |
| 375 | Paediatric patients who need admission cos they need frequent procedures like nebulisation, or just close observation for potential deterioration |
| 376 | neurological |
| 377 | 1. Jaw tumour - these tumour are classified as odontogenic tumour that requires excision of tumour and jaw reconstruction was repeatedly and systematicly denied as dental treatment. However, the treatment requires is resection and reconstruction. |
| 378 | Lower respiratory tract infection |
| 379 | Pain intervention |

# Question 4




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Very often | 49.59% | 424 |
| Sometimes | 43.63% | 373 |
| Rarely | 5.61% | 48 |
| Never | 1.17% | 10 |
| Please provide one example of how insurers interfered with your clinical decisions – optional | | 290 |
| **Total Respondents: 855** | | |

*Note: the option to write an example was only inserted in the survey after the submission of 389 responses to this question without that option, as CodeBlue inadvertently left it out earlier.*

| # | Please provide one example of how insurers interfered with your clinical decisions – optional |
|---|---|
| 1 | Unable to do tests that may affect the treatment |
| 2 | Many times they approve a diagnosis and procedure only to deny it once treatment is complete . A specific mechanism should be put in place so this never happens |
| 3 | Denied cardiac output monitoring/ intramuscular hypothermia/ cytokine filtration |
| 4 | Why patient was intubated when patient is in obvoius respiratory failure |
| 5 | Cannot admit cos no iv medication, incessant questions related to routine lab investigations that are indicated |
| 6 | Denied used of antiviral for severe adenovirus pneumonia simply because there is no local guideline, denied coverage for CMV and EBV PCR tests for fever of unknown origin, denied coverage for admission for patientients and stool PCR tests |
| 7 | Denial of claim when incidental findings of normal variants, physiological or congenital lesions. Rejected |
| 8 | When neuro-imaging combined with phasing was required |
| 9 | Delay in either ERCP or lap choke approval when both are required. |
| 10 | Isolated elevated high sensitivity Troponin I. Investigations done refused to be covered when final diagnosis is not due to acute coronary syndrome. |
| 11 | I still offer the best treatment for the patient, it is up to the patient whether they want to self pay or not. If they are unable to pay, then I will either offer what is affordable for the patient or refer out to government hospital |
| 12 | Insurance decline for blood test, respiratory viral test, dynamic endocrine test for screening and confirmatory test, CT scan |
| 13 | need to plan for outpatient rehabilitation, limiting improvement can be achieved with intensive inpatient rehabilitation |
| 14 | Insist on daycare admission for major surgery.  Cannot admit on Sunday for Monday op |
| 15 | Burns dressings under GA as daycase due to pain, TPA decline as “outpatient” |
| 16 | Denied coverage stating that patient doesn't need in patient treatment |
| 17 | Dictate what procedure can be charge. Closure post wide excision using local flap often denied but in my plastic surgery practise it is mandatory. |
| 18 | Pt came with cervical spondolysis but refuses meiosis |
| 19 | Patient requires pain procedure, but only approved as outptn |

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|---|---|
| 20 | To use ONLY generic drugs |
| 21 | Questioning important procedures that helps alleviating pain and discomfort |
| 22 | Not covering patients who are being admitted on Sunday for surgery on Mondays. |
| 23 | Must do as daycare cannot inpt eg hospital in Ipoh PT stays in tapah or gerik |
| 24 | Inpatient to daycare , questioning the indication for surgery and need for prolonged stay |
| 25 | Better medication not covered by insurance, so have to use the other option if patient not affortable |
| 26 | Delay approval of appendicectomy for acute appendicitis. Reason is no CT done |
| 27 | Declining GL despite detailed justification, especially for children less than 2 years requiring surgery. |
| 28 | ECG not applicable due to no history of IHD previously |
| 29 | providing adequate pain relief perioperatively |
| 30 | 1. They always disallow ptosis claims , argue it is a cosmetic despite we should then photo and visual field which clearly it is a functional issue which affect vision. 2 so also have a case with a mass in a nose require biopsy and was declined by insurance claiming it is a cosmetic issue |
| 31 | A patient had a neck abscess with matted lymphnode which cect neck comfirm the need TRO TB. Tb Pcr was sent but insurance denied the claim as saying unnnecessary investigation |
| 32 | Rejected a claim for a justified admission |
| 33 | Cap on insurance coverage limits intensity of therapy |
| 34 | Patient with typical angina pain with negative exercise stress test refused coverage. |
| 35 | denying payment for surveillance colonoscopy following colon cancer surgery |
| 36 | I need to answer up to 20 questions when applying to do upper and lowerscopes with one particular insurance [redacted] |
| 37 | They refused coverage for genetic testing which would assist in decision making of systemic therapy |
| 38 | Challenging the charging codes |

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|---|---|
| 39 | Request for imaging although not needed for that particular case |
| 40 | insists on iv medication throughout the admission |
| 41 | Denying coverage for procedures, saying that it is not necessary (in their opinion) |
| 42 | They will ask for investigation results before issuing GL |
| 43 | Prolonged post op ileus, thyroid function test is not warranted as not related to diagnosis |
| 44 | Filmarray PCR test cannot be done |
| 45 | Irritating illogical inquiries |
| 46 | Some procedures are not covered,  can't be done |
| 47 | Refused Mri. Refused admission |
| 48 | Issues with only certain insurance companies, mainly [redacted] and [redacted] takaful |
| 49 | Unnecessary QA which should be clinical and easily assessed with proper underwriter in health knowlegde |
| 50 | Part of procedure allowed. Another part not allowed |
| 51 | Refused to pay for diagnostic test and sometimes treatment |
| 52 | require unnecessary investigation: eg ultrasound for sebaceous cyst, CT for incarcerated hernia |
| 53 | Patient had fall,severe pain neck region,nunbness over UL,denied MRI abd admission for treatment |
| 54 | Simple xray which had been seen/interpreted by medical officer before admission were not accepted. The insurance companies still insists on radiologist report before decision for admission can be processeded together with ed by radiologistre to be reported by radiologist |
| 55 | Diagnosis of dengue fever with warning signs not indicated for admission despite justification. AGE with severe dehydration not justified for admission for IV drip and IV therapy despite justification. Reasons given no clear indication for inpatient care. |
| 56 | Denying coverage for complex procedures and asking to do under daycare when procedure requires GA in patient |
| 57 | Insurance ask why I need to do two leg varicose vein instead of just one, where in fact the patient has venous reflux both legs |

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| 58 | Coverage issue |
| 59 | Volar wrist ganglion cyst, patient have phobia for surgery and blood, request for GA. Insurance refused and pateint unable to go for surgery. The swelling is increasing in size and is in the dominant hand and disturbing his daily work. This is just one small example |
| 60 | Patirnt admitted for urgent surgery but approval took more than 48 hours, with multiple unnecssry questionnaires which more often than not are repetitive and unreasonable |
| 61 | They will say that admission is not necessary or not justified to stay beyond certain number of days |
| 62 | Patient abdominal pain plan for gastroscopy n colonoscopy but insurance approved only 1 of the 2 planned procedure |
| 63 | Reschedule admission and surgery to another date where patient to be admitted on weekday. |
| 64 | Ovarian cancer surgery - will. Not cover eg appendicectomy claiming is not required although it is part of a full. Surgical staging |
| 65 | Question my choice of disease modifying drugs on autoimmune disease management |
| 66 | to only approve GL Daycare when an inpatient admissions is required for a long surgery and need of post operative monitoring |
| 67 | Deny for admission as ecg was reported from machine as normal, later on patient developed myocardial infarction |
| 68 | Elaborated in 3. GA not covered in Endoscopic procedures. |
| 69 | Patients with anaemia had a iron studies done and started on iron replacement therapy but told by the insurer iron studies not warranted and iron replacement therapy considered as supplements. |
| 70 | For patients who do not want to pay out of pocket for medication/ treatment not covered by insurance, alternative treatment which is not in the best interest of patient be given |
| 71 | Giving me numbers of visits I can see the patients as second doctors. Initial visits only and thereafter will not cover . I habe ti justify and appeal why I have to keep reviewing patient and to treat patient. |
| 72 | Not allow to use first line drug because more expensive |
| 73 | insisting that hysteroscopy should be done as day surgery even though the pt is 60 years old and has hypertension and diabetes |
| 74 | Patient planned for cervical epidural block and dorsal root injections, GL approved, but for outpatient treatment, |
| 75 | May affect the medications that we prescribe |
| 76 | Questioned post operative continued care as a secondary physician |

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| 77 | Delayed GL in open fracture case causing delay in definitive management. Patient had to be on traction while waiting for GL to proceed with surgery. |
| 78 | Insurer wants an ovarian Cystectomy instead TAHBSO for a post menopausal ovarian cyst with raise tumor makers |
| 79 | Request for unnecessary test when the diagnosis is suppose to be clinical. And the diagnostic test is not with high sensitivity & specificity |
| 80 | Deny coverage for Mirena which is indicated for treatment of heavy menstrual bleeding. Deny coverage for bilateral salpingoophorectomy during vaginal Hysterectomy and pelvic floor repair for UV prolapse in a post menopausal patient. |
| 81 | Do not allow me to charge after i did the procedure. Threaten me to waive the fee as they may raise some law suit if i do not agree to do so |
| 82 | Ogds and colonoscopes. Patient's autonomy and right for safe and controlled sedation by an anesthetist is not allowed |
| 83 | The insurers will query why the patients (Idiopathic Scoliosis) require surgery. |
| 84 | Lumbar disc prolapsed - only approved for admission but not for procedure eg radiofrequency block treatment |
| 85 | Insurance limit 20K, denied a 30K estimates |
| 86 | Example - abdominal hysterectomy encountered adhesions ? Endometriosis related. Certain TPAs will refuse to let you charge for adhesiolysis or attempt to ask you to use another irrelevant code |
| 87 | Need to skip certain diagnostic procedures and need to manage problem not related to speciality because referral to another specialoty was rejected |
| 88 | Laboratory investigations ordered which were perceived by insurers to be not related to admiting diagnosis ie urticaria (lab tests ordered such as ANA, thyroid profile) |
| 89 | Questioning on initiation of treatment for severe disease condition without considering patient’s disease status |
| 90 | Initial GL approved, half way through admission, completely revoked. Forcing patient to be transferred to public hospital. |
| 91 | Insisting that a laparotomy can be done as a day case. |
| 92 | Do  not cover outpatient investigations or procedure resulting in admission and added cost |
| 93 | Query me insert central venous line for a major brain surgery  brain |
| 94 | Insists to be done under day care which is impossible |
| 95 | Decline anything to do with palliative care |
| 96 | Not allowing charging code for actually procedure done during a surgery |

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| 97 | When surgery needed but insurance keep asking for further test which was not covered initially |
| 98 | Refusal to reimburse for genetic testing |
| 99 | A patient had multiple medical issues and to plan for surgery I needed other specialists involved but insurance denied the request for referrals. Without a multidisciplinary team I was not able to manage her and had to ask her to go to a government hospital. |
| 100 | Patient who has a difficult airway was only approved for daycare despite explaining the risk of apnoea, airway oedema , complications post op |
| 101 | Patient in pain but asked to treat as outpatient |
| 102 | decision on type of procedure, my qualifications, other alternative treatments |
| 103 | Deny patient the standard treatment for diabetes despite following the malaysian cpg for diabetes.Only allowing generic medications. |
| 104 | Admission as Hospitalisation Versus  Day Care |
| 105 | Not covering for referrals and medications, special investigations |
| 106 | Denying GA and insisting on LA |
| 107 | Denial of treatment - circumcision for recurrent balanitis |
| 108 | They decide if patient needs daycare or inpatient - [redacted] insurance |
| 109 | Questions about the necessity of a procedure even the reasons are clearly outlined not only by the referring GP but also by us clearly in the in line form with validation from blood tests and ultrasound images |
| 110 | Non coverage of the procedure that has been done . It is part of parcel of previous procedures . Hassles of needing justification why the procedure need to be preformed and their evidence . |
| 111 | when they don't allow certain procedures , hence patients are treated in a substandard way |
| 112 | A 7 year old admitted with severe epigastric pain for 1 week, and despite giving maximal medication and morphine base medication, the request to perform endoscopy (OGDS) was denied. Reason given was the symptoms was only a week and to qualify, the child needs to have the symptoms for 1 month! This is [redacted] |
| 113 | they dictate what need to be done and refuse to engage with us especially by the medical director |
| 114 | Patient had systemic absorption of local anesthesia during an image guided biopsy. Letter written to convert daycare to inpatient. Reply was late, patient ended up discharging by 10pm, GL approved by 11pm |

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|---|---|
| 115 | Starting acute pain service for the patient |
| 116 | QA on Medical treatment or surgical procedures proposed |
| 117 | Refused to pay for multimodal analgesia technique |
| 118 | GL inpatient denied. Pt shied away from hospital. Came back again 1 year later. Already developed fibrosis/bronchiectasis |
| 119 | Insertion of epidural insertion,use of TiVA intraoperatively |
| 120 | Threats of procedures paramount for patients benefit not being covered in the GL |
| 121 | Refusing payment for procedure performed |
| 122 | Choice of post operative analgesia |
| 123 | Advanced technology ie endometrial microwave ablation |
| 124 | Hysteroscopy with DD&C is only approved for daycare, no overnight admission. That would prompt me to perform general anesthesia instead of spinal anesthesia for the day case |
| 125 | Denial to pay for blood cultures in a febrile patient. Denial to pay for Troponin T in a patient complaining of chest pain. Denial to pay for somatic gene mutation testing for acquired disorders because of poor understanding of the difference between her line and somatic mutations.<br><br>Denial to pay for karyotyping of bone marrow cells for the same reason. Denial to admit patients for monitoring for first infusion of cancer immunotherapies known to have 20-30% risk of infusion reactions, denial to pay for PET CT scans for staging or surveillance of malignancy, denial to pay for expensive tests not available locally eg T cell clonality studies in Singapore.<br><br>Denial to cover gene sequencing assays for cancer, denial to cover daycare hospitalisation for subcutaneously injected biological agents with significant potential adverse effects with the reason that subcutaneous injections do not require 'admission to daycare'.<br><br>Denial to cover treatments where the total length of daycare admission is shorter then an arbitrary number of hours not specified in policy document, denying to pay for cancer therapy when the patient is receiving novel anticancer agents with the reason that the agents are not 'chemotherapy' |
| 126 | Manipulation of joints under GA as out patient! |
| 127 | They declined the administration of dust mite specific allergen immunotherapy |

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| 128 | Skin malignancy over the face requiring wide excision and flap or graft coverage but denies ward admission and only allow daycare procedure |
| 129 | 1) insurance asking me (anaesthetist) the reason for insert Arterial line for a major neurosurgery (craniotomy) 2) insurance denying payment for PCA morphine ordered for post op arthoplasty patients |
| 130 | Questioning on what will happen if (skin) cancer is not removed. |
| 131 | Deferred endoscopy |
| 132 | patient planned for surgery and insurance refused coverage |
| 133 | Limitation to diagnostic test delays certain interventions. |
| 134 | Kidney disease patients often have multiple comorbids that include hypertension, diabetes, high cholesterol, renal anaemia and bone disease. Frequently Insurers forbid prescriptions if the medications for the aforementioned comorbids citing the reason as "NOT RELATED TO THE DIAGNOSIS". Another example is prescribing SGLT2 inhibitor for kidney patients often being challenged as patients have no diabetes suggesting their narrow knowledge that most medications have multiple indication of use. |
| 135 | Want to show abnormal ECG or Cardiac enzymes to get GL, but they don't seem to understand UNSTABLE ANGINA is a clinical diagnosis, they expect the enzymes to be raised which is NSTEMI/ STEMI |
| 136 | IM Botulinum toxin for spasticity denied |
| 137 | Insurance only allow certain procedure and when claims made, they refused to pay |
| 138 | Ganglion cyst of hand, best to be done under General Anaesthesia - asked to be done under Local Anaesthesia by insurance |
| 139 | Decline GL for peadiatric eye surgery under general aneasthesia. Was only covered if surgery under local aneathesia. |
| 140 | Ptt may go elsewhere. Delay in treatment |
| 141 | Effusion post TKR which required aspiration of knee joint in clean air theatre setting, insurance company refused admission insisting that it could be done in outpatient clinic. Despite numerous letters of appeal, insurance still denied. |
| 142 | Did not approve certain lab investigations |
| 143 | Denied medical claims for stroke due to previous smoking history |
| 144 | For example patient is admitted for pseudomembrane conjunctivitis and needed daily rodding.yhey only allow once charged procedure for the whole admission. |
| 145 | Refused daycare admission for infected ingrown toenail for wedge excision under la and I've abx |

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| 146 | Apply GL as 2nd doctor for inpatient and denied when treatment is clearly warranted |
| 147 | Insist on LA when procedure has to be done under GA |
| 148 | I would be hesitant to peripheral nerve blocks, because insurers refuse to pay. |
| 149 | Asking for justification of certain treatment. Any cheaper option. Asking justification on why require admission and not just day care. Refuse to cover for benign tumour that is not clearly congenital related |
| 150 | Q n A: sounds like the one doing screening for approval is not a medical doctor. Need to explain A to Z. Still decline |
| 151 | Forcing for investigation to believe clinical diagnosis |
| 152 | The diagnosis given by earlier Surgeon confused the insurance Company |
| 153 | Denial of endoscopic procedure |
| 154 | Patient needs admission (in-patient care) but was not allowed and insurers insist on outpatient treatment only |
| 155 | Refuse inpatient admission when it is warranted Refuse used of confirmed gold standard of treatment |
| 156 | Ultrasounds refused for surgical cases only approved after results are out |
| 157 | To delay emergency surgery to office hour time |
| 158 | A specific insurer instruct patient pay and claim. Later doctor learn that only 2 doctors in hospitals are allowed to apply GL. Patients who are treated by other doctors have to pay and then try to claim. Patients refuse admission for fear the expence will not be reimbursed. Patients continuety of care is disrupted due to payment mechanism inposed by insurance company. |
| 159 | Why need to do OGDS for billiary colic |
| 160 | Refusal of coverage for inpatient, insist on outpatient care |
| 161 | Asking to manage a patient as a daycare admission instead of full admission although the patient has medical risk factors and not suitable for day care. Denying coverage just because a patient has an unrelated congenital condition. |
| 162 | Insurance companies keep querying why anaesthetist administered intravenous sedation is required for patients. Sometimes sedation is a good and safe alternative compared to general anaesthesia. However they keep querying and implying that sedation is not necessary! This is detrimental to patients' well being and comfort. |
| 163 | Any operation to fallopian rubes were always calcified as fertility |

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| 164 | Not allowing endoscopy as the symptom is less than 4 weeks |
| 165 | Dengue patient- need for serology to become positive, then they ask if necessary or in shock... |
| 166 | Approved admission for epigastric pain but not for OGDS! |
| 167 | Choice of medications |
| 168 | if a patient post stroke sustained significant impairments such as cognitive or motor impairment will be denied rehabilitation consult who can prognosticate and plan out most effective rehabilitation program within the required time frame ; resulting in avoidable stroke complications like contractures etc which limits further function |
| 169 | Denial of rehabilitation and its related management and procedures despite the established evidence and standards of care |
| 170 | CIN, |
| 171 | Type of surgery that provide better clearance or investigations that provide better diagnosis and local disease. As a result of limited coverage, patient requested simpler investigation or procedure to reduce their cost |
| 172 | [redacted] does not follow moh protocol to treat certain Orthopaedic procedures especially [redacted] |
| 173 | Rarely because I decide on what's needed and often patient will then pay out of pocket n claim or I refer them elsewhere. |
| 174 | Often questioning validity of treatment proposed |
| 175 | Interfere with the coding for example Q1700 was done. But asked to change to Q1800. |
| 176 | Patient who has Ptosis of eyelid are denied surgery even though there is clinic's evidence of visual impairment. I must add that not all insurance companies adopt this policy. [redacted] is the only insurance company imposing this requirement. [redacted] has approached hospitals wanting to impose ceiling price for cataract surgery. Hospitals have no choice but to seek cheaper older generation lenses. |
| 177 | For Trigeminal neuralgia procedure, decline startdard procedure like Trigeminal ganglion thermocoagulation |
| 178 | Question on indication of the procedure, deem unnecessary |
| 179 | Coverage issue |
| 180 | Other surgeons invited me for two surgeon procedure, they disapproved |
| 181 | Patient was scheduled for gastroscopy and colonoscopy but insurance only covered colonoscopy without giving any reason. |

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| 182 | Requirement for IV treatment before inpatient GL is allowed |
| 183 | Whether procedures are covered by insurers and time delay of GL clearance |
| 184 | Deny and disallow treatment |
| 185 | Necessity for admission, longer stay. |
| 186 | Judisfication of medication or investigation for the diseases |
| 187 | Obese Pt with proximal DVT with SOB denied emergency admission. |
| 188 | Hemorrhoids surgery have to do as outpatient |
| 189 | They asked me multiple times why pnuemonia need to be admitted. And patient has been coughing for 1 month and was getting worse on oral emds |
| 190 | Insurance should not decide when patient needs inpatient treatment |
| 191 | Kept thinking all children problems are congenital in origin |
| 192 | not allowing inpateint care for minor procedures despite explaination on need for inpatient care |
| 193 | Refuse coverage because treatment not approved by PDA! |
| 194 | Limit endoscopic tests only after failure of medical treatment for one month despite patients had severe symptoms |
| 195 | Turbinate surgery, cannot use radiofrequency method. |
| 196 | CT cardiac investigations- insurers remark cover depends on resport, if normal they won’t cover |
| 197 | Pt in seveee gastric pain but only cover daycare for scope. Pt post open haemorrhodextomy, post op very painfulAnd may bleed, but cover for daycare |
| 198 | No iv medication, admission not required. Abscess can be drained in opd |
| 199 | unable to use better quality medication |
| 200 | By trying to deny certain diagnostic tests/procedures based on allegations that they are not needed for treatment. |
| 201 | Insisting certain conditions can be treated as outpatient. |

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| 202 | Admission criteria based on questionnaires scoring |
| 203 | Why was admission required? |
| 204 | Denying admission and investigation for a patient with acute chest pain. Rational was as the ECG was normal and a Troponin was normal. This was a middle aged man, with significant symptoms and multiple risk factors. |
| 205 | Duration of analgesic to be shortened , procedure to be done to followot by clinical need |
| 206 | Refuse imaging that's necessary for diagnosis |
| 207 | Patient having chest pain and needed admission for medications to do CT angiogram. But because there is no IV medications and only diagnostic tests, insurance does not cover. Because of this interference, patient more willing to go ahead with invasive coronary angiogram which will be covered by insurance. |
| 208 | They tell me what to do. |
| 209 | Providing partial coverage / only allowing procedure to be done as daycare despite the procedure needs post op monitoring in ward. |
| 210 | By asking questions like why you do this, justify. By asking questions like why are you admitting your patient, i. e. why hospitalization? By asking questions like why can't you do this as an outpatient or as a day surgery case? |
| 211 | Requesting for Covid test, allowing 1 day stay for myocardial infarction case, permit only 1 visit for in patient ward round |
| 212 | Asking irrelevant questions eg. how frequent the nebuliser, what dosage the drugs |
| 213 | Just given day care aoprovals when not all patients are the same and some need proper stay for recovery |
| 214 | When insurers deny coverage of palliative care (even though the diagnosis is cancer), it affects subsequent management of the patient. Continued consultation may result of patient paying out of pocket, or unreimbursed services on my part (as a palliative care provider). Tough spot to be in. |
| 215 | Only allow certain surgeries to be done as daycare |
| 216 | [redacted] case--> delays in care (Diagnostic/Treatment) for each consultant involved in a specific patient care, as approval has to be given to prior investigation or doctor cleared first, before next doctor can proceed with his treatment plan. This makes care dragged out, delayed and dangerous. ant involved |
| 217 | Patient don't require certain test like CT or doesn't require admission despite severe symptoms. Denial sometimes based on no abonormal test results rather than Drs justification |
| 218 | Patient already on oral painkiller from GP, seeking further treatment as inpatient. GL denied and asked to be treated as outpatient |

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| 219 | 1. Reactive arthritis with crp 29. Despite adequate treatment crp went up to 43. Decline pet scan. 4 days of justification letters and patient finally made complaint cc to bank Negara the ceo of the insurance company made a complaint to my ceo about me to say I instigated the patient to make complaint and to mark me. |
| 220 | Low coverage |
| 221 | Orthopaedic procedures denied. Asked to continue conservative options. Insist patients complete a few months of oral medications before we can explore surgical options. |
| 222 | 2 ways of fixing a fracture. open or MIS, insurance approves open |
| 223 | Unable to do scopes despite having clear indications |
| 224 | Duration of stay |
| 225 | A patient with posterior myocardial infarction waited for >3 hours and GL not approved. Patient finally opted to get treatment in government hospital.. |
| 226 | Refusal to allow certain stool studies although admitted for Gastroenteritis, need to seek permission to do the test resulting in treatment delay. |
| 227 | Best medicine available |
| 228 | Ear lump excision deemed congenital when they are not |
| 229 | Teaching us what surgery to do, when to do, what drugs to administer and duration of treatment |
| 230 | Often you get fed up and just tell them insurance denies coverage |
| 231 | Chest pain evaluation |
| 232 | We r told to transfer a dengue patient in cytokine storm to government hospital, told to use cheaper drugd amd generic, we have a patient with pnemunia and hypoxia and need bronchoscopy but told to treat conservatively and patient detetiorated amd need repeated admission for partialy tteated pneumonia |
| 233 | Insurers sometimes deny patients legitimate claims becos of the patients policy eg a dermoid cyst in the ovary is considered a congenital illness even when it was not detected at birth or within 6 months of birth. Or CIN is classified as a STD becos it is caused by some strains of the HPV |
| 234 | Patient had large disc herniation, surgery was denied and advised for conservative treatment by insurance doctor. |
| 235 | For coverage of biologics , requests patient’s photos nefore decision can be made. Non steroid creams are not covered and only covers for steroid creams. |
| 236 | Asking for an irrelevant investigation such as a ct scan |

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| 237 | Requirijg jusirification for doing tests |
| 238 | Questioning why initial diagnosis was changed, also recommending alternatives cheaper procedures. |
| 239 | Require tests reports (blood test, ct scan etc) before GL request is given consideration |
| 240 | Delayed Insurance approval or non Approval . Patient request to wait for Insurance |
| 241 | Request for unnecessary imagings |
| 242 | Will not pay even consultation |
| 243 | Declined certain blood tests scans and even medications |
| 244 | The delay in approval by generate queries means the procedure have to be done after hours or delayed to the next day, putting risk on patient doing procedures after hours and disrupting clinic apponitments |
| 245 | Unable to proceed with certain investigations due to non approval. Having to settle for the less recommended medications as less costly. Patients yelling at me because the insurance providers blame the doctors for not applying for said treatment properly. Insurance declined is always the fault of the doctor. |
| 246 | denies coverage citing need to investigate despite the patient need urgent surgery |
| 247 | I had a cases that needed GA due to her severe anxiety and was denied.....eye cases do not need full body anesthesia they said |
| 248 | 1. Being told the required test, treatment or surgery is not necessary or covered. |
| 249 | Why do you need GnRH injection post Myomectomy with extensive adenomyosis |
| 250 | By saying what is covered and not . Including certain procedures |
| 251 | Procedure fee denied. |
| 252 | Treatment rendered not indicated. |
| 253 | A patient with right iliac fossa pain, guarding and marked tenderness with a CT that suggested 'caecal diverticulitis ' was denied GL for appendisectomy. |
| 254 | Have to refer to general hospital |
| 255 | Mental pressure on where to admit- daycare for procedures that will be painful vs ward. Discharge early. Some procedures like laser treatments are not allowed. They are creating mental stress by auditing doctors unnecessarily. They have never approached the doctors personally and let us know what can and cannot before threatening blacklist. |

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| 256 | Queries that do not make sense with regards to patient diagnosis and management followed by rejection of coverage with no reasons given at all |
| 257 | Radiological and investigation not covered hence diff to make decision , skeptical on second procedures ear and tonsils which is common to have two related diseases. |
| 258 | Patient came with gastrointestinal bleeding after midnight and [redacted] ordered to treat as day case. . the face, denied treatment under insurance. |
| 259 | 1.Acute severe low back pain with pain score of 10/10 denied MRI scanning and admission |
| 260 | Insurer ask to change charges code according to their perception but the surgery was not the same as described as per code they suggested |
| 261 | I had a pt with large osteochondral lesion that requires a cartilage filler. Insurance did not approve |
| 262 | Day care procedure but patient with insurance usage is compulsory to admit as inpatient. |
| 263 | they request to do vague investigation |
| 264 | Decisions to operate and inpatient treatment |
| 265 | Insurance companies Insist to request a CT/ MRI although not indicated as we can do diagnosis via endoscopic examination. |
| 266 | Request for justification for specific treatment despite clinical guidelines followed |
| 267 | PCR resp and gastro panel denied, unable to see antibiotics usage appropriate or not |
| 268 | Why need plastic surgery? Very poor knowledge of spectrum of plastic and reconstructive surgery (where else cosmetic is only 10% of scope of plastic & reconstructive surgery) |
| 269 | Admission for diarrhea and dehydration for 2 weeks. Denial for colonoscopy as it has not been 4 weeks of symptoms. |
| 270 | Does a skin lesion need removal? What is the issue if left untreated etc. crystal ball questions that no one can answer. The doctor is suspicious it could be a disease or malignant |
| 271 | Unable tl performed further radiological investigation |
| 272 | Can only do op during office hours |
| 273 | Like I explained aboved. |
| 274 | Having to do upper and lower gastrointestinal endoscopy on separate occasions when they can be done in one sitting, because insurance refused to cover both at the same time. Patient ends up having to come twice, and undergo sedation twice, with overall increased cost to the company |

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| 275 | By making a blanket rule that ‘its dental related’ and policy exclusion,althought it is not! |
| 276 | In patient treatment not justified and only for day care admission which is dangerous in certain circumstances. |
| 277 | Patient was unwell and dehydrated, tested positive for viral illnes, referred by GP, tested positive for viral illness. In view of the diagnosis being influenza and DF but platelet count above a certain threshold, were denied coverage. |
| 278 | Don’t want to cover the adjuvant oral medication which is gold standard worldwide . |
| 279 | One insurer keeps calling my patient daily to ask her about treatment despite of her struggling with migraine everyday. |
| 280 | Changing to using generic drugs because certain doctors been labelled as ‘expensive’ .. and they dictate to treat patients as outpatient despite strong reason for admission |
| 281 | Use of IVIG |
| 282 | Typical chest pain with cardiac risk factors but denied admission |
| 283 | Haemorrhoidectomy GL approved for only daycare |
| 284 | Only allow dialysis done in center or hospital. Home dialysis therapy is denied. |
| 285 | Choice of biologic for inflammatory bowel disease |
| 286 | Denied GL for inflamed sebaceous cyst excision, repeatedly questioned on need for propanalol n spirinolactone in cases of liver failure with esophageal varices n ascites. |
| 287 | Why  xray not done,need ultrasound to be done |
| 288 | Haemorrhoidectomy only to be done Daycare |
| 289 | Asking why certain drugs are used. Denying usage of drugs considered standard treatment. |
| 290 | Deny request for MRI lumbar spine for back pain |

# Question 5

## Can you describe one specific instance where insurance denial or revocation affected patient care? (optional)

Answered: 502 | Skipped: 353

| # | Responses |
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| 1 | Had a dr who came to see me with a bad cancer of the foot . Early stage however this type of cancer carried a grave prognosis . Approval was denied stating a wide excision was “not medically indicated” |
| 2 | Typically high icu bills, therefore need to transfer out pt to GH |
| 3 | Medicalntherapy and investigation |
| 4 | Day care biopsies to rule out cancer was adviced to do as out pt( with out of pocket funds |
| 5 | A very ill patient with a perforated appendix was denied a GL and had to be transported to the nearby general hospital because they couldn't afford to pay for the procedure ( laparoscopic appendectomy) out of oocket |
| 6 | Patient have AGE with AKI. GL decline as patient SBP is 140 with no previous medical illness. |
| 7 | Dengue hemorrhagic fever with warning signs unable to cover for ICU admission |
| 8 | Insurance companies dictate management ..... the issue is not with doctors pricing which is regulate but hospital charges 80% of the bill but doctors are targeted n not the hospital .... |
| 9 | Patient  had to wait overnight for clearance |
| 10 | Delay in admitting a child that worsened dehydration |
| 11 | Basal cell carcinoma on the face. Refused coverage. I told patient to ignore the insurance company, have the tumour excised and later if the insurance company obliges, get reimbursed.<br><br>Not the first time. Growing lesions not covered for first excision or incisional biopsy. [redacted] is the culprit here. |
| 12 | Condition such as cyst that could be acquired or congenital. Or cancer patient who prefers to be in a center with all facilities eg 1 stop center |
| 13 | Reject Insurance cover for  excicion of pigmented lesion |

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| 14 | Multiple facial lacerations patient post repair in severe pain denies one day admission |
| 15 | Done procedure rp6 swab then rejected |
| 16 | Denial of coverage of other illness.Eg patient admitted for pneumonia and incidental, they were found to have diabetes or hypertension. Insurance coverage declined cover for diabetes and hypertension. |
| 17 | Delayed in issuing GL for a few days for patient with extremely drug resistant gram negative bacteria infection of open tibial fracture. |
| 18 | Breast pain in lactating mothers<br><br>Small renal calculus but with severe pain<br><br>Incidentally findings of retroaortic vein which can also cause flank pain |
| 19 | Insurance only allowed neuro-imaging as outpatient. |
| 20 | Patient who was refused gastroscopy at another hospital subsequently found to have Hp +ve DU when I did gastroscopy as outpatient. |
| 21 | i need the insurance to do the MRI before treatment |
| 22 | Patient is having gastro infection and is dehydrated - denied admission for iv drip because it doesn't fulfil the insurance criteria and blood tests normal, pt having penumonia and bronchospasm - denied admission because cxr normal and saturate well on room air, denied because they don't see bronchospasm |
| 23 | Withdrawal of final GL citing non-disclosure of previous thyroid disorder (more than 5 years ago, policy active more than 5 years) , which is currently euthyroid, with no obvious cardiac sequelae. |
| 24 | Patient did not require total knee replacement at stage II arthritis but I was advised to perform this surgery instead of hyaluronate injection. As I planned Ins company has decided a more expensive but very non ethical way to this patient |
| 25 | Patient's GL was initially issued, but then revoked as insurance claimed the condition was preexisting |
| 26 | dysphagia unable to eat and dehydration, admitted via AE late night, next day was informed insurance not cover, as it can be treated as outpatient. Who is this insurance to decide what to do ? |
| 27 | I admit one 60+ years old patients with new onset frequent falls from clinic for furhter investigation and management, falls 2x in past 3 days, want to rule out stroke and assess other falls risk factors. Insurance revoked the coverage when MRI is normal, no stroke, saying this can be treated as out patient. But patient stays very far from hospital with her husband only, I cannot risk her for further falls, must admit to furhter investigation and management to reduce the falls risk immediately before serious injury like facture or ICB happnes. Appeal letter sent and patient still failed to claim back. |
| 28 | Endocrine dynamic test is essential to confirm diagnosis and to proceed further management for example saline suppression test, adrenal vein sampling. Some patients may need surgery if it is proven the underlying cause is tumour |

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| 29 | Patient in ICU requiring multidiciplinary input. Rehabilitation physician review and assessment is denied |
| 30 | Case of road traffic accident. Incidental finding of high RBS, or incidental findings of CT FACE/brain reported as sinusitis- when patient admitted for emergency surgery; IGL revoked due to “undisclosed prior pre-existing”. Surgery deferred, delayed and eventually transferred to MOH facility |
| 31 | Patient was unwell because of high fever, dehydrated, chills, rigor. They were much better after iv drugs and drips. If they had not been treated the same way as stated above, patients suffers much longer at home. |
| 32 | Insurance demand for biopsy result that will definitely delay the treatment. some skin cancer the diagnosis is 90% clinical and need to proceed with wide excision asap. |
| 33 | Above had to be discharged with out treatment |
| 34 | Patient cannot tolerate generic drug |
| 35 | Denial of ct abdomen when us showed minimal free fluid |
| 36 | Admission for rhinosinusitis with bronchopneumonia....sinusitis coverage was denied |
| 37 | Patient will be in pain and discomfort. This will affect the image of the service and the hospital itself. |
| 38 | Breast Cancer PT not cover due to insurance not yet 2 years , must pay and claim after their investigation whether PT cheats or not |
| 39 | Patient having high fever with sore throat and insurance inform pt need to pay and claim for them to investigate. Insurance was 1 year old. |
| 40 | Denied initial GL approval |
| 41 | Patient needed emergency admission, waited in emergency department for longer hours awaiting for GL, can be up to 12 hours waiting time. |
| 42 | A recent case of a 2- yr old girl who had an irreducible inguinal hernia, requiring urgent operation. Despite detailed justification from me, and many repeated queries from the insurers, the admission for urgent operation was declined by the insurers, and the patient had to seek treatment in the overcrowded governmnt hospital. |
| 43 | Insurance not covered if anticipated undiagnosed NCD even though previously no medical illnesses |
| 44 | As insurance decline payment; patient cannot proceed with surgery . Hopefully it is not cancer |
| 45 | As mentioned above |
| 46 | Minimally invasive pain intervention is indicated for bilateral shoulder adhesive capsulitis to facilitate physiotherapy but insurance denial for GL resulted in delay in treatment and permanent shoulder joint contractures |

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| 47 | Patient refused further treatment due to financial constraint. |
| 48 | A pregnant lady was admitted for acute gastroenteritis(vomiting, diarrhoea). The insurance insists its pregnancy related. Until on the last day the patient's stool was positive for Rotavirus |
| 49 | Patient were asked to pay and claim. They didn't have the cash upfront so had to be referred to government hospital in spite of the fact that they had RM500,000 coverage. |
| 50 | Refusal of biopsy procedure which later confirmed malignancy |
| 51 | Patient was admitted for abdominal related issue and colonoscopy was carried out.Initial GL approved colonoscopy but rejected upon discharge.Reason was i performed polypectomy during colonoscopy where as they only approved IGL for colonoscopy |
| 52 | Patient request for multifocal intraocular lens implant. Insurance covers only monofocal upto maximum RM 1000.00 stated in the policy. When asked to pay the difference, the insurance only covered the exact price of a monofocal intraocular lens, not rm1000.00. which means the patient had to pay more extra. |
| 53 | outpatient nebulized medication for less than 1 year old baby with bronchiolitis took a long time to clear the lungs and mum tried to claim from [redacted] outpt benefits daily long wait so she gave up!<br><br>dengue fever using [redacted] I referred toGH Ipoh as not covered as inpatient .<br><br>Flu A pt with vomiting and unable to tolerate orally - admitted for iv hydration [redacted] refused to cover the treatment for influenza! |
| 54 | Cancellation of surgery for non-coverage by insurance |
| 55 | A patient diagnosed with breast cancer was initially denied coverage because the policy was 18 months old |
| 56 | Patient suffered with phimosis with recurrent balanitis, cannot have circumcision done. |
| 57 | Usage of pcr Swab testing as it provides accurate diagnosis vs RTK.<br><br>Will reduce length of stay and good antimicrobial stewarding |
| 58 | Need to refer patient to public hospital for iv antibiotics .<br><br>Patients have to pay for PCR tests |
| 59 | Deferred Treatment<br><br>Declined admission |
| 60 | Planned for admission but insurance approved for daycare<br><br>Sepsis secondary to mastitis denied gl clamed breastfeed related but patient stop breastfeed more than 1 year<br><br>Gl for guided biopsy under LA daycare approved but on discharge GL decline |

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| 61 | InsistsMRI or CT scan to cover |
| 62 | [redacted] makes it very difficult to admit indicated for admission patients, all gl rejected for fever, urti,pneumonia, age<br><br>Wasting all time and precious resources |
| 63 | Kid with intracranial bleed with pupils dilated denied of GL by [redacted] |
| 64 | Incidental raised cholesterol level prevented admission for patient post trauma wound infection |
| 65 | Mva with ribs fracture |
| 66 | Suspected septic arthritis. Planned for surgery. Gl revoked after blood investigation high sugar |
| 67 | GL denied and patient cannot be admitted for further investigation. Patient cannot afford outpatient investigation, thus the etiology of disease is unknown. |
| 68 | Many cases need to redirect to government hospital which causes delayed treatment |
| 69 | GL will only be issue with the final diagnosis. To get to the diagnosis, some investigations are needed eg CT scans but patients need to pay first. So eventually unable to proceed as patients do not want to risk of declining GL with own payment. |
| 70 | Insist I do my procedure ONLY in LA |
| 71 | Lung infections |
| 72 | Infant fell from bed at night with cephalohematoma n vomiting required overnight conservative observation without need for CT scan based on clinical assessment. Children with hyperpyrexia admitted for treatment n observation without need for blood test and iv medical treatment, when caregivers deemed incompetent to observe/nurse child at home. |
| 73 | Back pain |
| 74 | Choice of drugs |
| 75 | Patient improved after iv analgesics and physiotherapy. Planned surgery was no longer indicated. Patient GL was revoked 2 weeks after discharged. |
| 76 | Refuse inpt GL despite pt persistently vomiting<br><br>Refused GL for obeumonia because pts insurance hadnt reached 2yrs |
| 77 | A patient with bronchitis who had bronchospsm, breathless, distressing cough. GL was declined straight away because his chest X-rays & blood test were normal, the diagnosis of bronchitis was not acceptable. Did not give me any chance to clarify or explain. Worse still, the agent blamed me for not helping to appeal ( very often the GL were declined unreasonably & we had to spent time doing the appeal) |

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| 78 | Diabetic with dyspepsia. Insurance said anything to do with diabetic is irrelevant to OGDS. |
| 79 | It was a Maxillofacial cyst and the insurance denied because they claim it was a Dental problem |
| 80 | Always deferment letter and questions which had been written on the admission forms |
| 81 | pt admitted for pain due to stone, MRI detected ovarian cyst, referred to me, scan confirmed cyst, opted for conservative management. Declined dued to can be managed as outpt.<br><br>How would the referring consultant know whether that condition can be managed as such as it is outside their specialty? |
| 82 | Refuse for AGE, asked to submit stool C&S report which will take 48hrs whereby pt was dehydration. |
| 83 | Encephalitis denies inpatient care. GL decline and patient can't afford Guillain Barre syndrome - denies IVIG due to cost, pay and claim (patient can't afford) |
| 84 | Patient with worsening condition not responding to conservative treatment denied GL for further investigation and treatment as outpatient |
| 85 | Patient was denied treatment and have to transfer to goverment facility |
| 86 | Many. Eg patient with acute abdomen. Ct scan and surgery delayed because of non insurance approval initially. Then diagnosis of tubo ovarian abscess and abdominal hernia made. Then gl approved for management of tubo ovarian abscess approved but any investigations or treatment of the abdominal hernia not approved |
| 87 | Child presented at midnight in ED for abdominal pain but during review no more pain. Admit for observation but no coverage if no IV drip/ medication (reason : can be treated as outpatient) How safe to discharge a child a midnight ? |
| 88 | Delays in instituting treatment |
| 89 | Came for high fever and facial pain and nose block. Gone for treatment to 2 different GP. Wanted to admit for acute sinusitis |
| 90 | permanent pacemaker implant - policy already more than 5 years |
| 91 | Deny urgent procedures |
| 92 | Arthroscopic procedures. There are sometimes additional findings intra-op which require intervention but is queried or denied |
| 93 | Patient referred to me for malaena by Urologist after URS. Pre approval gotten and daycare OGDS done showed duodenal ulcer. After 1 month, I was informed that insurance will revoke my GL because the Urologist bill not settled yet!? Patient has to pay and file claim. |
| 94 | Admission not allowed for patient with AGE and dehydration based on blood test only despite my report that patient needs IVD. Admission not allowed for patients in pain and |

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| | need iv analgesia. Only daycare allowed for some procedures even though patients have co-morbid conditions. |
| 95 | delayed issue GL for appendicitis, hernia causing procedure done after office hours, then queries why patient was charge on call |
| 96 | Many instances unable to proceed with treatment as insurance not cleared..patient had to revert to GH |
| 97 | Some insurers refused to cover for antiviral therapy for ILI. Required positive Influenza test to cover for Oseltamivir |
| 98 | Patient admitted to ICU for close monitoring due to hypotension and tachycardia. Required inotropic support and multiple fluid boluses. Insurance rejected without any clear reasons. Insurers did not respond to queries but merely replied patient may file a claim post discharge subject to review of relevant documents. |
| 99 | I had to refer pt to govt hospital as they delayed and denied coverage |
| 100 | Insurance is already two years old, despite promising the patient blackout period is only 3 months |
| 101 | Patients who underwent total knee replacement were denied to receive peri-articular knee injection for rapid recovery and pain relief. Patients were also denied intra-articular injection with hyaluronic acid even though it is recommended by KKM |
| 102 | patient admitted with bronchitis/pneumonia as informed can be treated as OP |
| 103 | Patient has CPA tumour for surgery inquires by insurance for non- surgical treatment instead surgery |
| 104 | Once we had a patient with polytrauma, insurance policy is about 2 years old. However blood shows uric acid to be on the high side. Out right denial by insurance because of uric acid, explained could be due to dehydration from the trauma. But denied. |
| 105 | Not allowing certain cases to be done under full ward admission or general anaesthesia, insisted on only local anaesthesia / daycare. They decided these based on diagnosis and not considering patient's autonomy/ surgeon's decision. |
| 106 | Patient had to pay out of pocket after an initial. GL was revoked delay in GL issuance hence delaying surgery |
| 107 | Delaying definitive treatment as patient's expectation once he/she has insurance everything will cover and refuse to pay first |
| 108 | Patients with anaemia had a iron studies done and started on iron replacement therapy but told by the insurer iron studies not warranted and iron replacement therapy considered as supplements. |
| 109 | As above |
| 110 | HPE - refuse to cover for Immunohistochemistry staining. Enlarged lymph nodes needs to rule out malignancy. Results came back no malignancy and insurance will not cover the Immunohistochemistry test, claims results no malignancy. Appeals made and still refuse to cover. |

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| 111 | GL not granted for treatment of diabetes while patients admitted under another doctor for cellulitis. Request patient to wait till discharge and manage glucose as outpatient |
| 112 | Insurance company just disallow pt from guaranteed letter and make pt pay and claim later for hospitals or departments in hospitals which they are not happy with and not willing to reduce charges decided by them |
| 113 | Delay in patient treatment, causing untreated pain, patient seek treatment at public hospital |
| 114 | Refused GL n patient with ACL injury.<br><br>Refused to pay Dr for the procedures that we did.<br><br>Stop patient to pay drs even though patient will to pay. |
| 115 | Patient cannot afford vital palliative care and pain management at the terminal stage |
| 116 | With advent in medicine, especially in subspecialised cancer filed, new treatments which are much more simple and cost effective are not covered thus we are required to perform conventional treatment methods. Classical bone curretage which can be treated by simple injection on outpatient / daycare basis. |
| 117 | Fortunately, I did not (and hopefully will not) reach a stage where the patient care is affected. I fight and rebut their queries no matter how much the insurer cares less about the patient safety, as many times as required to get the best care for the patient. |
| 118 | Comes with acute appendicitis diagnosed on ct scan . Planned for lap appendicectomy but GL declined |
| 119 | Delayed in approval of appendicectomy causing perforated appendicitis and perittoniyis.<br><br>Delayed in approval for lscs causing meconium stain of fetus |
| 120 | Deny patients with Bartholin Cyst/ abscess for in patient care and asked to be managed as day care although patients need in patient care and IV antibiotics. |
| 121 | Yes. It make me feel distress where i need to choose to make sure my patient's safety with regional analgesic but i can make any changes for the effort that i had made. Regional analgesic had show to improve patient safety and quality of care based on the anaesthesia assessment. |
| 122 | Cancellation of operation. Although the cases isn't an emergency/life saving procedure, but improvement to quality of life is not covered. It is as if they feel that if the patient isn't dying, there is no grounds for procedures to be done. Not realising that people dont like being cut up and poked, but for the patients who agrees for a procedure, it must be affecting their lives enough to allow being operated on |
| 123 | The insurers denied the GL by unilaterally concluding that the underlying cause of the Idiopathic Scoliosis is due to Congenital or Developmental factors. |
| 124 | Delayed treatment coz patient need to be referred to Govt facility |
| 125 | Patient pregnant admitted for non Obstetrics reasons for example appendicitis. TPAs refuse to issue GL saying they "want to investigate whether appendicitis is pregnancy related" and ask patient to do pay and claim. The claim process will then take forever and these TPAs will find all sorts of excuses to exclude certain payments |

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| 126 | Patients usually are unable to proceed with the care/treatment when GLs are declined |
| 127 | Patient with severe inflammatory spondylitis until wheelchair bound, needing IV BIOLOGIC infusions for effective treatment control, as per worldwide standard protocol—was declined day care admission coverage, citing reason — treatment can be done as outpatient. This is impossible as IV infusion treatment cannot be conducted in outpatient clinic setting.<br><br>[redacted] insurance specifically declined ALL forms of IV infusion treatment in daycare wards , citing reason that the policy only allow daycare surgery procedures. |
| 128 | 2 cases.<br><br>1 patient treated for influenza and acute lung hypersensitivity. They disclaimed him half way in the admission due to waiting period & that his lung hypersensitivity pre- existed before eg asthma.<br><br>2nd case. Sepsis query cause, initially approved for infective bronchitis and when found out it was gram negative sepsis from urosepsis ( which pt was aware of disclaimer), completely revoked coverage & had to transfer public hospital halfway. |
| 129 | [redacted] - previously approved GL but later retracted after admitting |
| 130 | Diagnostic FNA of thyroid nodules required pay and claim without guarantee of reimbursement. Patient unable to afford and had to go to a public hospital. |
| 131 | delaying in treatment, infection, tumor spreading |
| 131 | Patient initially had approval with initial GL for spine peocedure/Pain Procedure, only which during the discharge, the same procedure is rejected. |
| 133 | Treatment was given but part of the charges were denied |
| 134 | One patient done debridement for 2 times at interval of roughly 3 days. Insurance ask to charge one anesthesia charge for the first day operation instead of 2 charges for both the operation done at different day |
| 135 | A patient had multiple medical issues and to plan for surgery I needed other specialists involved in her care but insurance denied the request for referrals. Without a multidisciplinary team I was not able to manage her and had to ask her to go to a government hospital. |
| 136 | Child admitted for Rotaviral AGE with dehydration. Noted Hb is 7 ( anaemia). Do further investigation and started on iron and multivitamins supplements. Insurance refused to pay for the tests and treatment, because it is supplement. Patient needs to pay and to be referred to government. |
| 137 | Denied ivig, patient cannot afford to pay |

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| 138 | Patient was planned for robotic partial nephrectomy and insurance refused to allow, only approved for laparoscopic despite complex anatomy, patient has to be told of the risk of kidney loss. |
| 139 | Did not approve me hanical thrombectomy for stroke. This is standard of cate |
| 140 | patient nausea, vomiting with diarrhoea for more than 10 days, stated not indicated/not fulfil criteria for treatment/admission/endoscopy |
| 141 | Patient has multiple liver lesions, with large abdominal mass... was refused Gallium scan which should be done in another hospital. Hence - patient not able to have options of treatment such as PRRT. |
| 142 | Patient declined having the surgery |
| 143 | Not allowing other subspeciality to co Manage |
| 144 | Requesting for stool GPP Echo & Holter |
| 145 | Having recurrent balanitis |
| 146 | Severe gastroenteritis asked to treat as out patient |
| 147 | The use of a hormonal intrauterine system (IUD) for heavy menstrual bleeding. When this was substantiated with low hemoglobin counts and ultrasound pictures of enlarged uterus. They questioned the need of the IUS & suggested it was only used for contraception |
| 148 | Heaps of them .. including unreasonably asking of daily observation chart , daily IV medication given and their justification , including of frequencies ( real absurd ) |
| 149 | Patient cant afford the treatment cost and had to be sent to a very far hospital as the other hospitals were full |
| 150 | I have explained earlier... need to refer to GH |
| 151 | Daycare Admission for carotid tumour biopsy declined - pt ended up defaulting |
| 152 | Mirena IUS insertion for the treatment of abnormal uterine bleeding. Oral haematinics for treatment of anaemic patient.. not covered as it is regarded as supplements/vitamins. |
| 153 | Refused to cover for invasive lines and monitoring |
| 154 | Pt denied coverage of better drugs for diabetes at the expanse of poor control and development of complications |
| 155 | Delayed approval. Multiple rejections over arguments that doesn't make sense, this delaying treatment causing unnecessary suffering |
| 156 | Patient with multiple conplex breast lumps was given daycare status. Challenges with postoperative pain management |

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| 157 | Patient was in HDU and required ketamine lignocaine infusion as second line post op analgesia, as PCA alone was not adequate. Not granted to be charge as pt is on PCA |
| 158 | Delayed in surgery |
| 159 | Microwave endometrial ablation - denied. Dictated to do open surgery |
| 160 | GL for admission for bone marrow transplant was declined one day prior to scheduled admission, when the stem cell donor was already receiving growth factors for stem cells mobilisation. It was denied as uncovered treatment, approved LATE upon appeal, and when rescheduled due to the delay, was denied AGAIN on re-application, and then re-approved upon appeal. |
| 161 | Traumatic joint ligament injury (Acute injury). Has insurance subscription for more than 20 months. |
| 162 | Patient developed recurrence of allergic symptoms requiring multiple medications when only one would have done the job |
| 163 | Inadequate monitoring, uncontrolled pain |
| 164 | Micro denying coverage for patients coming for surgeries on Monday to be admitted a day earlier on Sunday. This includes patient scheduled for major surgery on Monday Morning and some of these patients requires preop investigation and optimisation before op. As a result, patients have to be admitted after midnight and doctors have to be troubled to review them and their results in the wee hours of the morning causing stress to all parties involved |
| 165 | Patient refused wide excision and skin grafting for a skin malignancy |
| 166 | Denial of payment for single shot Regional anaesthesia |
| 167 | the lesion that is not excised will cause future problems |
| 168 | One dengue case presented early in Day 2 of illness but with significant gastrointestinal complaint suggesting these symptom as potential signs of progression to critical phase later. GL denied on the basis "platelet level is not critical to warrant admission". This again highlighted the arrogance of the Insurers and insulting the clinical judgement of Physician. They rejected the request out right without even issue a deferment pending Clinician further explanation. It is sad if a life is lost due to this situation and the patient was referred to Government facility and being accepted without further questions. |
| 169 | Multiple times I have transferred patients to GH |
| 170 | Denial of botulinum toxin for spasticity management leads to more physiotherapy sessions needed. In some cases patient developed contractures when they cannot afford physiotherapy or not covered. Then require ortho referral for surgery |
| 171 | Insurance only allow day care case where the patient actually required admission to observe for bleeding. |

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| 172 | Patient opted not to under surgery due to insurance declining GA for surgery |
| 173 | Peadiatric patient is always not coorperated fir eye surgery under local aneasthesia - very dangerous |
| 174 | As above, finally patient decided to accept the swelling and discomfort |
| 175 | Unable to confirm the diagnosis confidently without the special lab investigation |
| 176 | As above |
| 177 | [redacted] personal rejection of admission for acute sciatica |
| 178 | As above. The need for 1st doctor to manage conditions that require my expertise during admission |
| 179 | [redacted] [redacted] |
| 180 | Patient had epiretinal membrane. Initially approved. Post op decline. Pt has to pay. |
| 181 | I cant remember any |
| 182 | Denial of upper endoscopy for investigation of patient with digestive symptoms. |
| 183 | Patient needs to be admitted due to vomiting and abdominal pain with the working diagnosis of Acute Gastroenteritis. Patient needs intravenous fluids. However insurer denied the guarantee letter as in-patient thus treatment cannot be given. |
| 184 | Patient has heavy menstrual bleeding<br><br>Hysteroscopy done confirmed polyp<br><br>Hold standard MIRENA as iucd with hormonal treatment<br><br>Insurance refuse MIRENA<br><br>Patient end up have to pay MIRENA as oral hormonal treatment associated with lots of side effects |
| 185 | Case of a child with stroke requiring MRI refused several times child had a brain tumor |
| 186 | Patient due for a day care procedure. He was advised to pay and claim. Patient never returned to hospital. |
| 187 | Patient was denied laparoscopic surgery and advised for open surgery |
| 188 | Elective admission for a surgical procedure under GA. After admission, noted acute infection which procedure has to be postponed. |

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| 189 | I had a patient who had a horse-shoe kidney which is a congenital problem. The patient presented with a retroperitoneal mass which was as obstructing both the ureters. The mass turned out to be a malignant lymph node and totally unrelated to the horse-shoe kidney. But her insurance coverage was denied for a congenital problem. Eventually this patient had to be referred to a government hospital which delayed her treatment. |
| 190 | If the patient has had insurance rejected and have financial problems with affording treatment, I have had to change my practice of providing optimal care which is more costly and had to use alternatives which are cheaper but not as ideal for patient care and comfort. |
| 191 | Any operation on fallopian tubes were always calcified as fertility related which not necessary |
| 192 | Denied of adhesiolysis in appendicectomies.. which is warranted.. all appendix is different and requires intra op decision |
| 193 | MSCT angiogram not covered so straight to invasive coros |
| 194 | Patient unable to get admitted thus had to suffer through fever at home. |
| 195 | Lymphoma for a young girl |
| 196 | Unstable angina denied due to possible undeclared previous medical history which was quite sometime |
| 197 | Following denial of rehabilitation, patient deteriorate in function and quality of life |
| 198 | Child was diagnosed as epilepsy and parents insisted for DAMA when seizures were still not controlled as GL declined. |
| 199 | Patient has a suspicious melanoma-like lesion on his right cheek. The patient opted not to have surgery after insurance GL declined. Such case is very unfortunate because an undiagnosed malignant melanoma is a death sentence to the patient |
| 200 | Patient had bilateral osteoarthritis of the Knees. Though followed all moh protocol for Hyalgan injections but was denied by [redacted] and [redacted] |
| 201 | A patient with a large pituitary threatening was refused all because a radiology report described it as cystic and the insurer decided it was then congenital. Despite me writing and speaking it was denied |
| 202 | Delay in approval of urgently required treatments |
| 203 | AGE in pregnancy. Insurance company refused GL stated that AGE caused by pregnancy. |
| 204 | Most often patients would cancel or delay their surgeries. The insurance company is creating a barrier to healthcare. |
| 205 | Patient went to government hospital |

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| 206 | non coverage for malignancy, resulting in delay in surgery as patient has to be sent to government hospital |
| 207 | So far I'm lucky, none |
| 208 | Patient postphoned the procedures |
| 209 | Denied / Rejected GL leading patient to manage their condition at home. |
| 210 | Patient had to wait for 2-3 days before approval |
| 211 | An Active 33 year old lady Patient had come to see me for frozen shoulder .Patient was denied coverage because the patient was afraid of needles and intra venous medication that was prescribed was not given.Patient had to pay out of pocket ,insurance retract its coverage and patient had to pay out of pocket |
| 212 | Patient's condition become worse. Delayed treatment till patient died. |
| 213 | Mycoplasma pneumonia patient with respiratory distress and required oxygen support.<br><br>Insurance company request patient should get referral letter from PANEL clinic in order for the admission. |
| 214 | Patient with pancytopenia denied GL for 1/52<br><br>Patient turned out to have acute leukemia! |
| 215 | Patient having bleeding hemorrhoids but insurance consider preexisting condition, not cover as insurance just 18 mths |
| 216 | Severe headache |
| 217 | [redacted] |
| 218 | Refusing coverage for a patient who may have a potentially neoplastic lesion |
| 219 | Non muslim with recurrent balanitis requiring circumcision are denied surgery which is the treatment of choice |
| 220 | pt need to be admitted on another day for dayward as no dayward surgeries over weekend or PH. |
| 221 | Refusing to cover for negative pressure dressing. Request for color photo of wound. Then further delay because they think from the photo only that it can be treated surgically (after indicating earlier that patient not fit for surgery) |
| 222 | Have to comply with medications more likely to get approved. |
| 223 | Infected sebaceous cyst with abscess. Insurance declined due to ? Cosmetic or preexisting problem |

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| 224 | Appendicitis, pre-existing condition |
| 225 | Refusal of admission for acute sinusitis which needed surgery |
| 226 | pneumonia admission based on pneumonia severity index instead of clinical judgement |
| 227 | Menorrhagia due to uterine fibroids |
| 228 | Admission for acute chest pain, possibly due to a severe reflux, and acute anxiety. The patients blood pressure was raised. The admission plan was for oral anti hypertensive and PPI, with a plan for a non-invasive coronary assesment (CTCA). The reasoning behind the denial was that there was no intravenous medications given. Going against guidelines where most patients with Hypertensive urgencies may only require oral medications. Management and admission for the acute chest pain was ignored. The patient was discharged with oral anti hypertensives and empiric treatment of CAD. |
| 229 | Patient had fall n sustain backache ..admitted for treatment but denied the next day without reason<br><br>Another case polytrauma in icu even after 14 days gl still not approved multiple queried |
| 230 | Patient admitted for chest pain. Insurance pending diagnostic result for further review. Patient can't afford to pay, hence discharge at own risk. Came back with full blown heart attack. |
| 231 | Denied coverage for sinusitis despite patient presenting with retroorbital pain and blurring of vision. In the end need to refer to government hospital |
| 232 | Delayed treatment and patient had to suffer and tolerate more pain and accept higher risk of treatment delay. |
| 233 | Benign dermal swelling that cause problem but rejected due to cosmetic reason despite lesion not on the face |
| 234 | My patient who needed surgery had to be transferred to a govt hospital because of lack of insurance funds for coverage. |
| 235 | Incidental pituitary gland changes and request for pituitary hormones testing to check its functionality is rejected |
| 236 | You may contact me for further details. |
| 237 | Symptomatic abdominal pain patients required GL for endoscopy but insurance interferes but telling to treat patients patient with medication first before scope despite knowing possible risk of malignancy and delayed treatment |
| 238 | Delayed approval given for brain imaging for pt in ICU--family couldnt afford to pay 1st--> pt deteriorated overnight, urgent CT showed Acute Hydrocephalus. |
| 239 | Delay in treatment as the above case. Pet scan revealed multiple ln and patient in pain |

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| 240 | Certain procedures are not covered like REZUM |
| 241 | 1. Insurance underwriters are making remote, non-clinical diagnoses without direct patient evaluation—for example, labeling a condition as congenital despite no such diagnosis from either the referring physician or specialist.<br><br>2. Clinical decisions are being overridden, such as approving cataract surgery only under local anesthesia, even when the patient is too anxious to proceed without general anesthesia. This led to the patient declining treatment altogether. |
| 242 | Persistent pain from osteoarthritis and sciatica due to denial of insurance. |
| 243 | polytrauma patient could not pay and claim. had to be transferred back to govt hospital |
| 244 | Cannot perform scope for patient despite having melena. |
| 245 | Denied cover due to stop iv medication |
| 246 | Patient waited more than 3 hours for primary PCI. That is atrocious. Despite communicating with PIC of the insurance company and still very delay in approving emergency care. |
| 247 | As above |
| 248 | Denies daycare admission for biologic therapy despite active disease [3] |
| 249 | Patient paid for the insurance premium but GL was not approved due to silly reasons, so patient had to seek treatment in a Government Hospital. |
| 250 | Insurance approve Gl for surgery but deny payment later |
| 251 | They go without. |
| 252 | Admitted for suspected unstable angina and approved. Then revoked because it was just goerd |
| 253 | patient who semi urgently needs surgery refused to do because of insurance denial |
| 254 | Cellulitis with uncontrolled DM. Patient end up with BKA days later |
| 255 | When morcellation is considered a part of laparoscopic myomectomy, when in fact it is an additional operation to remove a large tumour from the body through a small incision. The patient may then opt for a laparotomy instead which is inferior to laparoscopic myomectomy |
| 256 | Denial for admission for RFA lumbar facet joint. Patient was admitted in other hospital for pain theraphy. |

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| 257 | A patient was admitted for HFMD via A&E. Coverage was revoked after 24 hours admission. A justification letter had to be written to request for coverage, after which it was reinstated |
| 258 | patient came with acute severe injury, clinical diagnosis clearly showed urgent admission including medical care and immediate investigation e.g MRI but denied admission because plain x-ray was reported no abnormality. In the GL, has clearly stated the clinical diagnosis and treatment plan for urgent care and admission |
| 259 | Yes. After angioplasty was done, approval was revoked, due to policy being 'immature'. |
| 260 | Patient swab culture had grown<br><br>Super bug. Patient needed definitive surgery for cure. GL was declined for surgery. But agreed to pay only for medication for temporary relief. |
| 261 | ACUTE BRONCHITIS DENIED HOSPITAL ADMISSION RESULTED IN PATIENT DEVELOPING ACUTE BRONCHOPNEUMONIA RESULTING IN HDU CARE AND LONGER HOSPITALISATION |
| 262 | Cannot put IV Fluid so went to KKM |
| 263 | Pt with breast lump.insurance company doctor asking for size of lump.told me ifmore tha 3 cm she will treat it as preexisting and refuse gl |
| 264 | Pt had appendicitis, because of incidental findings of liver/ kidney cyst. Coverage was denied, pending further investigation. Pt was then referred off to a government facility |
| 265 | Nil |
| 266 | Yes. Patient needed appendectomy. Patient needed abscess drainage. Patient needed cholecystectomy |
| 267 | Patient was denied treatment, and as a result patient went to wait at government hospital for the procedure, after 2 weeks no procedure patients end up paying for the procedurr themselves, and a diagnosis was established within 1 days, all be ause patients insurance was bought 1 year ago, the symptoms only 2 months |
| 268 | severe back pain which need some iv painkillers denied admission citing reason for outpatient treatment |
| 269 | Given GL for surgery. Revoked GL after surgery was done. |
| 270 | Patient with catracts that required surgery under GA but was refuse. Yes the majority of cataract will be done under topical anesthesia, but there pts with severe anxiety or abnormal movements eg Parkinson's that will need GA. They just apply a blanket rule... |
| 271 | Patient can't afford to pay on their own, they have to be referred to a government hospital or they have to just take medication or bear with their medical illness and not get the treatment they need. |
| 272 | For me none |
| 273 | Acute Spine Fracture denied as policy was 3 months old with excuse that it is pre-existing without specifying what it is |

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| 274 | 1. Regional anaesthetic with catheter for acute pain.<br><br>2. Lumbar spinal for CSF drain |
| 275 | Plan for pain management but denied. |
| 276 | Most of the time these patient's go to a govt hospital. |
| 277 | Patient had aviary abcess . Insurance rejected as pre-existing condition. Patient operated 2 days later after reapply and justification. Patient had to endure pain and risk of sepsis. |
| 278 | Ovarian tumour with suspicion of malignancy. Referral to gynaeoncologist is denied as it is only suspicious |
| 279 | Abdomen pain for emergency admission, NO GL issues unless the investigation results reviewed by them |
| 280 | [redacted] |
| 281 | Patient had severe diarrhoea and vomiting, severe AGE, insurance denied coverage. Patient was referred to GH in spite having insurance cover. |
| 282 | Severe headache due to head injury, suspected skull fracture or intracranial haemorrhage. CT scan of brain was not approved initially and patient had to put across his case with the insurers for GL. Delayed the entire process and patient care was obviously affected |
| 283 | Need for surgical management but was advised to pay on the surgery that the insurer refuse to cover |
| 284 | Yes had a pt with lisfranc fracture. Insurance approval was not obtained for more than a week. As a result , reduction become very difficult |
| 285 | renal angio myo lipoma when requesting for CT scan, they want us to work patient up for tuberous sclerosis and other congenital disease. This is on a old patient. not children. |
| 286 | Patient with abdo pain needing scope. Had to go goverment hospital |
| 287 | Some cases are acquires e.g ear wart/ granulation tissues, tongue cyst. But insurance rejected insisting it's congenial disease and unclaimable. |
| 288 | Patient came in for respiratory tract infection. Anaemia noted on FBC. |
| 289 | Child adm for bronchitis, tried multiple antibiotics outpatient Zinnat, Klacid, Cipro, Zithromax..PCR resp panel denied, so what to give iv , could be viral |
| 290 | sebaceous cyst mass on face. Who wants to live with a mass growing on the face? |
| 291 | Patient in his 30s preeent with a new onset lump requiring excision. Insurance alleged that this was a congenital issue without any basis and refused to cover care. |
| 292 | Delay in diagnosis n treatment |

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| 293 | Dictate doctors' decision making for lifethreatening procedures and medications requested! |
| 294 | There is insurance denied OGDS for in-patient referral. They decide for outpatient. But patient is in pain and diagnostic ogds is needed. |
| 295 | UNABLE TO PROCEED WITH TRE APPROPRIATE TREATMENT |
| 296 | Refuse to cover anti-cancer treatment. Question laboratory tests done on follow up etc. |
| 297 | Patient could not undergo surgery because it was deemed unnecessary or because the procedure was not listed in the schedule of fees |
| 298 | Delay in investigation |
| 299 | Patient can have treatment for temporomandibular joint disorder but denied |
| 300 | Had to be referred to government hospital. |
| 301 | Patients with cancer requiring cytotoxic chemotherapy plus targeted therapy and monoclonal antibody, although approved by NPRA And standard of care, denied coverage. |
| 302 | Hormonal receptor positive breast cancer was denied coverage adjuvant hormonal therapy . |
| 303 | Given GL for 1 day<br><br>Intially approved for sleep study but final GL declined |
| 304 | Apml patient denied treatment |
| 305 | Use of ivig |
| 306 | Lower GI bleeding due to hemorrhoid was delayed and denied admission. Patient waited for more than 24hours |
| 307 | Patient upgraded insurance policy 1 year ago. Hence GL declined. |
| 308 | Patient has to switch modality to in center haemodialysis and denied an equally acceptable mortality of peritoneal dialysis |
| 309 | Subcutaneous biologic agents not covered by insurance companies |
| 310 | Denied issuance GL for excision of inflamed sebaveous cyst. Denied GL for excision of BCC of face. |
| 311 | deny treatment for acute coronary syndrome |
| 312 | Age not tolerate feeding, results normal |

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| 313 | Personal abscess with sepsis, denial approval citing Diabetes Mellitus as pre-existing condition instead of causation |
| 314 | Patient with new policy bought 3 months prior to accident denied coverage by insurance for cartilage injury of the patella after an episode of fall |
| 315 | Fundus angiograms is invasive procedure which requires intravenous dyes injection and observation for allergic reactions after procedure, however insurance insisted this is investigational procedure and not claimable. However angiograms are very important to decide direction of management. Photodynamic therapy is also another procedure that often declined by insurance, it is indicated for resistant polypoidal choridal vasculopathy case and central serous chorioretinopathy. The procedure is expensive due to the drug used, and usually requires fundus angiograms to decide location of laser before can proceed with photodynamic laser, however insurance denied this procedure as daycare procedures and insisted patient to pay and claim as outpatient. |
| 316 | Patient was denied admission for a drug given by IV infusion. So her arthritis remained very poorly controlled with significant disability |
| 317 | Need to scan or imaging before approval GL |
| 318 | Dengue patient admitted with GL cleared. Day 2 of admission they revoked and patient had to pay out of pocket. Patient discharge AOR |
| 319 | Newer drugs can only be used if there is a said guidelines and we are unable to use targeted agents if patients assessment shows as such ie Daratumumab in acute leukaemia |
| 320 | Delay in approval for surgery despite emergent life threatening condition |
| 321 | Denial of treatment- SIRT for liver metastasis. The treatment is covered by the insurance company in other countries but not by the Malaysia company. |
| 322 | Several insurance providers esp [redacted] denies coverage for life saving radiotherapy treatment as it is considered outpatient treatment. I have had patients whose cancer progressed/became incurable because their insurance denied GL for radiotherapy and patient was unable to afford treatment. |
| 323 | Knee injections IAHA |
| 324 | Diagnosed Diffuse Large B Cell Lymphoma and till now despite writing a letter and still not approved |
| 325 | Consultation an medication for perioperative diabetes care denied |
| 326 | Insurers interfere with clinical judgment. Deny surgical procedures to confirm malreported imaging |
| 327 | Yes poor choice of latest medication |
| 328 | Refusal to cover for mirena iud as a treatment for my patient who presented with heavy menstrual bleeding |
| 329 | 1.acute suppurative otitis media is consider as chronic problem |

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| | 2.Acute submandibular and sub mental abscess consider as dental problem thus rejected. |
| 330 | Patient was diagnosed with malignant Yolk Sac Tumour, proven by tumour marker; AFP (sufficient to establish diagnosis). Insurance company insisted for tissue biopsy, which in fact will upstage disease, increase morbidity or even mortality.<br><br>2. Many surgical final diagnosis can only be known after the surgery. When it is found to have so-called congenital conditions, insurance is declined (after the surgery). Though we know it does not cover for congenital, no one would know its presence until becomes symptomatic. So, patient needs to bear the whole hospital cost in the end. It is so unfair, in my opinion. |
| 331 | After ablation of a verruca on the face, the insurer comes back with a claim that it is sexually transmitted, refused to pay |
| 332 | declined biologic dmard cover despite life threatening condition |
| 333 | Patient has pneumoniae, shortness of breath, GL decline. Patient couldn't receive treatment on time, condition worsen |
| 334 | Decision to do a cataract surgery for a young patient under general anesthesia due to anxiety was override by insurance and approval was only given for local anesthesia |
| 335 | None that are affected significantly but it denied optimal management |
| 336 | Refuse to cover patients admission for breast cancer surgery, allowing only day care admission. But this was not surgery that can be done as day care |
| 337 | Demanding tumor pathology before admission. patient is due for admission for tumor surgery |
| 338 | Application for intraarticular HA for knee OA pt who fulfilled all the criterias set by KKM recommendation but still rejected, happens quite frequently. |
| 339 | Patient present with symptoms suggestive of possible acute cord compression syndrome. Inpatient GL declined and told to manage as outpatient. |
| 340 | Boy with hand foot mouth disease with dehydration  with poor oral intake , indicated for admission  for iv drips but denied by insurance insisted that it can be treated at home |
| 341 | Denying surgery for a large pelvic mass stating that it was a pre existing condition when the patient had taken the policy for more than 2 years and 2 years prior had a documented ultrasound that there was no pathology whatsoever |
| 342 | Refused to give GL for injuries and refused to allow iv medication and physiotherapy as inpatient treatment. Dictate doctors decisions on many clinical aspects |
| 343 | Patient with what looked like post-infectious encephalopathy. Insurance kept asking for mri brain results before approving the GL - almost 16 hours later, mri done out-of-pocket and reported normal only was pt admitted. I'm not sure if the mri having ringing or none is the problem ... but pt is deteriorating or could have seizures etc |
| 344 | Patient had abdominal mass and insurance refused admission for ct guided biopsy saying not medically indicated |

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| 345 | initially GL approved for CGRPI for migraine,,but decision revoked after drug was administered, and patient had to pay out of pocket |
| 346 | No coverage |
| 347 | Dignostic test and procedure |
| 348 | Unstable angina case was denied admission. |
| 349 | Many instances. I have even kept the deferments, appeals, etc.<br><br>One example is for me and patient to prematurely end his 35 cycles of Pembrolizumab (salvage chemo for his refractory lymphoma), merely because he responded well, where the insurance company does not understand that the protocol is to start and to complete 35 cycles of patient response well. This is full course treatment that we as doctors cannot simply terminate if the research and guidelines wants us to complete the entire course. I don't want to held medicolegally responsible for such unethical and unprofessional behaviour, merely because insurance companies want to save cost, risking patient's cancer not treated properly. |
| 350 | Patient had severe dengue fever. Insurance allowed only 1 review for 1 case. For another 2 or 3 more cases allowed 2 reviews only. |
| 351 | Unable to get treatment for ligament injury. Patient wasn't able to get a scan done, unless they paid for it. And had to seek treatment elsewhere, despite having a legitimate injury and clear clinical signs |
| 352 | Cannot recall any recent specifics but usually patients pay deposit to avoid delay in treatment due to delayed GL issuance and multiple queries from insurance to dr. |
| 353 | They asked a fracture planed for surgery to be. Managed as outpatient |
| 354 | Testicualr torsion. They denied coverage after the surgery has been done, claiming it is a congenital problem. |
| 355 | My breast cancer patients requires oral hormonal medication for at last 5 to 10 years, this is to reduce risks of early recurrence. Patient is denied claims and had to pay cash for this medication. |
| 356 | Major case denied pre-op admission a day before due to the admission day falls on a public holiday |
| 357 | One insurance company refuse to give inpatient GL for ALL patient who is going for haemorrhoidectomy. Instead they only offer daycare GL. Doctor has to keep appealing for patient to convert to inpatient (most of time just for overnight admission) and this added unnecessary paperwork/ stress to physician. If we feel it's safer to keep patient overnight for observation, insurer shouldn't force us to change our routine practise. |
| 358 | Emergency surgery was delayed because multiple queries and clarifications |
| 359 | Insistence of procedure being done as day care subjecting patient to inadvertent and unecessary risks. |

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| 360 | Approved for a surgery but later revoked after found out pt is obese |
| 361 | Patient was unable to proceed with treatment |
| 362 | Cannot use novel branded drug anf have to resort to traditional drugs with increase and high side effects |
| 363 | Insurance just a few months short of 2 years since plan started |
| 364 | I cannot perform certain procedures necessary ro complete the treatment |
| 365 | Insurance denied guarantee letter for a patient with liver cancer who needed radiation therapy. However they deemed it an outpatient procedure which it blatantly wasn't as it required xray imaging and a period of fasting and therefore intravenous hydration. Patient was denied this treatment and subsequently lost to follow up. |
| 366 | A patient was diagnosed to have Ankylosing Spondylitis. Insurance declined approval for daycare admission for IV biologic therapy. |
| 367 | Patient has acute gastroenteritis with dehydration, but insurance denial despite multiple appeals. |
| 368 | Fracture Non-union / delayed union can be successfully treated without repeat surgery but was refused |
| 369 | Denial of admission for biologic treatment that had been previously approved three times |
| 370 | Young 5-year-old child with brain tumor requiring MRI brain and spine under general anaesthesia, denied daycare admission and coverage for imaging. |
| 371 | 1) Insurance providers have denied coverage for certain treatments—despite their recommendation in international guidelines—claiming the therapy is unnecessary, even though the medication in question is not costly.<br><br>2) Insurance companies are using the definition of remission—citing the most recent scan showing no evidence of disease—to reject claims for adjuvant hormonal and targeted therapies that patients still require as part of their standard-of-care treatment plan. |
| 372 | Procedure requires daycare admission for safety reasons and international guidelines recommendations but denied on the basis it can be done as an outpatient when it is dangerous to do so and against guidelines. |
| 373 | Patient without intravenous medications. Some patient need admission for observation but unnecessary to jave intravenous line.insurance decline as no intravenous line. |
| 374 | Need to mo |
| 375 | patient had to be referred to public hospital |
| 376 | Refuse admission |

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| 377 | 60+ year old patient with significant abdominal symptoms requiring daycare scope . GL declined because officers attached to insurance company deemed that further investigations and treatment can be done on outpatient basis. ( pt's insurance agent call hotline and the conversation was recorded ) |
| 378 | Gammaknife radiosurgery denied for orbital cancer |
| 379 | Ventricular ectopics during stress test - advised angiogram to look for coronary stenosis - GL declined. |
| 380 | Initial admission for chest pain approved but upon discharge it was declined |
| 381 | Patient with high CEA n PR bleeding n family history denied colonoscopy |
| 382 | Patient whom supposed to get a trucut biopsy done for parotid tumour is denied GL. |
| 383 | i worked around it |
| 384 | I don't think it will directly affect patient care as we as doctors will do the best for patients but most of the times we just swallow our greviences and do the best for patients. |
| 385 | Patient diagnosed with severe GERD oesophagitis plan for antireflux surgery. Insurance declined due to high BMI (<30) |
| 386 | Acute prolapse disc with neurological deficit |
| 387 | Patient denied surgery because the insurers assume that the lesion was congenital (vascular tumour on MRI). |
| 388 | Pneumonia - told to treat as out patient |
| 389 | Excision of  acquired benign growth with potential for causing deformities were labelled as aesthetic procedure |
| 390 | pr bleeding. insurance do not pass for in patient.  patient need bowel prep and colonoscopy, then operation on same day, which cant complete in a day time. have to write multiple appeal letter to admit patient inpatient and rewrite appeal again next day for operation |
| 391 | On a daily basis |
| 392 | Unable to perform upper endoscopy procedure to investigate for peptic ulcer because insurance deem abdominal pain for 2weeks not long enough. |
| 393 | Delayed treatment |
| 394 | Insurance wants CT scan before approval for admission for acute appendicitis. Patient needs to pay out of pocket for CT. |
| 395 | refusal to cover laser treatment for hemorrhoids, patient had small hemorrhoids that are most suitable for laser surgery. patient had undergone open surgery for very small hemorrhoids as the insurance does not cover laser treatment |

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| 396 | Patient was referred for MVA and insurance declined mentioning needs further investigation / possibly pre existing condition?! |
| 397 | Approved for surgery. During 1st follow up entire admission and surgery approval was cancelled. |
| 398 | Acute urticaria not covered for in patient for young infants with failed oral tx. Severe gastritis approved for daycare tx only. Prolonged fever approved for outpt tx. So many more. |
| 399 | Patient had an autoimmune condition for which she needed IVIG, she could not afford |
| 400 | Hyaluronic acid/rfa injection |
| 401 | Resuscitation codes , managing complex patients with complex illness and instability was deneid to intensivists who stayes with patient for hours until stabilization |
| 402 | Patient was allowed only outpatient cover. The next day the patient returned very ill with perforated appendicitis. |
| 403 | Insurance denied and patient had to be referred to govt hospital eventhough emergency surgery was warranted. |
| 404 | patient had insurans bought 1 year ago but fell at workplace and sustained ACL and MCL tear which need surgery, was denied of GL, as insuran company want to investigate first, so patient had to pay for the surgery at her own. |
| 405 | Many cases where insurance not approved and patients could not afford And went to government hospitals |
| 406 | An anomaly since birth but no manifestation of problem till adulthood eg infection |
| 407 | Delay in approving RITUXIMAB<br><br>That was the third dose |
| 408 | The insurance provider set the specific duration that the patient can admit in the ward without looking at the severity/progression of disease. |
| 409 | Spontaneous intracranial bleeding, delay in approval as question of it was an avm |
| 410 | Patient has iron depletion and was symptomatic. She was put on oral iron tablet for treatment. Insurance company denied the claim, saying that iron tablet is a supplement. |
| 411 | GL approved for Chest pain -ACS but ctca turned to be non-obstructive- gl revoked/denied or preconditional coverage only If tests are abnormal |
| 412 | Delayed surgery for acute spinal cord compression<br><br>Delayed treatment for intracerebral hemorrhage<br><br>Delayed treatment for cerebral cancerous lesion |
| 413 | 1. Multiple QAs leading to delayed of treatment, patient refuses to give consent for surgery until the GL is approved. |

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| | 2. Insurance company dictating what should not be done.<br><br>3. Insisting generic medications t be given to patients |
| 414 | Patient in severe pain, but denied treatment becoz treatment can be done outpatient |
| 415 | I have a case - went for hysteroscopy & dd&c<br><br>Initial GL covered under DAYCARE procedure<br><br>Intraop - complicated by uterine perforation - convert op to minilaparotomy to repair the perforation<br><br>We Immediately requested for patient coverage - verbal approval given<br><br>After 3 weeks post discharge - insurance refused to cover the payment for Inpatient stay and minilaparotomy procedure - without any specific reason<br><br>Case still pending till today |
| 416 | Radiotherapy can be done as out patient treatment, insurance company decline GL application |
| 417 | A classic, peer-practised, minimal invasive surgery was declined by the insurers and a conventional older technique was forced upon us, resulting in suboptimal recovery |
| 418 | Bronchopneumonia on antibiotics |
| 419 | Not allowing doctors to decide whether a patient needs sedation by anaesthesia for endoscopy -even when reasons are given still rejecting and ask the surgeon to give sedation |
| 420 | Pt required a fixation of wrist fracture, but because the ECG suggested possible left atrial enlargement, was denied as “undisclosed prior medical condition”!! |
| 421 | This causes delay in the treatment |
| 422 | Post hysteroscopy pelvic infection. I wanted to admit for IV antibiotics which could have been adequate treatment but the insurer declined and said coverage would only be given for surgery. I did not want to subject the patient to surgery at that point because it was not yet needed and she may have been able to avoid it. But because of the insurer’s denial, the patient opted to try oral antibiotics and subsequently returned with worsened infection and required laparotomy which I believe may have been avoided with adequate treatment early on |
| 423 | acute stroke patient denied admission because no injection medicine given when stroke patient needs to be observe and treat as in-patient to optimise treatment, physiotherapy and monitor for any complications |
| 424 | Insurance declined in patient admission for a 75 year old patient and recommended daycare |
| 425 | A post-menopausal woman came in with post-menopausal bleeding. She has been paying the premium for 20 years. Became diabtes past 6-7 years. Insurance was approved. She was operated and upon discharged, the insurance retracted the coverage. Reasons: not informing insurance of her diabetes status. |

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| 426 | High Risk patients needed life saving antibody denied the treatment for Breast Cancer (herceptin) |
| 427 | Young Malay lady had severe right sided abdominal pain for 3 days with tenderness |
| 428 | Refuse surgical technology such as virtual surgical planning and navigation surgery. |
| 429 | Pt denied admission and procedure said to be able to do as outpatient however procedure needed general anaesthesia - ridiculous |
| 430 | GL for standard admission denied by inconsistent review agent. Suggest the insurance company should have a doctor review all denials before being forwarded. |
| 431 | Small child. Laceration chin.<br><br>Denied. Went to GP. Got glue instead of stitches |
| 432 | A patient with ileo-colonic Crohn's disease ( severe ) . Patient was treated with biologics ( ustekinumab) for 1 year and attained remission . But for long term maintainance of remission , the patient was denied for treatment |
| 433 | Delay operation |
| 434 | Insist myringotomy and grommet to be done under LA despite patient having low pain threshold |
| 435 | Patient diagnosed with odontogenic tumors are denied treatment because it is dental related. |
| 436 | My patient earlier was allowed gl approved by [redacted] for treatment of refractory MG. At the end the medication Iv. Rituximab was not covered . Say not in guidelines |
| 437 | Heart attack. Patient does not have a credit card to provide a guarantee and guarantee letter has been delayed by Insurance. Unethical and safety grounds I advise Patient to proceed immediately but patient is worried about large bill he can't afford.. so he refuses leading to more cardiac I jury |
| 438 | Patient was only covered up to RM 20 k - admitted for sepsis due to pyelonephritis with renal calculi. Need urological intervention stenting at the same time need ICU care - as patient is septic on inotropic support as patient is hypotensive, need longerduration of antibiotics - but as exceed GL - unable to do op - once stabilised had to be transferred to govt hosp.<br><br>Another case patient admitted for liver abscess coverage was limited and only covered total duration of 5 days in ward - patient supposed to stay and continue IV antibiotics as liver abscess is large as well as needed drainage - but as GL is limited patient AOR and continued with oral antibiotics - had to vbe on almost 3 months of oral antibiotics but liver absess persisted. As patient is well - patient was not keen to go to govt gastro facility - i feel that the GL limitation lead to suboptimal care for this patient who should be on longer duration IV antibiotics |
| 439 | GL was issued for intravitreal injection by insurance company . Procedure was done and then insurance company revoked the GL and asked the patient to pay the full bill . Patient refused and our eye centre had to absorb all the costs of the treatment. We appealed |

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| | multiple times to the insurance company and was asked to collect the amount due from the patient directly . |
| 440 | What is required is what asked for but many times multiple queries and at last rejection<br>Herceptine and perjeta is a new standard for 5years. However they have got a new for which is subcutenous and simple less than 15min they don't cover<br>There is oral chemo called tegefur it needs to be given with oral folina. Reimburse for tegefur but out of pocket for folina. Simple, cheap treatment made difficult |
| 441 | ill patient with many comorbid<br><br>Subjected to many review and tests for stabilisation<br><br>Only allow routine test as' normal patient' |
| 442 | Unable to offer more effective treatment for liver metastases |
| 443 | Rituximab for steroid dependent minimal change<br><br>Admission for high risk kidney biopsy<br><br>Outpatient meds SGLT2 for non diabetic CKD |
| 444 | Delay in surgery<br><br>Morbidity in terms of heavy menses(bleeding) |
| 445 | Refused percutaneous tenotomy which is proven orthopaedic procedure |
| 446 | came in for abd pain, denied ultrasound / CT abdomen. |
| 447 | Patient who had sudden sensorineural hearing loss who was denied treatment by intratympanic dteroid injection |
| 448 | Patient is supposed to go for PET scan for staging of lung cancer. Insurance wanted to have report first then only to decide whether should approve. |
| 449 | Patient admitted for renal biopsy, informed insurance estimated cost (including HPE ) 8K. Insurance only agreed to cover 2K. Insurance also said will not cover for transfusion should it become necessary |
| 450 | A patient from Alor Setar came to KL. GL was denied and the patient went back to Alor Setar as the procedure was not approved. |
| 451 | Patient required endoscopy but insurance was less than 2 years maturity and GL denied. Patient was required to pay and claim and couldn't afford care |
| 452 | Patient not able to get optimal care for their illnesses |
| 453 | Endoscopy was denied in GI bleeding |
| 454 | Swab for Respiratory panel applied during stay and informed that it's ok to go ahead. On discharge, the insurance company refused to cover. |
| 455 | Certain procedure or instruments related |

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| 456 | Patient have flare up of disease as biological treatments are not approved |
| 457 | frequently deny for OGDS/colonoscopy, deny skin lesion for excision, presume themself the diagnosis and reject doctor diagnosis, reject chemotherapy treatment, etc. |
| 458 | I had a 2 year old child presented with acute gastroenteritis and dehydration.<br><br>Insurance did not provide GL, because didn't have stool sample result.<br><br>Stoll sample result is not the determination factor for admission, treatment should be given before child end up in complications |
| 459 | Patient needed pleural drainage as he had pleural effusion |
| 460 | Pt admitted for influenza A with severe dehydration. Took 3 days for insurance to reply and say that they refused to cover. Patient took AOR discharge as couldn't pay bill.<br><br>Another pt, thyroid nodule required FNAC tro malignancy, pt refused to cover for FNAC, Pt had to pay. FNAc came back as malignant sample. |
| 461 | Refer to Q3, tongue base is not assessible from the mouth and can potentially bleed, hence safer to biopsy under GA and yet, insurance can deny stating that tongue base is in the oral cavity, does not need GA. |
| 462 | Vertebral osteomyelitis  pt had to get transfered to tertiary hospital |
| 463 | Patient was denied a liver metastasis ablation. The insurer deemed that the ablation procedure was an i vestigation, citing MOH guidelines which does not exist.This was clearly against standard of care. |
| 464 | Shoulder pain<br><br>Dr wanted to admit to check if its MSK or spine<br><br>Denied<br><br>Told to do MRI paid ownself cash. If diagnosis positive. Then can be admitted. |
| 465 | Patient came for cataract surgery for the second time with the first  done under General Anaesthesia. Insurance only allowed 2nd surgery to be done under Local Anaesthesia despite surgeon’s insistence and appeal. Patient was not given an option at all for the second surgery to be done under GA. In the end patient has to pay out of pocket for the anaesthetic charges |
| 466 | Pts assumed to have underlying prior disease |
| 467 | Certain non-invasive procedures to help diagnose functional/motility issues following standard and unremarkable procedures/tests performed in separate centers |
| 468 | Do not cover ECHO for a patient on antiHER2 therapy |
| 469 | Simple AGE with dehydration, they want investigation results before admission |

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| 470 | Yes. Case of stone treatment, diagnosed within 2 years of buying policy. Rejected as pay and claim only |
| 471 | Denial of oophorectomy in hysterectomy procedure |
| 472 | next generation sequencing for cancer care<br><br>alteplase dornase for fibrinolysis<br><br>spirometry for airway disease |
| 473 | Patient was admitted on advice of insurance agent who stated that the admission was claimable subsequently denied |
| 474 | Admitted after GL approved. Then rejected.<br><br>Had to write 2 appeal letters. |
| 475 | Hemoglobin 5, on going bleeding, decline admission |
| 476 | yes inpatients under medical or surgical who were referred for psychological contribution of physical illness were declined coverage for psychiatry consultations in the wards or as outpatients. |
| 477 | Deny post surgery pain relief options |
| 478 | Denial of MRI for staging oc cervical cancer |
| 479 | Pelvic MRI |
| 480 | Patient was denied ophthalmology services after crossed refer by physician for exposure keratopathy as insurance says its an out patient service |
| 481 | Procedures declined  due to short period of illness |
| 482 | Iv daratumumab was not covered for multiple myeloma treatment. Cited reason was that it is not classified as chemotherapy hence non coverable under policy term and condition.<br><br>Oral gilteritinib that was needed for combination with salvage treatment for pt with refractory Flt 3 mutation AML was told non converable upon diacharge medicine. |
| 483 | The need of awake fibreoptic intubation for cervical spine surgery |
| 484 | Denial of review and charge more  than 2x in ICU when pt is very ill and require more than 2x review in a day.<br><br>Denial of certain ICU medications which insurance labelled them as vitamin supplement. |
| 485 | CAR T Cell therapy denied for R/R Myeloma patient. The same insurance company approved CAR T Cell therapy for another patient the previous year. Goal posts change. |
| 486 | Initial GL approved then final GL declined after discharge. |

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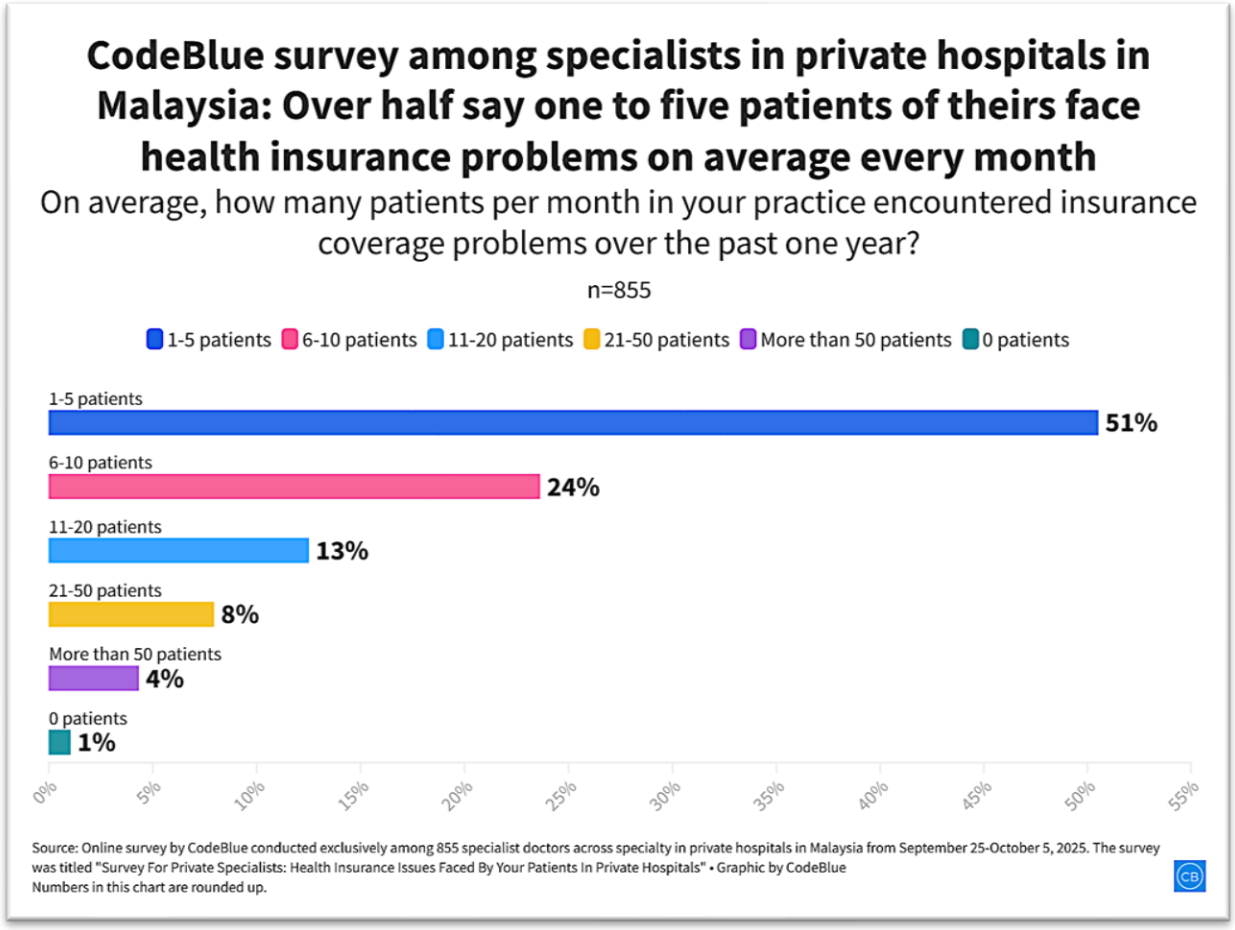
| 487 | Procedure not approved due to exclusion but disease treated is not in exclusion( eg gallbladder procedure , exclusion stomach) |
| 488 | Severe back pain to the extend that patient is bed bound, insurance denied admission and treatment. [redacted] |
| 489 | Decide patient can go for medical therapy first when a clinician think the problem need intervention |
| 490 | A patient to have high dose radioactive iodine that require 3 days asmissiom to a radioactibe iodine ward: insurance gave outpatient GL |
| 491 | Did not manage to do PET scan when she had severe back pain. Told to do as out patient. Pt not willing to pay, waited for govt appt bone mets!!! |
| 492 | Denial for sclerotherapy or ablation therapy including for hemangioma even if it is traumatic cause |
| 493 | Mdro Urosepsis<br><br>Patient failed oral antibiotics x3 by GP<br><br>No oral options to treat the bacteria<br><br>Insurance declined . I sent the patient to government hospital for treatment as patient could not afford private care without insurance |
| 494 | Denied joint HA injection when it is indicated |
| 495 | I have 7 year old girl, admitted for symptoms of gastroenteritis, she develops symptoms of gastritis 2 days after admission. I referred to surgeon for co-management of gastritis. Shockingly, her GL was revoked for both doctors as her [redacted] policy is less than 2 years |
| 496 | Refusal of coronary angiogram, patient pays out of pocket, found severe stenosjs |
| 497 | Child admitted as viral fever but turned out to have urinary infection, and denied further investigation pertaing to renal tract |
| 498 | deny the patient's GL as policy is less than 2 years. Patient is having an ACUTE CEREBRAL INFARCTION |
| 499 | Patient presented with cemento ossifying fibrous dysplasia jaw tumour, this tumour requires resection of part of the jaw and reconstruction with illiac bone graft. This was rejected on the basis of dental treatment which is an outrage. |
| 500 | Patient has open fracture and needed urgent surgery. Insurance ask for x-ray report which is usually not available after office hours. So I send a screenshot of the x-ray. Got approved but end up doing surgery after midnight |
| 501 | Always |
| 502 | Patient had already insurance clearance for procedure but when came to admission required further clarification from admitting doctor prior to commencement of procedure. |

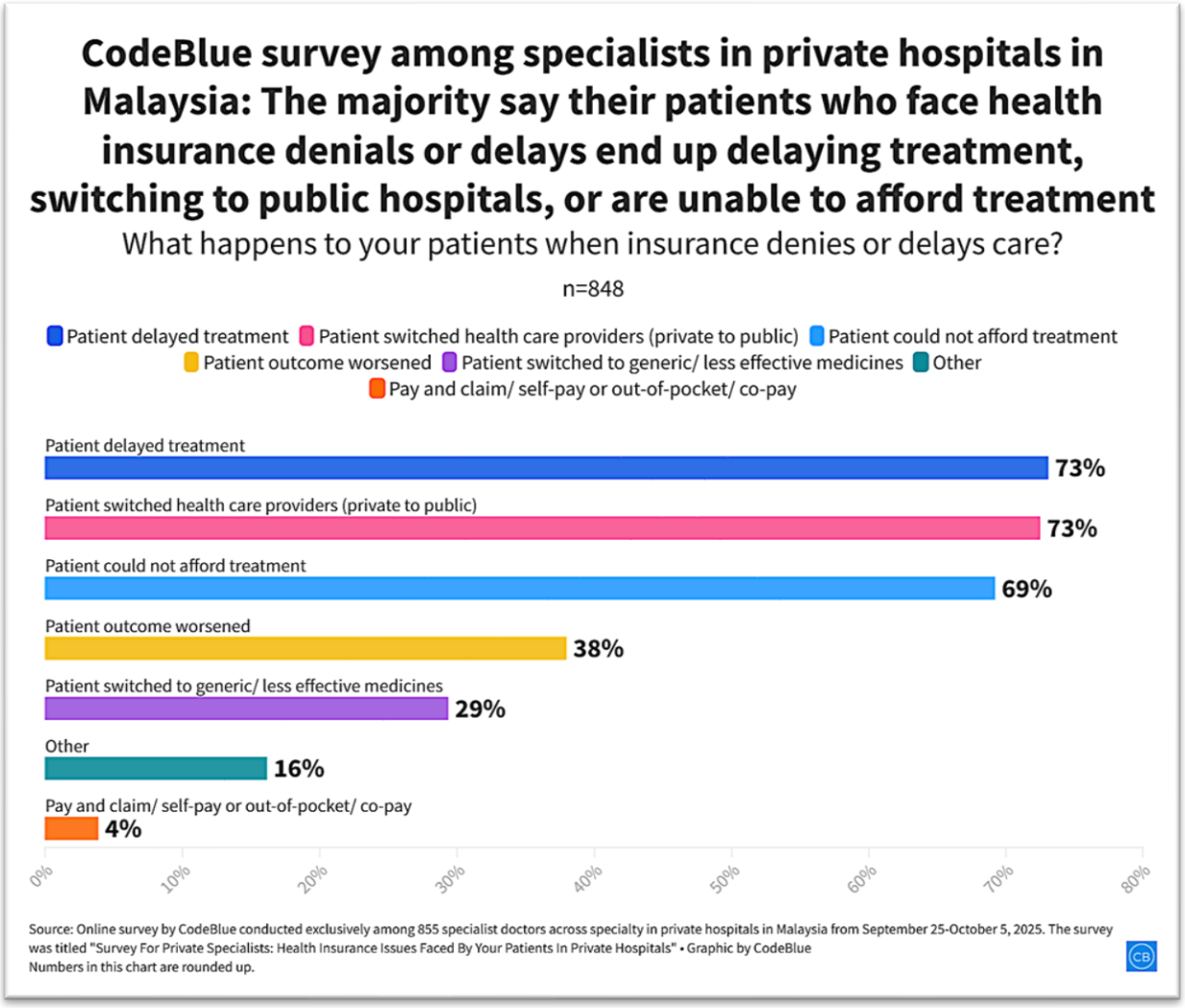
# Question 6




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| 1–5 patients | 50.53% | 432 |
| 6–10 patients | 23.63% | 202 |
| 11–20 patients | 12.51% | 107 |
| 21–50 patients | 7.95% | 68 |
| More than 50 patients | 4.33% | 37 |
| 0 patients | 1.05% | 9 |
| **Total Respondents: 855** | | |

# Question 7




Answered: 848 | Skipped: 7

| Answer Choices | Responses | |
|---|---|---|
| Patient delayed treatment | 73.11% | 620 |
| Patient switched health care providers (private to public) | 72.52% | 615 |
| Patient could not afford treatment | 69.22% | 587 |
| Patient outcome worsened | 37.97% | 322 |
| Patient switched to generic/ less effective medicines | 29.36% | 249 |

| | | |
|---|---|---|
| Other (please specify) | 16.16% | 137 |
| Pay and claim/ self-pay or out-of-pocket/ co-pay | 3.89% | 33 |
| **Total Respondents: 848** | | |

| # | Other (please specify) |
|---|---|
| 1 | Have to refer to Govt hospital |
| 2 | Patient was forced to seek treatment in govt hospital which resulted in delays . |
| 3 | Need to transfer to Government Hospital |
| 4 | Discharge to Govt hospital |
| 5 | Patient AOR discharge/transfer to government hospital |
| 6 | Refer to government hospitals |
| 7 | Transfer to govt hosp or go to alternative treatment |
| 8 | And referred to govt.where there is so much delay |
| 9 | Went to queue at government hospital |
| 10 | Patient have to seek treatment in goverment |
| 11 | Patient had to be sent to the government hospital |
| 12 | Transfer to public sector |
| 13 | Some take loan or borrowings to do op if urgent |
| 14 | Patient paid and claimed |
| 15 | Patient paid themselves |
| 16 | Some paid n claimed. Not sure if they got paid back |

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| 17 | Patient self-paid for treatment. |
| 18 | Delay in dialysis leads to overload, intubation and worser outcomes. Some patients are forced to pay out of pocket first for acute treatment until insurance is approved! |
| 19 | Pay from their own pocket |
| 20 | Self pay for supportive care |
| 21 | Patient was firced to pay on thir own |
| 22 | Patients self-pay |
| 23 | Patient self pay and claim |
| 24 | Patients have to pay for treatment themselves |
| 25 | Need to pay |
| 26 | Patient pay out of pocket |
| 27 | Patient pay with their own money |
| 28 | Patient pay on their own when able to afford |
| 29 | Pay and claim |
| 30 | Patient agreed to pay first pending approval. |
| 31 | Pt pay first |
| 32 | Patients collect donation or sell properties/borrow money to pay the cost |
| 33 | Out of pocket expenditure. |
| 34 | Patients had to pay own self |
| 35 | switched to pay & claim |
| 36 | patient willing to pay first and try to claim later |

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|---|---|
| 37 | patient self pay |
| 38 | Patient has to pay on their own |
| 39 | some opted to pay cash |
| 40 | Pay and claim |
| 41 | Patient pays out of pocket |
| 42 | They opt to pay the difference ( forced co-payment) |
| 43 | Answer for no. 6 is 0-1/month. Patient pays 1st and claim later or transfer to public hospital |
| 44 | Self paying, frustration of paying insurance premium. |
| 45 | They have to pay everything from their pockets, despite paying their premium diligently. |
| 46 | Emotional breakdown |
| 47 | Parents were very distressed and disillusioned by the delay and eventual declined GL, and in general felt that we as the doctor in charge were not capable enough to secure the desired decision from the insurers. |
| 48 | Patient continue with compromised vision and affect quality of life ( not able to drive) . |
| 49 | They got angry with us as their agents told them the doctor did not write correctly or wrong |
| 50 | Pt chose to implant only monofocal intraocular lens |
| 51 | Unnecessary hospitalisation, unnecessary antibiotics usage |
| 52 | Patient scolds/blames doctor |
| 53 | Need to reply and clarify multiple time |
| 54 | Delay in treatment |
| 55 | discharge |
| 56 | Waive or charge nominal consultation fee, seek welfare support from hospital welfare facilities, earlier discharge n follow-up as outpatient |

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| 57 | Patients complained Doctors and Hospital |
| 58 | Patient disappeared and outcome unknown |
| 59 | Need repeat explanation & reasoning to get approvals |
| 60 | They choose to take outpt treatment and go home |
| 61 | Needed admission but denied. |
| 62 | Treatment not optimised |
| 63 | Poor quality of life to pateint, some educated patient taking law suit against the insurance provider |
| 64 | Sometimes patient cancel treatment |
| 65 | Patient has to bear the anxiety and pain during LA surgery( denied GA) |
| 66 | Billed but not payed. |
| 67 | Get scolded by patient. Insurance agent always told patient that the drs didn't write serious enough. |
| 68 | Doctors waive their fee due to good will, and gave discount |
| 69 | Use other company which covers the same issue. |
| 70 | Patient defaults treatment |
| 71 | Unable to proceed with more specialised molecular studies eg Gastro panel molecular studies for gastroenteritis ( because it's expensive ) |
| 72 | Resort to TCM or other dubious practises and end up with mortality |
| 73 | Patient refused to pay the bill which means I didn't get paid too |
| 74 | Patient request to be discharged and go to other health care facility |
| 75 | Patient suffered before death |
| 76 | Default completely |

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| 77 | Delay in approval as second doctor which only processed next working day 9am.. had resulted in ruptured ovarian cyst and haemorrhage leaving very little ovarian tissue left intact. |
| 78 | The payment is delayed |
| 79 | Doctors ended up not getting payment |
| 80 | Refer to goverment |
| 81 | Doctors compromise and waived their charges eg waiving AOH for emergency AOH cases, or waiving our codes for certain procedures despite the services having been rendered. And the insurers will specifically mentioned that doctors are not allowed to collect the outstanding from patient despite the care having been given |
| 82 | I just forgo the charges |
| 83 | Certain modalities of treatment e.g. peripheral nerve blocks not performed |
| 84 | Please get a qualified doctor to screen for approval |
| 85 | Delay but non Urgent case |
| 86 | Delay |
| 87 | go for alternative or rely on tik tok, whatsapp suggestions |
| 88 | Patient complains on doctor and hospital when insurance decline. |
| 89 | 1. Pt used another insurance provider.<br>2. Doctor have to write appeal letter. Wasting of our time |
| 90 | AOR |
| 91 | Patients DAMA home to seek traditional treatment |
| 92 | Patient takes their chances with unproven traditional medicine which leads to grave outcome |
| 93 | One patient wrote a complaint letter to the CEO of [redacted] and cc to bank negara. GL approved within a week! |
| 94 | Patient had to be treated as outpatient |
| 95 | Patient died |

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| 96 | Refer government hospitals/clinics |
| 97 | Needs repeated clarification |
| 98 | delay in surgery and medication |
| 99 | Patients start blaming doctors and hospitals instead. Insurers are not at the fore front to receive backlashes. |
| 100 | Lost to follow up |
| 101 | I end up paying for the poor patients |
| 102 | The hospital stay became longer and then insurers requested Dr to list down the daily treatment details post discharge |
| 103 | Patient blames doctors and hospital for outcome |
| 104 | Patient AOR discharge when insurance approval declined. |
| 105 | defaulted surgery and follow up |
| 106 | PATIENTS EVENTUALLY BLAME DOCTORS FOR POOR MANAGEMENTT |
| 107 | Pt resort to GP and alternative medicines |
| 108 | I omit my free as such procedure is warranted for patient care. |
| 109 | Suffer in pain. Inspite paying their  premiums regularly |
| 110 | transfered to government hospital |
| 111 | By God grace they recover but needs prolonged admission which also will cause insurance company money but they are ignorant here |
| 112 | Reapply |
| 113 | Patients put the blame to us saying we have not tried hard enough to help them. What we said to insurance was in fact factual. |
| 114 | Defaulted treatment |
| 115 | Hospital bears the cost and clinician did with no charges |

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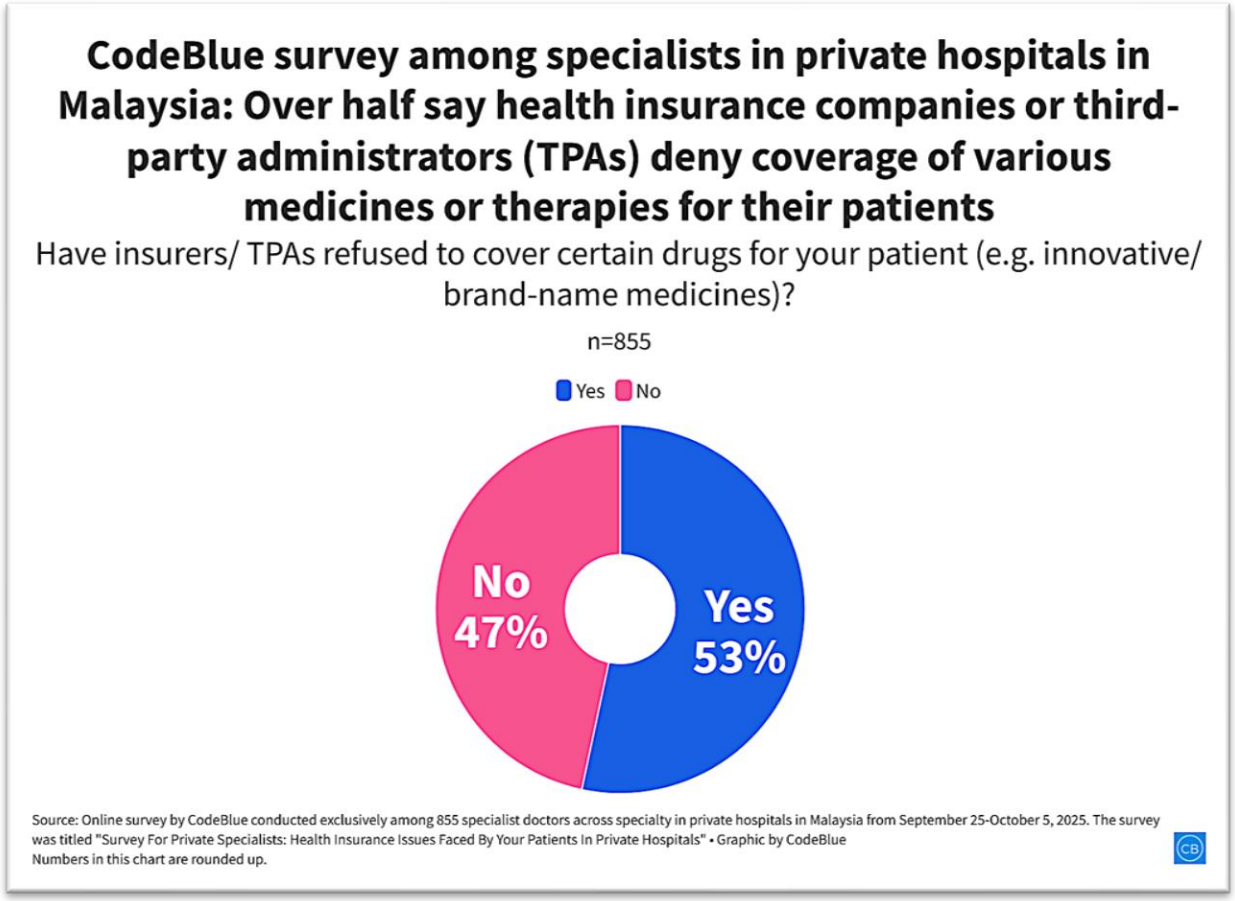
| 116 | Patient requested premature discharge |
| 117 | Suffer in silence |
| 118 | the case is written off . it is so tedious to follow the paper trail |
| 119 | They start blaming the doctor as if I don’t know what is happening/ makes me look like an idiot. Why can’t I just be honest? |
| 120 | Patient defaulted treatment |
| 121 | Some cases I don't charge for the review in the end affecting my income. Service provided but no pay. |
| 122 | Increase side effects |
| 123 | Parents risk their children by bringing home. |
| 124 | Patient cancel admission |
| 125 | Death |
| 126 | Disappointment anger and frustration |
| 127 | Patient transfers to public services with further delays |
| 128 | Mainly delayed or denied treatment |
| 129 | Patient get angry to wards surgeon and hospital |
| 130 | Delayed in payment..perhaps was put under CUR(already delayed for more than 6 months ) |
| 131 | AOR home discaj |
| 131 | I usually write a letter to govt hospital to take over management |
| 133 | Complained to MOH and social media |
| 134 | Have to write in to appeal |
| 135 | work performance deterioration |

| | |
|---|---|
| 136 | Lengthy and repetitive deferment replies |
| 137 | We try to appeal in behalf of patients , occa rejected second timr round |

# Question 8




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Yes | 53.33% | 456 |
| No | 46.67% | 399 |
| If yes, please provide one example – optional | | 286 |
| **Total Respondents: 855** | | |

| # | If yes, please provide one example – optional |
|---|---|
| 1 | Ripple mattress, expensive antibiotics, dvt pumps, feeding pumps |
| 2 | Lamictal for headache, amitriptyline for headache |
| 3 | Biologic therapy |
| 4 | Fybogel |
| 5 | They ask to use generic drugs instead of original drugs |
| 6 | Vocinti |
| 7 | Asked to Use generic augmentin which patient became allergic ; but patient is not allergic previously to original augmentin |
| 8 | GLP1-RA |
| 9 | Proprietary drugs |
| 10 | Cidofovir |
| 11 | Probiotics which is now a recognised treatment for food poisoning and IBS. |
| 12 | bionerv |
| 13 | Mycamine, Linezolid, Heptral, Tamiflu |
| 14 | They suggested to use generics |
| 15 | Dermatix ultra for hypertrophic surgical scar |
| 16 | Micardis —> generic telmisartan, Januvia —> gemeric sitagliptin. Ozempic semaglutide |
| 17 | neuroaid |
| 18 | CL4/6 inhibitors |
| 19 | Iron tablets for symptomatic Anemia |

| | |
|---|---|
| 20 | Biologics for inflammatory bowel disease |
| 21 | They tell us what drugs we can pres |
| 22 | Dermatix wound care |
| 23 | Montelukast, Sinus Rinse or nasal spray |
| 24 | Bionerve for nerve related disorders |
| 25 | syrup lactulose |
| 26 | Bionerve, bioflor mthycobalt |
| 27 | Advised to use generic |
| 28 | Artificial tears are usually not cover despite dry eyes is a medical condition . despite dry eyes being a medical |
| 29 | Dupixent |
| 30 | Prochlorperazine |
| 31 | Botulinum toxin for spasticity management |
| 32 | steroid enemas for radiation proctitis |
| 33 | Bioflor |
| 34 | Eyedrop that are classified as lubricant are not covered.but in certain cases like foreign body removal or severe conjunctivitis,this is used as therapeutic management |
| 35 | [redacted] insurance will not cover any long term medication eg inhalers so pt have to buy from designated pharmacy and no assurance compliance to buy and follow long term inhaled prophylaxis. |
| 36 | Bioflor is regarded as supliment |
| 37 | Bioflor |
| 38 | Biologic treatment for asthma |
| 39 | INTRAARTICULAR HYALGAN OR EPIDURAL |

| | |
|---|---|
| 40 | Hyaluronic acid, prp |
| 41 | Refused RFA. Refused chondrofiller |
| 42 | Vit D for symptomatic vit D deficient |
| 43 | Biologic treatment in inflammatory bowel syndrome |
| 44 | Repatha |
| 45 | Biologics |
| 46 | Iron supplement for treatment of anemia, Moisturiser/emolient for eczema, spacers requires to administer inhale medications, |
| 47 | Neurontin |
| 48 | K-CAB Tegoprazan; I've iron |
| 49 | Inj Hyaluronic acid |
| 50 | Insurer asked doctors to use generic medicine |
| 51 | Neurontin for neuropathic pain |
| 52 | Galcanezumab |
| 53 | Keppra |
| 54 | Expensive drugs |
| 55 | Bionerv |
| 56 | They've issued letter to us to use generic drugs and up to now, I've complied |
| 57 | Vitamin B for numbness |
| 58 | GnRh analogue injections |
| 59 | IV methycobalamine or tab methyl cobalamine for sudden sensorineural hearing loss |

| | |
|---|---|
| 60 | Hrt |
| 61 | Questioning when using intracoronary ivus, FFR |
| 62 | sglt2 for heart failure |
| 63 | On drugs ie vitamins used for therapeutic like B12 |
| 64 | Hyaluronic acid |
| 65 | Sangobion for anaemia, Bioflor for AGE case. |
| 66 | bioflor, fiber |
| 67 | They asked to use generic drugs |
| 68 | often only allow generic |
| 69 | Bionerve |
| 70 | Controloc |
| 71 | Nexium |
| 72 | Immunotherapy |
| 73 | Biologic therapy for autoimmune diseases |
| 74 | Ozempic |
| 75 | Patients with anaemia had a iron studies done and started on iron replacement therapy but told by the insurer iron studies not warranted and iron replacement therapy considered as supplements. |
| 76 | Probiotic for diarrhoea treatment |
| 77 | Post operation review- nasal rinse and nasal sprays were not covered, reasons given its not related to diagnosis. Patient was treated for Acute sinusitis , this are standard required medications |
| 78 | Calcium and vitamin D not cover for osteoporosis treatment |
| 79 | High dose vitb12 used to treat neuropathy and paraesthesia, but presumed by insurance as suppliment |

| | |
|---|---|
| 80 | Viatril, bionerve |
| 81 | Denosumab for treatment for aneurysmal bone cyst. |
| 82 | Mirena |
| 83 | Received a memo from a TPA/ insurance company to use only generic medicine when available for their policy holder |
| 84 | Medication to prevent and delaying hearing loss |
| 85 | They have asked us to switch to generic meds. Some generics are fine. Antibiotics is one area where I can clearly see a difference between generic and originals. But again... profits prevail over efficacy |
| 86 | Mirena. It is used for treatment of heavy menstrual bleeding but TPAs will insist its a contraception device and refuse to pay |
| 87 | Moisturisers, isotretinoin |
| 88 | IV biologics for SLE, RA, AS, PSA |
| 89 | Not applicable . I don’t practice innovative drugs. |
| 90 | Acarizax, Gingko, sinus rinse |
| 91 | Dictating generic PPI use only. |
| 92 | Asked to use generic |
| 93 | Maltofer ( iron supplement) , moisturiser cream for eczema |
| 94 | Heptral |
| 95 | Calcium vitamin d for treatment for  low calcium |
| 96 | Celebrex and pregabalin asked to switch to generic or purchase under their insurance panel doctor. |
| 97 | Rybelsus, Ozempic |
| 98 | GLP1 receptor agonist |
| 99 | One TPA insisted on generic meds only |

| | |
|---|---|
| 100 | Mirena Intrauterine system / iron infusion / GnRH drugs to stop bleeding |
| 101 | Bionerve |
| 102 | Rybelsus /ozempic for poorly controlled DM |
| 103 | Hyaluronic acid for osteoarthritis of the knee |
| 104 | Levonegestrel intra uterine delivery system |
| 105 | Brentuximab, venetoclax |
| 106 | Use for joint scaffold surgery. Rejection use of HA in patients that had HA injections before. & rejections for HA despite complying with the latest KKM guidelines for HA. |
| 107 | Oraltek sublingual dust mite allergen immunotherapy |
| 108 | Station and anti-hypertensive |
| 109 | If not specified in final diagnosis they will refuse |
| 110 | Bioflor |
| 111 | Botulinum  toxin for spasticity treatment, Neuroaid for stroke recovery |
| 112 | They asked the dr to use generic drugs instead |
| 113 | Immunotherapy |
| 114 | Tamoxifen |
| 115 | Preservative free artificial tears |
| 116 | Nurtec (migraine medication) |
| 117 | Iron supplement, hormonal treatment beyond 1month (for the purpose of regulating menses) |
| 118 | Heptral for hepatitis ; Total Fibre for constipation |
| 119 | Mirena diphere |

| | |
|---|---|
| 120 | HA injections |
| 121 | Viartril S (glucosamine) for OA knee |
| 122 | Miners for DUB |
| 123 | Treatment of anaemia secondary to excessive uterine bleeding were denied. Patients has to take iron theraphy by them self. Meaning patients haa to pay for the iron theraphy |
| 124 | Evolozumab for resistant cholesterol |
| 125 | Especially for fatty liver and MASH...Eg Legalon, Heptral and Natrieo..all proven clinically to help in those diagnosis |
| 126 | High end Antibiotics not covered in Septicemia |
| 127 | Ozempic |
| 128 | Nimvestin, monofer, iberet tablet as take home medicine |
| 129 | Neil med/ sinis rinse for blocked nose |
| 130 | [redacted] is forcing all of us to use generic drugs |
| 131 | Neuroaid 2 |
| 131 | Collagen skin grafting for burn patient |
| 133 | Midazolam which is used to manage a patient anxiety during routine cataract surgery. |
| 134 | Neuroaids |
| 135 | Dermatix ultra after thyroidectomy |
| 136 | bionerve tablet |
| 137 | Overactive bladder syndrome drugs , penile rehab drugs, prostate treatment, medical expulsion therapy |
| 138 | Vitamins prescribed for treatment |
| 139 | Mozobil |

| | |
|---|---|
| 140 | Heptral |
| 141 | Rimegepant for migraine. Semgalutode for DM, |
| 142 | Semaglutide for diabetes . They claim the indication is for weight loss |
| 143 | Supplemental meds which are essential for treatment |
| 144 | diphereline/gnrh antagonist |
| 145 | Do not cover platelets rich plasma or stem cells. Ketamine infusions for chronic pain |
| 146 | Tanakan, Bionerv, Neurobion, Hyaluronic acid for vocal cord injection, Botox injection for facial spasm |
| 147 | Rybelsus |
| 148 | Semaglutide in Diabetes type 2 |
| 149 | Neuro vitamins for vertigo & tinjitus |
| 150 | Entresto (due to cost) |
| 151 | Do not cover leadless pacemaker. |
| 152 | vitamins essential for treatment, certain laxatives essential for the particular case.. |
| 153 | PCSK9 |
| 154 | Mounjaro, semaglutide |
| 155 | Intravenous Immunoglobulin, CGRP for migraine, Botox for Neurological Dystonias |
| 156 | [redacted] refused to give patient infliximab and said according to their guidelines to give Secukinumab and told the patient to change doctors |
| 157 | I initially offered Avastin, which was denied on the grounds of lacking updated protocols and being off-label—despite its inclusion in national guidelines. I then switched to Eylea, aligning with the latest approved medication and protocols, albeit at a higher cost. The claim was suddenly approved—but with Eylea excluded. This inconsistent approach raises concern: is the approval process genuinely protocol-driven, or simply geared toward denying claims or steering toward cheaper options? References to “off-label” or “latest protocol” seem more like pretexts for rejection than clinical reasoning. |

| | |
|---|---|
| 158 | vitamin C for CRPS prevention |
| 159 | Mecobalamin at follow up clinic |
| 160 | Phosphodiesterase for pulmonary hypertension. |
| 161 | Aero chamber required to administer inhalers in children. Aero chamber is a universal requirement for inhaler therapy and is mandatory in the National CPG for childhood wheeze. |
| 162 | Original antibiotics |
| 163 | Iv dynastat |
| 164 | Diabetes with obesity already on all OHA amd insulin. Needed GLP 1 n insurance. Dengue patient or pt on antibiotic develop epigastric pain and insurance refuse to pay for PPI because PPI is not a treatment if dengue or sepsis. They overlook that pt may develop side effects if medication and rhat needed to be treated. Another is post transfusion allergy and insurance refuse to oay for hydrocort |
| 165 | Some TPA request medications to be obtained from pharmacies outside. Hospital encourage doctors to use generic drugs |
| 166 | Protopic |
| 167 | Questioned why alternative cheaper medication was not being used |
| 168 | Immnumotherapy |
| 169 | Ozempic, Trulicity, Repatha |
| 170 | Especially Intravenous iron and hormonal injections |
| 171 | Hyalofast cartilage regeneration therapy |
| 172 | Visanne/ Diphereline injection/ MIRENA |
| 173 | analgesia |
| 174 | Proton pump inhibitors like nexium and pariet |
| 175 | Progesterone for bleeding control |
| 176 | Dynastat. They want us to use generic only |

| | |
|---|---|
| 177 | cialis 5mg for BPH |
| 178 | Collnano gel |
| 179 | Neilmed nasal irrigation for post sinus surgery (so far [redacted] |
| 180 | Sometimes they don't cover outpatient iv antibiotics. Patient well for discharge but needs to continue iv same antibiotics as outpatient ( reduce stay, less cost and less nosocomial infections) but not allowed |
| 181 | Scar gel after recover for trauma woth a reason o |
| 182 | Procedures yes |
| 183 | Original vs generic |
| 184 | Many |
| 185 | As simple as oral tamoxifen till expensive innovative medication like oral osimertinib |
| 186 | Biologics |
| 187 | Subcutaneous Humira and Stelara |
| 188 | nexium |
| 189 | Bioflor |
| 190 | [redacted] |
| 191 | Venetoclax. |
| 192 | Antivegf drug. There better and newer antivegf eg faricimab and aflibercept, however insurance would query us why we did not offer of label drug such bevacizumab which has no strong evidence for patient's condition. They also often query us why patient needs multiple injections for age related macular degeneration. |
| 193 | IV Simponi |
| 194 | Aloclair spray |
| 195 | Daratumumab , CART cells |

| | |
|---|---|
| 196 | Robotic |
| 197 | IAHA -all types |
| 198 | Daratumomab, generic posaconazole |
| 199 | There has be numerous queries demanding answers to endless questions. |
| 200 | Hyaluronic acid - KKM says it's only allowed i. Arthritis of the knees and shoulder BUT not arthritis of the ankle |
| 201 | Aerius |
| 202 | It is already stated in their policy to the hospital |
| 203 | biologic dmard |
| 204 | Biologic or Targeted therapy |
| 205 | Amityriptyline for nerve pain |
| 206 | Gonadotrophin antagonists for the treatment of endometriosis claiming it was a hormone |
| 207 | the antidepressant used for headache indication, CGPRI (reason being migraine prophylaxis is considered for prevention and not as real treatment)) |
| 208 | GCSF injections, Pembrolizumab, glucometer monitoring in ward, referral to dietician for patients in Rules tube feeding |
| 209 | Not yet! |
| 210 | Immunotherapy |
| 211 | Biologics and small molecules |
| 212 | secukinumab, upadacitinib |
| 213 | [redacted] refuses to cover biologic treatments |
| 214 | Levofloxacin in eradicating h. Pylori infection. This levofloxacin regime is 1 week duration and better tolerated than clarithromycin 2 weeks regime. Another case if refusal to cover for neurotin for nerve pain post surgery. The insurer insisted that neurontin is the same with neurobion and its a supplement/vitamin for nerves. |
| 215 | Zoledronic acid, tamoxifen letrozole , capecitabine |

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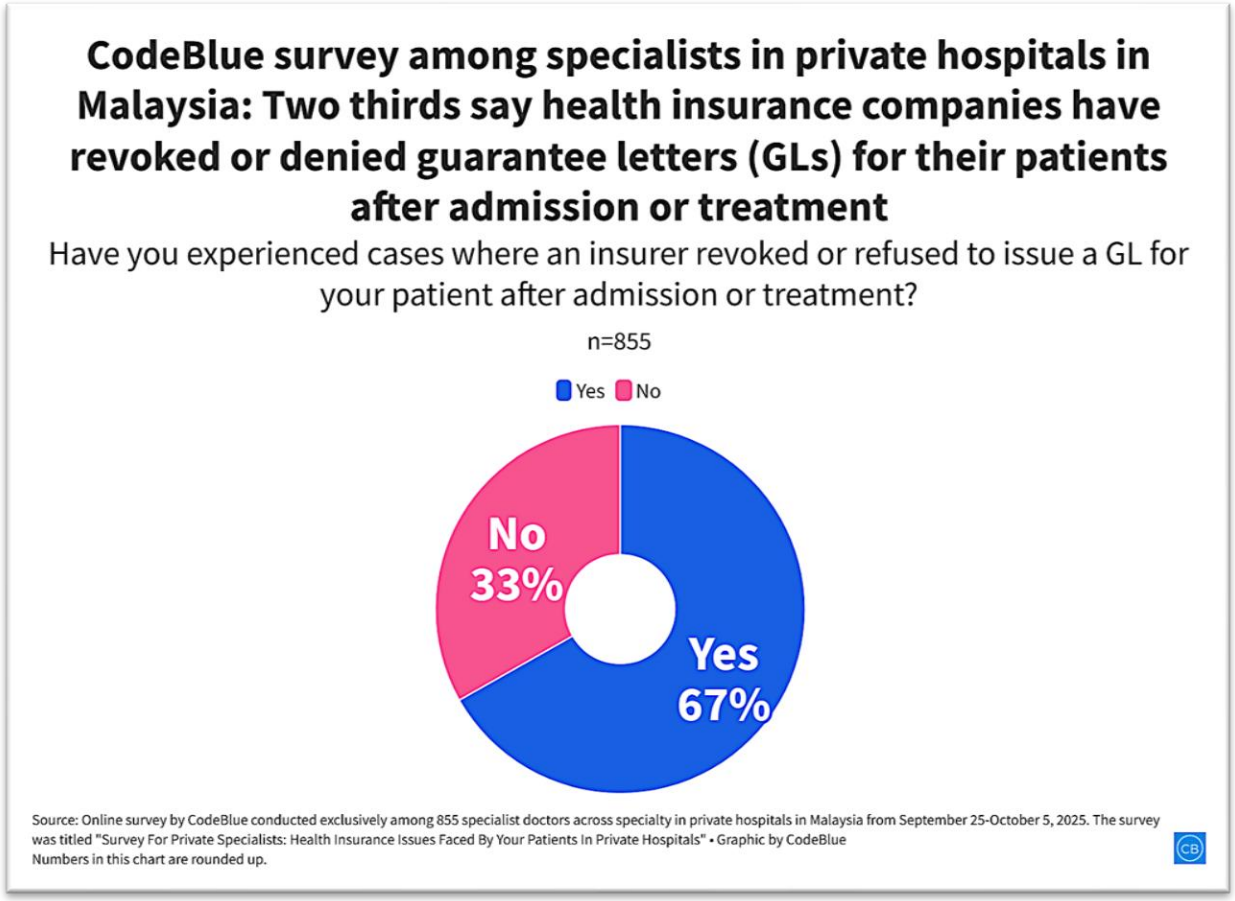
|---|---|
| 216 | Sybrava |
| 217 | Semaglutide (for diabetes) |
| 218 | Iron for patients with iron deficieny anemia |
| 219 | Admitted for dengue, high cholesterol noted on blood test, insurance refused to cover for antilipids. |
| 220 | Inclisiran |
| 221 | Bioflor |
| 222 | only generic |
| 223 | Post oesophagectomy with slow gastric emptying due to patent pylorus- botulinum toxin injection to pylorus to improve gastric emptying- insurance refused to pay for botulinum toxin |
| 224 | Hyaluronic acid injection |
| 225 | Biologics for asthma |
| 226 | Oral calcium. |
| 227 | Nexium |
| 228 | CAR-T cells, stem cell transplant, use of BiTE therapy |
| 229 | Antidepressants |
| 230 | Nurtec |
| 231 | Hormone replacement |
| 232 | upacitinib |
| 233 | Only request to use generic medication |
| 234 | Hyaluronic acid |
| 235 | Biologics , xolair |

| | |
|---|---|
| 236 | Probiotic, hematinics, Vitamin B |
| 237 | Ozempic for uncontrolled diabetes and obesity |
| 238 | Neilmed sinus rinse |
| 239 | Neuroaid |
| 240 | Forxiga/jardiance for Heart failure |
| 241 | NeuroAid |
| 242 | Ostinol, piascledine, bioner for spinal and neuropathic pain |
| 243 | Subcutaneous Phesgo |
| 244 | Biologic therapy |
| 245 | Insisted on only generic medication, no innovator brands allowed. |
| 246 | statin for stroke |
| 247 | Immune modulating drugs |
| 248 | Calcium and iron supplements for pregnant moms |
| 249 | HerceptinQ |
| 250 | Biologics ( stelara, humira , vedolizumab) for IBD . Heptral for NAFLD |
| 251 | Probiotics, legalon, heptral |
| 252 | Mefenamic acid (claim that this is O&G drug), Neilmed nasal douching, CMC ointment |
| 253 | Rituximab |
| 254 | I am aware of backdoor agreements between insurers and hospitals forcing use of generics. Patient who have paid for Premium insurance have at times complained and asked me why they have been auto switched without consult. |
| 255 | ozempic |

| | |
|---|---|
| 256 | Pergeso as sub for Iv Herceptine and perjeta |
| 257 | Robotic surgery |
| 258 | Legalon |
| 259 | Gnrh analogue |
| 260 | [redacted] - Tacrolimus ointment, ketoconazole shampoo, bioshield soap bar (certain patients) |
| 261 | Biological drugs |
| 262 | Venofer |
| 263 | Dm with obesity fair better sith GLP1, but insurance don't want to cover because they say it's a weight loss medication when it's actually used for diabetes. |
| 264 | Voriconazole |
| 265 | Ozempic for severe obesity & diabetes. |
| 266 | Iron therapy for anaemia |
| 267 | progestogen tablets like tab medroxy progesterone acetate , t norethisterone and t dydrogesterone |
| 268 | Cialis , gyneflor. Approved as medication by KKM |
| 269 | Tissue glue used in pterygium surgery |
| 270 | DORNASE / rituximab/ biologics for severe asthma fasenra claimed can be done outpatient |
| 271 | Mirena |
| 272 | all psychiatric medications |
| 273 | Augmentin |
| 274 | Topical Artificial Tears |
| 275 | Daratumumab/Gilteritinib |

| | |
|---|---|
| 276 | Iv Thiamine |
| 277 | Order by [redacted] Insurance to prescribe generic medicines |
| 278 | Insurance asked to give generic dynostat and antibiotic to patient |
| 279 | Immunotherapy or oral targeted therapy |
| 280 | Generic antibiotics only covered |
| 281 | Joint supplements |
| 282 | Biogaia |
| 283 | advised generic medicines from theoutset including antibiotics and pain relief |
| 284 | Vitamin and hematinics. Injectable product into the joint such as PRP and hyaluronic base product. |
| 285 | Viartril-S is considered supplement even when prescribed for OA |
| 286 | IV pain killers - dynastat |

# Question 9




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Yes | 66.78% | 571 |
| No | 33.22% | 284 |
| If yes, please provide one example – optional | | 288 |
| **Total Respondents: 855** | | |

| # | If yes, please provide one example – optional |
|---|---|
| 1 | Patient admitted after office hours even at wee hours of the morning |
| 2 | Too many . Happens so often in the field of plastic surgery that you expect a denial and advise patients as such . So much that even partner are aware the coverage could be denied . Most of the time it is for excision of suspicious skin lesions on the skin where a clinical diagnosis was initially made and a wide excision is planned to confirm diagnosis and treat lesion simultaneously for eg. BCC . Many times after the treatment is complete then the deferment questions come and finally a decision out of thin air that it would not be covered |
| 3 | Planned for surgery, then declined |
| 4 | Age- refused-had to write appeal letters. |
| 5 | Pt admitted for acute stroke , given thrombolylis and less 24 h revoked the GL |
| 6 | Denied the medication and treatment |
| 7 | Aklowed for admission but not for procedure |
| 8 | HPE different from clinical diagnosis |
| 9 | Refusal to cover for MRI even though indicated |
| 10 | After admission and procedure done, decline tro preexsiting conditions . Case of ICB 2' to newly diagnosed hypertension. |
| 11 | Issues GL for patient MVA ; for wound debridement n dressing for Open wound , but after dischsrge their famous words are waive ; n not collect from patient even patient willing to pay ..... |
| 12 | An Indonesian patient admitted for embolization of renal AVF. Her insurer [redacted] Indonesia) denied coverage. Patient self paid. |
| 13 | Admission for mycoplasma infection and treated with bronchodilators for bronchospasm. |
| 14 | Pt has intra abdominal infection needs iv antibiotics and surgery, incidentally pt was covid+, insurance was declined |
| 15 | Fibal GL revoked when final diagnosis of not meeting acute coronary syndrome for investigation of chest pain and elevated high sensitivity Troponin I. |
| 16 | Tkr was done after initial GL was approved then revoked |
| 17 | Patient's GL was initially issued, but then revoked as insurance claimed the condition was preexisting |

| | |
|---|---|
| 18 | Onco team refer for confusion in ward, insurance refused to cover for Geriatrician referral |
| 19 | Patient admiited for severe hyperthyroidism. GL admission approved. But after discharged, insurance declined. Reason, iv drip not given throughout the days of admission. Nonsense |
| 20 | patient's parents didn't disclose certain medical history of patient when applying for insurance |
| 21 | As mentioned above: Case of road traffic accident. Incidental finding of high RBS, or incidental findings of CT FACE/brain reported as sinusitis- when patient admitted for emergency surgery; IGL revoked due to “undisclosed prior pre-existing”. Surgery deferred, delayed and eventually transferred to MOH facility |
| 22 | When HPE result come back different than provisional diagnosis |
| 23 | patient had previous gastric disease (known non coverable by the insurance) but later had haemorrhoid treatment - refused GL because the insurance company classifies haemorrhoid disease in the cluster together as gastric disease and hence refused to issue a GL |
| 24 | Pt admitted with vertigo but ask to treat as outpatient |
| 25 | Parient admitted for rhinosinusitis with bronchopneumonia |
| 26 | Acute Appendicitis - after surgery  can't get GL , then have to write 2 letters to appeal |
| 27 | Noted BP high and was started on medication onDay 2 of admission. Insurance was 6 months old. |
| 28 | Admired for lap hernia but denied after surgery and initial approval |
| 29 | Insurance not covered if anticipated undiagnosed NCD even though previously no medical illnesses |
| 30 | declined GL after admission fir elective procedure |
| 31 | Even worse ; they ask back the money which they paid u and approved a year ago. [redacted] is the culprit |
| 32 | The grey area of 2 years. Which is not even stipulated in the insurance policy |
| 33 | Ct shows some other incidental findings which not related to current admission |
| 34 | The insurance company will issue a letter request for investigation and refuse to issue GL before admission. Patient will decline admission |
| 35 | patient had pneumococcal septicemia initially covered then had ear discharge and MRI scan showed mastoiditis- on discharge insuracne declined as not coveriing any ENT condition for1st 2 yearsof life! |

| | |
|---|---|
| 36 | Cataract durgery under GA |
| 37 | Wide excision abdominal wall carbuncle GL refused because insurance just reach 2 years thus they need to investigate |
| 38 | Weekend usually where GL takes time |
| 39 | When patient was found to have additional diagnosis that was different from admission diagnosis |
| 40 | When I am the second doctor |
| 41 | Diabetes mellitus |
| 42 | ICU care admissions for perforated appendix with sepsis. Payment not covered and force to waived |
| 43 | Pneumonia with hyperpyrexia treated conservatively without any iv medication or “unnecessary” investigations, reason for decline GL as “condition “CAN” be treated as out-patient. How are they in the position to decide which patient can be treated as out-patient just based on the treatment plan when observation is needed to observe if treatment needed to be escalated over time. |
| 44 | Knee injuries |
| 45 | Refused coverage due to policy upgrade. |
| 46 | As in question 5. |
| 47 | operation was done on previously approved initial GL, but final GL was not approved and patient refused to pay the treatment for implant in which I had to pay myself to the supplier |
| 48 | Declined with the reason of “ pre existing condition”, “ need further investigation, pay then try to claim later” |
| 49 | GL approved initially for IV iron, hence patient process for treatment and admission, later GL revoked and patient have to self paid |
| 50 | Approved for Bronchitis, but upon discharge declined with reason of underlying Asthma which the pt never had |
| 51 | GL obtained. Approved. Upon final bil, GL declined |
| 52 | Admitted for spine problem,and denied GL |
| 53 | After ct scan findings |
| 54 | Many such cases. Patient then discharges self and often refuses / unable to pay |

| | |
|---|---|
| 55 | Acute Abdomen, request for Imaging before GL |
| 56 | Admitted for back pain. MRI Done. But asked to file and claim |
| 57 | Rarely |
| 58 | especially co managed patients |
| 59 | Patient underwent an urgent life saving procedure cardiac and never got compensation |
| 60 | Described above |
| 61 | put it as condition clause, will only pay after looking at the result/outcome after admission |
| 62 | See answer in Qs 5 |
| 63 | Knee HA injection |
| 64 | insurance is about 2 years old |
| 65 | Knee intra-articular injection with hyaluronic acid |
| 66 | Rejected after admission |
| 67 | Emergency case like abdominal pain, suspected appendicitis delayed approval. Another case of cross referral by paediatrician to exclude appendicitis, when the final diagnosis not appendicitis, insurance refused coverage |
| 68 | After admitted at night and emergency surgery performed, insurance replied to inform that GL only covers for Daycare procedure! Where is was a clear cut emergency case. |
| 69 | admitted for pyelonephritis and denied gl because ct abd found incidental renal cyst, not related to infection |
| 70 | If the final diagnosis not same with provisional diagnosis |
| 71 | But despite GL approved, there have been cases payment refused despite being billed and deferment reply given. |
| 72 | [redacted] Patient referred to me for comanagement of skin disease by another primary doctor. After seeing the patient aand prescribing, feeling is denied as the insurer didn't agree w the referral despite clinical need. Doctor is "not to claim payment from patient toon |
| 73 | Revoked after seeing CT brain report noted sinusitis, not relevant to current treatment |

| | |
|---|---|
| 74 | Patient came in after trauma with soft tissue injuries. |
| 75 | Open fracture tibia. GL took 3 days to approve |
| 76 | Breast cyst in pregnancy. Clearly the cyst has got nothing to done with the pregnancy |
| 77 | Noticed an old fracture from imaging and suddenly refused treatment |
| 78 | A pregnant patient admitted for food poisoning deny a GL just because patient is pregnant. |
| 79 | Pt admitted with fever, initial provisional diagnosis was dengue. Subsequently found to have cholecystitis, GL revoked. All treatment to cholecystitis will not be covered |
| 80 | Slip disc admit for pain management. GL revoked because no specific procedure/surgery done. |
| 81 | [redacted] |
| 82 | I just had a case whereby final GL was revoked for the reason that patient is overweight |
| 83 | Given example as previous. |
| 84 | Too many to think of |
| 85 | If referred or needing palliative care |
| 86 | Patient initially had approval with initial GL for spine peocedure/Pain Procedure, only which during the discharge, the same procedure is rejected. |
| 87 | Insurer will look at the diagnosis and treatment first upon discharge , then decide on coverage. |
| 88 | Pt who has normal imaging found for the diagnosis |
| 89 | Approval for REZUM Therapy, stated clearly pre admission, approved and admitted , surgery done then insurance company revoked the approval |
| 90 | Patient nothed to have high blood glucosw due to stress hyperglycaemia. Insurance decline the admission as claimed patient has diabetes where in fact it was stress hyperglycaemia. |
| 91 | Patient was referred to me for likely endocrine hypertension |
| 92 | To be fair, she comes in with nasal polyps related symptoms which is not covered by her policy |
| 93 | Not revoked entirely , but try not to make the pay out by giving lots of deferments needing justifications |

| | |
|---|---|
| 94 | They found out patient was a diabetic before |
| 95 | I have given examples.. list not exhaustive |
| 96 | Patient admitted for gastritis, initial GL approved. Post OGDS (positive finding)GL revoked, |
| 97 | Applicable to doctors from surgical and orthopaedic unit |
| 98 | Denial to allow urgent cytoreductive chemotherapy to proceed before formal laboratory reports are issues. Laboratory reports require a multi- stage validation process that cannot always be completed kon weekends and holidays |
| 99 | Oraltek Sublingual immunotherapy |
| 100 | Insurers denied AOH doctors charges for patient presenting with ureteric colic for Emergency stemming despite having approved the GL earlier |
| 101 | Request for conservative despite indicated endoscopy |
| 102 | Some new policies, if a Diabetes Mellitus was newly diagnosed they will revoke the final GL saying it's probably pre existing illness |
| 103 | Pt admitted for AGE but noted to have severe skin infection with underlying eczema. However current admission necessary for treatment of infections, not the underlying eczema. |
| 104 | After the ceiling has been exhausted |
| 105 | Polytrauma pt with infection |
| 106 | Subdural hematoma |
| 107 | Denial of coverage for management of dental traumatic injuries sustained from motor vehicle accidents or traumatic events |
| 108 | Plan colposcopy for abnormal pap smear findings |
| 109 | Child who had cervical access requiring drainage anaesthesia and ent care refused ent referral several deferments in view of requirement of MRI and surgical after failed medical management |
| 110 | As above |
| 111 | Patient was admitted for treatment of ureteric stone. What very clear the reason for the denial. |
| 112 | Ovarian cyst abd fibroid claimed already exist |

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| 113 | Child admitted for AGE with dehydration and GL rejected as child had underlying Global Developmental Delay. |
| 114 | After HPE report, the insurance company decline GL because the said diagnosis is under their exclusion |
| 115 | [redacted] approved spine procedure then revoked before Patient was on table |
| 116 | Not covered for the procedure that mentioned and planned to do |
| 117 | I have a young patient who developed a cataract requiring surgery under GA. Her initial guarantee letter approved her admission .but after her surgery her GL was withdrawn. |
| 118 | Pid lumbar, need procedure, just allow outpatient |
| 119 | Admitted under Internal medicine, later required skin referral. Insurance refused for both to comanage. |
| 120 | An Active 33 year old lady Patient had come to see me for frozen shoulder .Patient was denied coverage because the patient was afraid of needles and intra venous medication that was prescribed was not given.Patient had to pay out of pocket ,insurance retract its coverage and patient had to pay out of pocket |
| 121 | Ureteric / renal colic on the right due to stone obstruction, but underlying duplex kidney on the left which has nothing to do with the current illness. Due to the congenital defect on the contralateral kidney- insurer refuse to cover gl and the patient's condition deteriorated till urea and creatine elevated and damaged the right kidney causing pyonephrosis and urospesis. |
| 122 | Required referral Letter from specific Panel clinic |
| 123 | Denied fgl as suspected scope finding of gerd is a presxiting condition |
| 124 | When patient came with headache MRI shown AVM. |
| 125 | Patient admitted for dengue fever, noted newly diagnosed diabetes in blood tests. Admission gl was declined following that |
| 126 | After approving treatment refused to pay for the procedure |
| 127 | Usually after appeal, may be approved. Second doctor request quite often rejected. |
| 128 | Acute Bronchitis |
| 129 | Incidental found to have DM |
| 130 | Patient admitted for alledged detergent poisoning but GL revoked because no IV infusion or IV medications were given |
| 131 | Post surgery |

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| 132 | Acute chest pain, Troponin negative, came overnight, required nitrates and DAPT. Was declined in the morning. |
| 133 | Accident with multiple wound done surgery initial gl approved then rejected...at times rejected for blood levels are high like glucose when it s not even fasting blood |
| 134 | They deems treatment can be done as outpatient |
| 135 | Patient admitted with chest pain. Ct angiogram normal. Insurance revoke GL. |
| 136 | 1.) there were times suddenly the coverage was reduced<br>2.) there were times they refused to cover for instruments |
| 137 | [redacted] |
| 138 | Benign dermal swelling that cause problem but rejected due to cosmetic reason despite lesion not on the face |
| 139 | Approved for admission for investigations, treatment and procedures but suddenly not covered for certain investigations or procedures, need to answer many questions on why patient needed those investigations or procedures like sitting for an exam. |
| 140 | Admitted for uncontrolled hypertension or chest pain. No IV meds given hence rejected. |
| 141 | Once u have issued a GL and a procedure has been done it's not right to revoke it especially if the company did not bid their due diligence |
| 142 | MRI under sedation or GA to be given by Anaesthetic... initially GL approved on Admission... procedure done by anaesthetic... unfortunately after pt discharged from hospital then letter come and said declined... pt unable to pay and making lots of noise and complaint... at last the cost become bad debt for both hospital and anaesthetic... not fair at all... it should be declined from beginning and should not initially approved and then after pt discharge the insurance reply declined |
| 143 | Abdominal pain refused coverage for scopes |
| 144 | Uncountable |
| 145 | Most recent patient came with severe right hyperchondriac pain. CT abdomen showed right lowerlobe pneumonia. Pt was admitted and the next day insurance was approved for outpatient cover only. ([redacted] |
| 146 | Gl aporived 1 week ago, on the day of admission during procedure only receive exclusion. |
| 147 | Happens quite often. GL issued for a procedure then insurance refuses to pay after said procedure done and patient discharged from the hospital |
| 148 | claimed that it was a congenital condition |
| 149 | GL for GI scope revoked if findings is normal |

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| 150 | Unfair clause as to deter patient getting appropriate treatment and procedure as in normal angiogram, fee is not cover. Or in ICU, only limited to 2 clinical rounds etc. |
| 151 | Not yet |
| 152 | After reviewing HPE |
| 153 | Excision of ear cyst was initially approved but declined after surgery as it was deemed to be congenital without giving reasons |
| 154 | For surgery |
| 155 | They just refuse to honour the GL provided |
| 156 | after surgery GL revoked |
| 157 | GL already issued to hospital after PA form completed but later withdrawn becos of policy issues |
| 158 | GL revoked because patient was not given IV analgesia the last day of back pain admission |
| 159 | As above |
| 160 | Claims that the patient's condition is a pre existing condition and require investigation by insurer |
| 161 | Aftet surgery agreeing to pay for only some parts of procedires |
| 162 | Post hernia repair. Post endoscopy |
| 163 | Admission for hyperglycemia.  Initial GL approved then final GL declined. Reason given is because pt is overweight and that is a pre existing condition. Pt was overweight on initial GL application already. Could have declined then but approved then. And being overweight is not a pre existing condition |
| 164 | Final Gl Not covered after intial Gl approved and pt already had the treatment done. |
| 165 | Vacuum dressing for diabetic wound |
| 166 | Once, yes - GL approved for ogds and colonoscopy then covered only for OGDS. Can't recall the MRN now. |
| 167 | Most times admission is at night when symptoms are unbearable. The next day insurance insurance rejects. |
| 168 | wants to review HPE results |
| 169 | Admission doagnosis - ovarian cyst intraoperative findings- paratubal cyst |

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| 170 | Severe AGE - denied admission |
| 171 | When insurance found out that the patient’s got previous same disease or treatment done. Or delay in insurance payments, etc. |
| 172 | long time ago. |
| 173 | Anaemia as incidental finding |
| 174 | Yes, herpes gingivitis assumed as dental problem, refuse coverage but after many appeals they eventually approved |
| 175 | As above |
| 176 | Admitted for treatment of thyroid eye disease, but further investigations suggest that strabismus present. So GL revoked after investigation done and treatment given. |
| 177 | Patient was admitted for a urine infection. Imaging showed a duplex kidney, unrelated to the infection. GL was revoked as insurers allege that the matters are linked. |
| 178 | RADIOFQUENCY ABLATION |
| 179 | Refuse to cover certain investigations |
| 180 | [redacted] |
| 181 | Patient with severe anaemia, symptomatic, admitted via ER and blood transfusion started. Test came back iron deficiency, denied coverage. |
| 182 | Radiotherapy refusal coverage as insurer thought that it’s out patient treatment . It’s can be in patient treatment , day care and out patient treatment . |
| 183 | GL approved for Appendectomy done for acute appendicitis. Post op, GL declined as patient has G6PD and past history of cardiac septal defect which was operated and completely healed. |
| 184 | Admitted for appendicitis n denied GL day2 so transferred to GH for treatment but neither the patient nor insurers psid drs n hospital bill. |
| 185 | acs treatment without wcg |
| 186 | Child with acute bronchitis with hypoxaemia |
| 187 | Admitted for infection which need iv antibiotic and found out an incidental finding in ultrasound report |
| 188 | Corneal ulcer case was approved for admission care, but was later rejected after discharged without payment |
| 189 | Dengue denied admission after being admitted |

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| 190 | Refer Q5 |
| 191 | Patient was admitted for injections with HA. GL was approved. Procedure was done. HA was given and then GL was revolked. I was made to pay for the medication by the hospital. |
| 192 | submandibular abscess,insist it is dental causes |
| 193 | Yes, deny for cross referral. For example, when a patient is under a physician, and case is referred to surgeon for suspicious surgical condition. Insurance declines the referral as no surgery is done, claimed referral is not indicated. Assessment and decision for no surgery is also a treatment! |
| 194 | Medical treatment for acne |
| 195 | approved and then declined reason being daycare admission < 24 hours. initially approved despite knowing insurance limit already ecceeded |
| 196 | Couldn’t remember |
| 197 | Patient was admitted due to mva sustained closed fracture of leg. Was referred for high blood pressure. GL ISSUED, Fracture was fixed and after operation GL revoked suddenly due to high blood pressure |
| 198 | Denied acyclovir for skin disease (shingles) |
| 199 | Patient tht was admitted for breast absess treatment, they claimed tht it was 2nd to breast feeding but it was not |
| 200 | Gluteal abscess during pregnancy, it was not related to pregnancy but after initial approval on the second day of admission the claim was denied and the patient was told to pay first and claim later |
| 201 | Acute tonsillitis because they labelled that as a throat condition???? |
| 202 | Patient done GL approved for 1st RCHOP chemo as in-patient, but merely because he was discharged on the same day, but exceeded 6-8hours. Insurance revoked the GL, claiming that patient's policy doesn't allow same day discharge. So, Insurance is forcing doctor to keep extra night, and waste more money. So it's isn't true that we doctors or hosp is causing the medical cost to rise. It is the unfair assessors simply making unreasonable excuses, and as a result, patient stay longer, hospital bills increases. Therefore insurance pool funds are depleted unnecessarily and rakyat suffer from rise in premium |
| 203 | Yesterday, a patient whom already failed outpatient treatment, and started in inpatient treatment, but insurance without any explanation, issue GL only for outpatient. |
| 204 | Testicualr torsion as above |
| 205 | Not yet!!! |

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| 206 | Elderly patient with dislocated shoulder needed reduction of shoulder joint under general anaesthesia. Post procedure insures refused coverage for day care as they claim it should have been done as outpatient treatment |
| 207 | on table referral by colleague for a gynecological cancer requiring assistant case |
| 208 | Patient admitted for food poisoning. Incidental blood test abnormalities were found that required further investigation and resulted in declined coverage |
| 209 | No coverage of URTI while pregnant |
| 210 | [redacted] refused to pay for a SIRT treatment after patient had had the treatment which cost in excess of RM150,000 |
| 211 | Patient was admitted for IV biologics. The biologic medication was not charged under the patient support programme. Insurance refused to cover the ward and consultation charges |
| 212 | Patient has acute gastroenteritis with dehydration, but insurance denial despite multiple appeals. |
| 213 | Shockwave therapy was approved for fracture delayed union after initially approving it |
| 214 | 13 yo girl with intermittent abdominal symptoms, haemoglobin on admission 3.4 g/dL. Initial GL approved, she received packed red cell transfusions and blood tests. Upon discharge, GL declined. Reason given for declined GL - possible underlying congenital disorder. |
| 215 | Patient has no intravenous line |
| 216 | When final diagnosis differs from original |
| 217 | Laser haemorrhoidoplasty |
| 218 | Admitted by ER M.O. for severe symptomatic tbyrotixicosis, a week after discharge they wrote to me demanding justification for the admission. |
| 219 | GL approved for pH studies but final GL excludes pH capsule |
| 220 | Admitted for bronchitis, insurance declined |
| 221 | As above |
| 222 | If no intravenous drugs or medication is given pt is usually denied coverage. Observing a patient for progess of disease is not covered. But if patient turns bad at home, we doctors will be liable. |
| 223 | Admitted for acute abdomen Ct done acute appendicitis- declined final GL as policy less than 2 years |
| 224 | Initial GL approved , patient underwent conservative treatment but not proceed with surgical teeatment planned then final GL declined |

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| 225 | Traumatic lumbar PID patient who underwent surgery and GL was revoked during discharge due to perineural cyst on MRI imaging which was not related to her illness |
| 226 | Pneumonia |
| 227 | after partial chemotherapy, policy was revoked |
| 228 | Admitted for CT guided biopsy, biopsy showed no cancer, patient had to pay on their own |
| 229 | Claimed congenital issues |
| 230 | Patient admit for one diagnosis. Incidental finding of fatty liver on imaging, causes TPA to revoke GL claiming undeclared by patient. This finding is unrelated to admission diagnosis. |
| 231 | one lady admitted midnight, next morning revoked |
| 232 | They found out that patient's policy has not matured / cool off period |
| 233 | Septoturbinoplasty And fish bone removal under GA |
| 234 | Refused to cover an obvious infection, saying it was a pre-existing condition. |
| 235 | PET Scan |
| 236 | same as above |
| 237 | Refused GL Afte patient refused parenteral  analgesics |
| 238 | ADMITTED OVERNIGHT FOR ILLNESS FROM EMERGENCY AND DENIED INSURANCE NEXT DAY |
| 239 | Bleeding lesion and spine related problems |
| 240 | Provisional diagnosis ACS-UA but ctca was normal-GL revoked |
| 241 | Admit for cerebral tumors; revoke after admission |
| 242 | Rfa was covered suddenly not covered |
| 243 | As per noted earlier/ above |
| 244 | Acute gastroenteritis [redacted] declined can be treated as outpatient |

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| 245 | patient admitted for vertigo, GL declined as patient discharged after 2 hours |
| 246 | A post-menopausal woman came in with post-menopausal bleeding. She has been paying the premium for 20 years. Became diabtes past 6-7 years. Insurance was approved. She was operated and upon discharged, the insurance retracted the coverage. Reasons: not informing insurance of her diabetes status. |
| 247 | Prescribed Chemo PLUS heceptin. Denied treatment GL because said herceptin not covered in policy. But in policy no such ezclusion clause |
| 248 | They allowed procedure but afterwards halted payment |
| 249 | Patient presented with upper GI bleed , anemia . Insurers refused to cover for admission but asked to do oGDS as daycare |
| 250 | Admit for bronchitis but previous admission regarding knee not covered . So current admission not covered |
| 251 | Patient diagnosed as acute tonsilopharyngitis is not congenital problem as they always thought. |
| 252 | On Out pt antibiotics converted to in pt when clinical deterioration happened. They could not 'close' the previous bill and subsequently denied insurance cover |
| 253 | sometimes was the mistake / inexperience of underwriter , after appeal mostly approve |
| 254 | Patient admitted for facial infections was refused GL because of odontogenic causes. |
| 255 | Rituximab |
| 256 | Patient managed by two doctors myself and another specialty. Initial GL was approved under the other specialty. On referral to me as patient had developed cardiac chest pain, both GLS were revoked. |
| 257 | patient admitted for bronchitis - GL revoked as patient was a known case of bronchial asthma prior to insurance coverage so bronchitis is not covered |
| 258 | GL issued for eye surgery and surgery was done . After that , insurance declined to pay for the surgery and asked eye centre to collect all charges from patient . |
| 259 | Especially more than one discipline Such us TAHBSO for stenting |
| 260 | Pre operation blood test shows mildly raised random sugar, GL revoked even case is not related to diabetes, it was endometriosis |
| 261 | Came in headache, tro stroke, refused payment after CT brain normal |
| 262 | Influenza A |
| 263 | Cystectomy / anaemia |

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| 264 | Ureteric colic |
| 265 | Not frequent |
| 266 | As mentioned. Also another case where the initial diagnosis was viral fever and then Mycoplasma Igm was positive and GL was revoked as it's not a diagnosis that is covered in the initial phase of coverage |
| 267 | ogds and procedures (skin/adhesiolysis) |
| 268 | Dengue patient already admitted then had GL revoked. |
| 269 | Influenza A with severe dehydration |
| 270 | Patient with neck abscess noted to have DM at this admission , denied GL as they feel that pt did not disclose the diagnosis of diabetes |
| 271 | After getting admitted. The patient apparently had hypertension. GL denied because failed to disclose. |
| 272 | Pts with recurrent endometriosis And those with inadvertent complication |
| 273 | admitted for pelvic infection . on day 3 when refered to ortho for numbness of hand and diagnosed with cervical spondylosis |
| 274 | bronchitis/ influenza not tolerate orally - refused GL |
| 275 | Large abscess needed incision and drainage |
| 276 | Procedure for Conjunctiva exploration and removal of Pseudo Membrane,  the insurance asked to change to Eye Dressing changes. |
| 277 | Admitted for gastritis but denied endoscopy |
| 278 | Awake fibreoptic intubation |
| 279 | Pt with Hypertensive bleed |
| 280 | Hernia surgery, Final GL declined after Initial GL approved and surgery was done |
| 281 | Almost one third admission from emergency department |
| 282 | After an admission for an infection amd total parentereal nutrition as touted mot related |
| 283 | Back pain |

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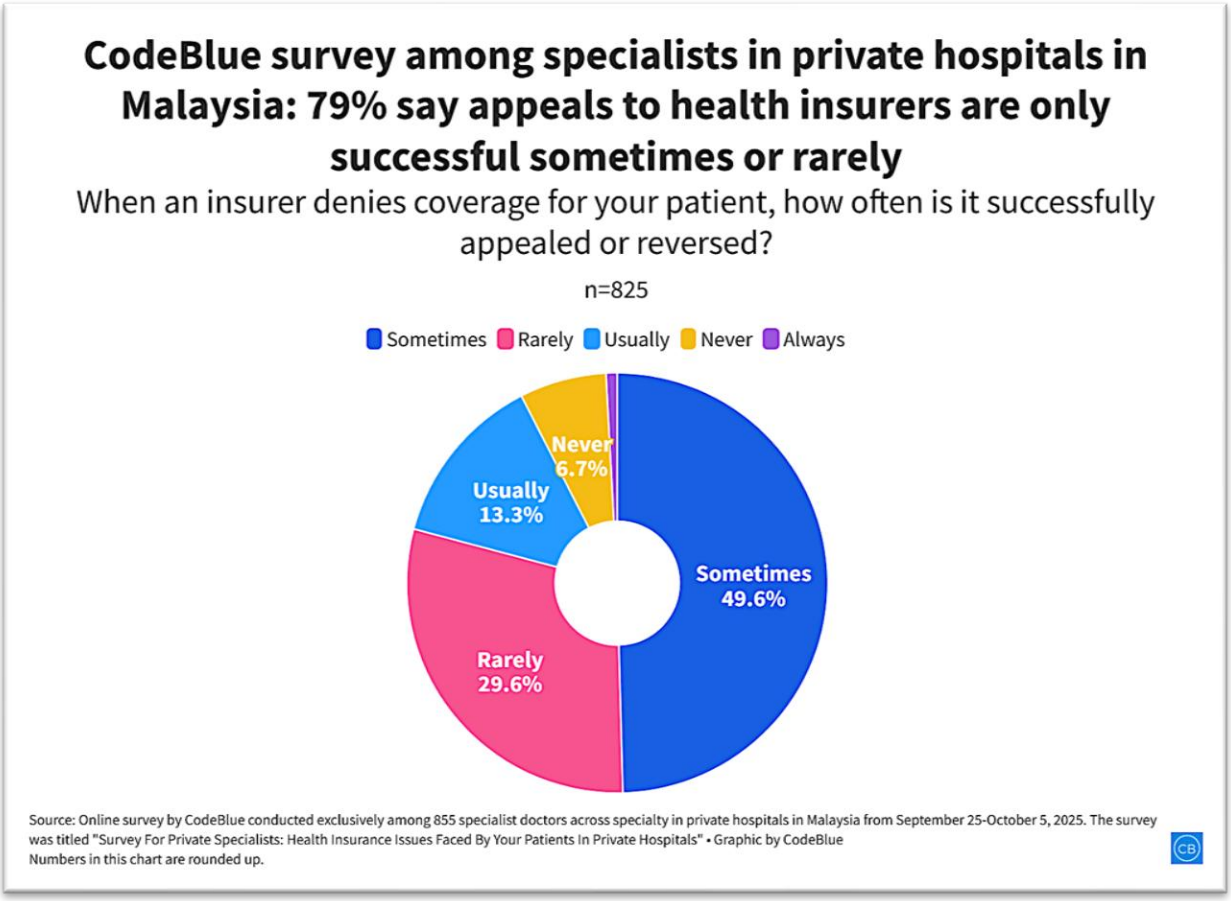
| 284 | [redacted] |
| 285 | admitted as pharyngitis by medical officer but I suspected pneumonia and asked for CXR and had to explain back and forth before finally approved after almost a day |
| 286 | as above - acute stroke denied in a 22 month old policy |
| 287 | Patient was under [redacted] insurance with [redacted] as the TPA. Patient acquired the insurance about 6 months prior. She was involved in an MVA and sustained mandible fracture. Initial GL was approved, howerever final GL was decline on the basis of nasal polyp was reported. The patient did not go any nasal surgery during her stay. Due to this she could not afford follow up in my centre. She also can't afford the rm35k bill. Eventually the doctor did not get paid and no body cares. Not the insurance, hospital or the government. |
| 288 | For an appendix case from [redacted] |

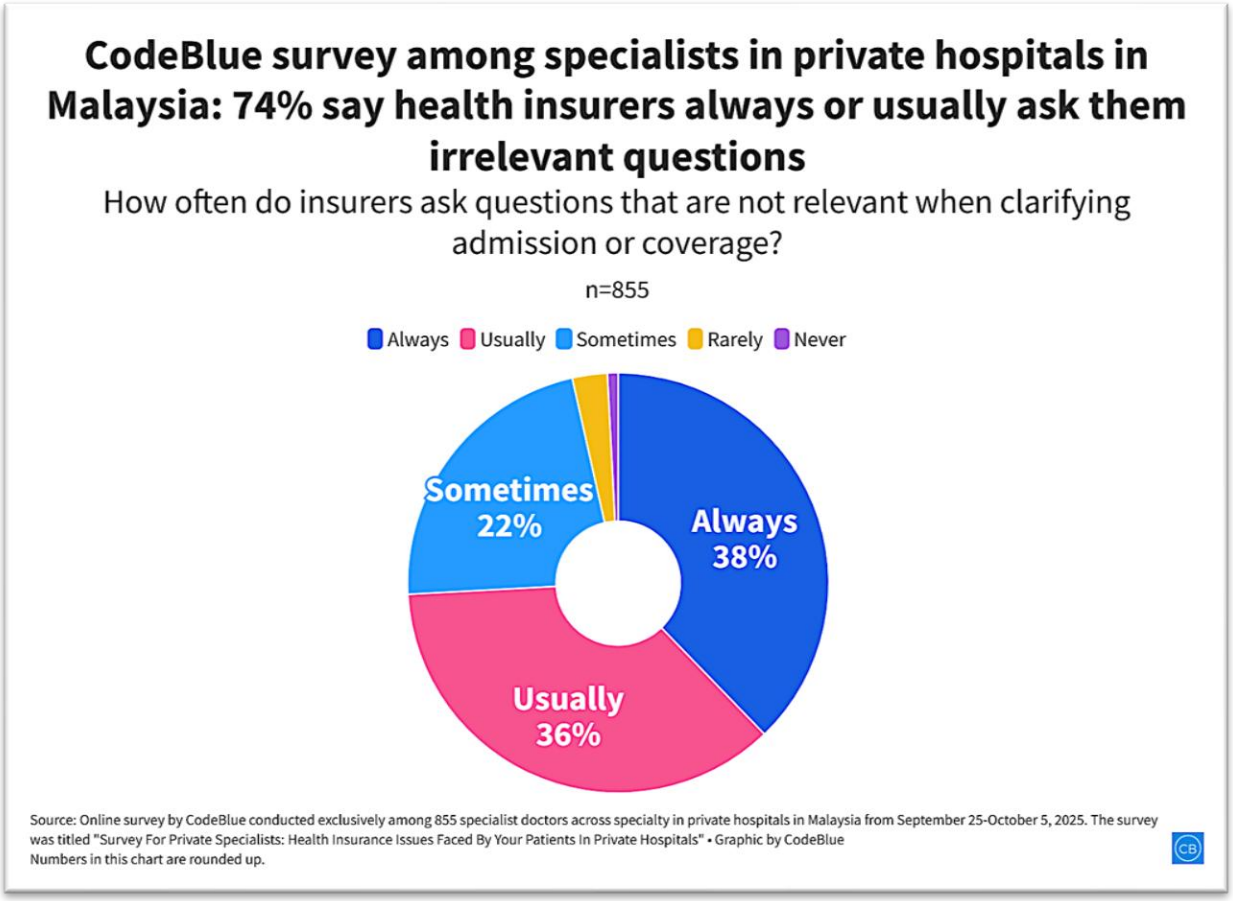
# Question 10




Answered: 825 | Skipped: 30

| Answer Choices | Responses | |
|---|---|---|
| Sometimes | 49.58% | 409 |
| Rarely | 29.58% | 244 |
| Usually | 13.33% | 110 |
| Never | 6.67% | 55 |
| Always | 0.85% | 7 |
| **Total Respondents: 825** | | |

# Question 11




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Always | 37.78% | 323 |
| Usually | 36.37% | 311 |
| Sometimes | 22.34% | 191 |
| Rarely | 2.69% | 23 |
| Never | 0.82% | 7 |
| (Optional: Please provide one example of the kind of irrelevant question you have encountered) | | 300 |
| **Total Respondents: 855** | | |

| # | (Optional: Please provide one example of the kind of irrelevant question you have encountered) |
|---|---|
| 1 | for a sebaceous cyst a request for confirmatory biopsy confirmation was requested before approval . A cyst biopsied ruptures and exposed patient to incomplete removal and infection and 2 separate procedures . I can understand if the request was for an ultrasound . Makes you wonder if the person on the other end has any medical knowledge at all |
| 2 | Details of treatment carried out elsewhere more than a decade ago which the patient cant remember |
| 3 | Why admitted for chest pain? Treat as outpatient |
| 4 | Immunodeficient |
| 5 | Pt has a breast abscess but unmarried and insisting ot is breast feeding?!! |
| 6 | Dumb questions |
| 7 | Why are there charges from the anaesthesiologist for post operative pain management such as Patient controlled analgesia. |
| 8 | Asking what is the causes of the condition even though even in research , we unable to determine the cause. Asking about MRSA condition in patient with pneumonia. |
| 9 | Denied admission because no iv medication- |
| 10 | Patient has painless left lower chest wall subcutaneous lump, increasing in size from 2cm to 5cm within 5 months. Applied GL for image guided biopsy under daycare. TPA ([redacted] deferred GL approval by asking HPE result. |
| 11 | Almost near always questioning Dr's opinion when the person asking g questions has no medical background or exposure |
| 12 | Patient has no iv medication. Kindly justify admission. |
| 13 | Asking HPE result upon admission when patient is actually being admitted for the biopsy to be done |
| 14 | Paediatric patients post fall /mva that sustained facial lacerations wound being query the need to admit for gcs monitoring |
| 15 | How much IV infusion am I giving? |
| 16 | Which organ is affected by the diabetes? Why is the pt needs tamiflu - asking in patient who is positive influenza? Why renal function need to be done in this patient? |
| 17 | Being asked if intravenous paracetamol and Esomeprazole will be used for angina investigation. |

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| 18 | is the patient pregnant? (patient is a man!) |
| 19 | (1) is the autistic child claustrophobic |
| 20 | why need to admit child with acute gastroenteritis even when child in need to hydration through intravenous drip |
| 21 | Surgery on foot- “is this cosmetic indication:Yes/No”, please provide photograph (violation of confidentiality), can GA case be performed as outpatient |
| 22 | Why is ECG abnormal, since when it was abnormal, who were the first doctor who diagnosed the abnormalities |
| 23 | For vaginal hysterectomy asking for site of surgery |
| 24 | I stated skin graft procedure but always ask whether I will be using synthetic skin substitute |
| 25 | Does patient have fever for sinusitis |
| 26 | Fasting Blood Sugar Definition For DM |
| 27 | Patient admitted with head injury under Neurosurgeon with epistaxis... Neurosurgeon refer to ENT for epistaxis... question asked why need ENT referral for epistaxis?? |
| 28 | Inguinal hernia in a male in 50's, they ask whether it is congenital. PT for scopes insurance ask whether PT had treatment before doing procedure - looks like PT must try treatment with GP before coming to specialist to do scopes. Another time denial of ultrasound abdomen for ?Acute Appendicitis case. |
| 29 | Whether diarrhea / abdominal pain is related to pregnancy ? |
| 30 | Asking for imaginasi or investigation report that are not clinically I dicat ED. |
| 31 | 1 . Despite showing the visual field defect , they still say it is cosmetic. They even question my surgery , I did a complicated surgery using multiple procedures, they just willing to pay one. Claiming other consultant only use one code. The issue is I am a surgeon who provide advanced / revision surgery and hence have to use complicated and multiple surgery . They refuse that |
| 32 | Expected discharge date. Rehabilitation is based on goals, actual discharge date is difficult to pinpoint |
| 33 | Why coronary angiogram cannot be done as out-patient procedure! |
| 34 | having to repeat answers already mentioned on preadmission form |
| 35 | A patient with recent abdom pain and altered bowel habits needs an endoscopy(stomach and colon). Questions asked included any vomiting of blood, fever >38, need for urgent surgery, hypotensive of on the verge of collapse. This is nonsense |

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| 36 | although I write details of failed outpatient treatment eg for high fever 5 days or cough for 2 weeks I am still asked why need to admit.for bronchitis I am asked blood gas results as if a child needs to have an abnormal blood gas result to qualify for admsison, or asked capillary refill time for bronchitis.I was also asked to explain my diagnosis of ASthma as the insurance company said the chest Xray report was normal! |
| 37 | why do patients need some medications, e.g. pain relief post surgery and prophylactic antibiotics and have to state duration of treatment and doses |
| 38 | Asking the same question repeatedly. Asking irrelevant questions not related to patients problems |
| 39 | Why the child does not have IV medication when it's not needed clinically |
| 40 | Why admit, why not daycare. Pt is from far of place. |
| 41 | One particular insurer repeats the same question again a few times. When I told them this was the last time I am replying they removed me from their panel. Harassment is a common tactic |
| 42 | Only happens with [redacted] insurance |
| 43 | Kindly state iv analgesia, reason for admission |
| 44 | Why do a full blood count on a patient with gastroenteritis |
| 45 | Number of vomiting, number of stools |
| 46 | Asking repeat question.in.initial.submitted form |
| 47 | Asking about small liver cyst, asymptomatic and reported as benign on ct Scan. Operation was for TAHBSO for fibroids , 16 wk gravid size |
| 48 | Why need to use iv Ig to treat Kawasaki Disease. Why needs admission when no CT brain is done. Consultation fee cannot be charged as “after office hour” rate |
| 49 | List the medications given to the patient |
| 50 | Assume all mastitis are due to preganncy |
| 51 | Open fracture treatment declined due to high uric acid level |
| 52 | What is the cause of diabetes |
| 53 | Is the procedure related to cosmetic |

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| 54 | They always repeat question already mention in initial GL application. Also like to ask question that obviously has no answer, like the causes of certain diseases. |
| 55 | Repeated question asked even already stated in the first insurance application |
| 56 | Pls provide CT report for something that can be clinically/endoscopically diagnosed |
| 57 | State all the medications you plan to give to the patient/is there anynpolice report done for the mva/ |
| 58 | Eg is the bartholins abscess in a seventy year old lady , congenital or sexually transmitted |
| 59 | Pt admitted for perforated appendicitis, but QA - when was hypertension diagnosed? WHO first diagnosed? |
| 60 | Same question repetition in different ways |
| 61 | Asking the same questions all over again despite clearly stated in insurance form |
| 62 | Why was this done? Why add an extra charge when same area of anatomy (it was a different wound) |
| 63 | Patient coming to me for daycare scope for GERD, I have to fill up a 2 page questionnaire to check whether a scope is really indicated |
| 64 | asking for imaging study of lump and bump which can diagnose clinically,  relied for ct report of appendicitis, and ignore patient clinical condition |
| 65 | Questions are repetitious in nature,GL forms sometimes filled up multiple times,asking similar questions in different way,wasting precious time |
| 66 | Viral fever with severe dehydation and AKI. Insurers asking for lipid levels, blood glucose. Given capillary blood glucose level as patient deemed low risk for DM and is young fit and healthy premorbid. Bedside DXT normal. But still insisting for lipid profile. Completely irrelevant to admitting diagnosis. |
| 67 | After stating clearly indication they ask the same question without reading PAF |
| 68 | repetitive question which already asked in the form prior |
| 69 | Such as tumour for non-surgery treatment |
| 70 | Post traumatic knee oa in elderly, based on clinical examination and xray we can access ligament laxity and what is the ideal treatment in elderly, but insurance providers request for MRI which is unnecessary and will incur more cost to them. Whereby we can just omit the mri and proceed straight to the treatment |

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| 71 | Most questions reflect a complete lack of understanding of the condition and treatment |
| 72 | Patient admitted for surgery but have underlying well controlled hypertension for instance |
| 73 | History of diabetes and hypertension for an Orthopaedic trauma case, what will happen if a tumour is not excised |
| 74 | Request for a biopsy report when it has not been done |
| 75 | Indication to give analgesia in patient has acute pain |
| 76 | Asking why after office hour charged. |
| 77 | Diagnosis clearly written as recurrent bleeding pyogenic granuloma. Asked whether is it aesthetic reason to treat |
| 78 | When patient experience this symptoms, but already stated in the application form the same symptoms and when the duration being already stated. |
| 79 | Indication of starting inotropes |
| 80 | why do you remove the 2 ovaries for your 60 year old women with right cyst ? |
| 81 | If you don't treat the patient , what will happen. |
| 82 | Mirena is for contraception. This is not true-Mirena is to controlled abnormal uterine bleed |
| 83 | I dont mind anwering it once as my practice is very subspecialised and I understand many dont understand the procedure that an ortho oncoloigt do. But at times we get same question asked again and again. |
| 84 | Why a pregnant patient admitted for AGE or dengue fever under the care of obstetrician and not physicians. |
| 85 | Request mri wrist to diagnose carpal tunnal syndrome |
| 86 | What is the underlying cause of idiopathic scoliosis? (which I have explained many times.) |
| 87 | I had an early pregnancy patient admitted for shortness of breath likely panic attack induced (patient have history of anxiety disorder) TPA asked me if panic disorder is related to pregnancy. I said no, but they refused to accept my answer |
| 88 | In patient with active RA— question asked : is patient's worsening condition related to any high risk behaviors? |
| 89 | Young man with acute colitis. One off sugar that is high, 4 page letter of query to find out if pt was diabetic or known diabetic . |
| 90 | Adult patient with tumour in the colon, " Is this a congenital problem" |
| 91 | Is CVL indicated for CABG? |

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| 92 | Can patient be treated as outpatient? Patient oxygenation is 88% and on HFMO and hourly nebuliser. |
| 93 | Is patients kidney stone related to a congenital hemangioma of the liver |
| 94 | Have you ever tried conservative treatment? Is open surgery an option for this patient? |
| 95 | Enqurinf the number of tablets provided when clear prescripiosn was given. |
| 96 | Routes of medication given (Parenteral versus Enteral) |
| 97 | Please explain why patient in icu needed invasive monitoring and more frequent reviews |
| 98 | Vaginal discharge - candidiasis - Pls clarify if this is STD linked. Similar question for UTI |
| 99 | Example of a case that I replied to [redacted] read as below " This 55-year-old lady was diagnosed with L4/L5 and L5/S1 spondylosis, accompanied by sciatica — There was no delay in the scheduled surgery — with insurance triggered on 07/09/25, planned admission on 10/09/25, and surgery on 11/09/25 — your team's exceptional insight led to the initial GL being denied on 09/09/25. Why? Because apparently, spinal surgery is something one could just walk in and out of, like a salon appointment. Out patient treatment ???? Due to this brilliant assessment, an appeal had to be submitted just to request basic coverage for a legitimate inpatient procedure. Thankfully, someone somewhere saw reason, and the GL was eventually granted just in time, allowing the admission and surgery to proceed as planned. Thanks to the hurdles thrown in for dramatic effect. Let's be clear: the treatment plan faced NO delays. The only disruption came from your side, which did a commendable job of making things unnecessarily complicated. Attached please find the non - issuance GL and appeal letter |
| 100 | they just deny GL |
| 101 | Almost all investigations mentioned in PAF but sometimes they reiterate same question |
| 102 | Starting Duphaston (3rd gen oral progestogen) for abnormal uterine bleeding. |
| 103 | Refer to the primary doctors admitting patient |
| 104 | Insurers frequently asking insensible questions, none specific to patient |
| 105 | To dictate procedure to be done under LA instead of GA. Clinical indication needs to be done under GA |
| 106 | Doing a minor gynae surgery on a child under local anaesthetic |
| 107 | Patient planned for ACL reconstruction surgery, insurance asked whether using cartilage scaffold implants, BMAC etc (totally irrelevant for ACL surgery) |
| 108 | Insurers are asking for indications and anaesthesia and sedation for scopes patients which are scheduled either due to their physical status or comorbids |

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| 109 | Often arguing that patient is not indicated if no intravenous medications are prescribed, ignoring the importance of observing certain clinical progress is crucial in averting complication like cases of severe hypertension. |
| 110 | They kinda repeat the question as if they have no medical knowledge. And keep says follow the 13th schedule. If its not inside, you are not allowed to claim anything extra. |
| 111 | Daily vital signs, input and output chart |
| 112 | Ask for blood work up or vital sign record when it is irrelevant to my diagnosis. |
| 113 | Asking same questions which have already been answered in the admission form |
| 114 | Why charge for post-op review? (for anesthetist) |
| 115 | 10 year old sustained cerebral concussion during a football game at school. Asking , was he playing for a professional league |
| 116 | Please get a mD to do screening not paramedic. Syllabus is not the same |
| 117 | Can a pneumonia be managed as an outpatient in a child |
| 118 | Why need to do regional anaesthesia when surgery is done under GA |
| 119 | Can this disease be congenital |
| 120 | Can tonsillectomy be done under LA or outpatient |
| 121 | Is torsion of testis related to sexual transmitted infection |
| 122 | Pelvic infection were always need std investigation which not necessary |
| 123 | Why does a spinal cord injury patient require neurogenic bladder management and training in activities of daily living (which is jaw dropping) |
| 124 | I was asked if condition (acute tonsillitis) may be related to pregnant. Patient was 7years old |
| 125 | Is this HPV sexually transmitted disease. |
| 126 | Asking repetitive question even when the symptoms were already given during initial application |
| 127 | Insisting that large spine operation can be done as day care. Once again [redacted] |
| 128 | Op on Monday morning. I do very major ops and they will ask why admit on sunday |
| 129 | Why does the patient with fibroids need to do myomectomy or hysterectomy. Can the surgery to be done as day care? |
| 130 | FROM [redacted]- always ask what IV, IM ORAL medication will you order |
| 131 | What medication to be given, in what frequency and what dosage. |
| 132 | Asking what medication is prescribed by GP for hypertension, dyslpidemia etc |
| 133 | Is the patient smoker or diabetic,which doctor diagnosed and treated the condition |

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| 134 | Despite repeated explanations in earlier admission , the same questions will ask in subsequent admissions !! |
| 135 | RBS 8, asking about diabetic history, when appying for lap appendicec |
| 136 | Or.newly diagnsoed DM |
| 137 | Fluid regime for dengue fever as it's not fixed, we need to manage fluid accordingly |
| 138 | surgeries that are deemed unnecessary by insurance therefore was told not to be charged |
| 139 | Asking for driver’s license in 15 years old in MVA |
| 140 | When patient admitted for food poisoning,  the insurance ask for lipid or sugar test |
| 141 | Why nasal sprays given for otitis media? Request CT scan when clinically not indicated. More often where patients are planned for CT/MRI insurers insist imaging done first before processing insurance request. Forcing patients to pay for imaging first before admission. |
| 142 | Request for blood report eg ct scan report before approval |
| 143 | Clear Abscess but ask for ultrasound |
| 144 | Underlying cause of appendicitis |
| 145 | Does this condition needs hospitalisation? Which obviously it does, as to the very reason why we applied an admission GL in the first place. |
| 146 | Admission for pneumonia ask for lipid profile |
| 147 | Reason for investigation if troponins are negative. Not understanding pathophysiology of unstable angina.Asking for CKMB (We rarely do this). Asking for results of an Echocardiogram in the face of a newly admitted patient, without any heart failure. |
| 148 | Driving licencse, mostly foolish questions only |
| 149 | 1. Patient with positive stress test. Planned for elective angiogram in a week or two. Insurance ask why not immediately and can wait 1-2 weeks. 2. Patient has PVCs and need to be ablated, insurance ask is it WPW? (Not relevant at all). |
| 150 | 2 year old with foreign body in the nose . After many unnecessary question . The final one pissed me off ‘how did the foreign body went into the nose’ : parents and I were furious . As the child was crying (fasting ) |
| 151 | Please provide the HPE report of the lesion  for consideration (before even did the excision??) |
| 152 | see my answer to 9. |
| 153 | Which GP does he/she usually visit and for what ailment. When is the onset of disease exact to the year month and date, otherwise reject |
| 154 | Some questions are ridiculous... example u have a renal tumor with it extending into the ivc.. they ask why do u need to do a thrombectomy... u have a fish bone stick on the throat.. why did it happen the fish bone in the throat are a few simple examples .. |

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| 155 | Admission Diagnosis and plan of treatment already answered in initial form but questions repeatedly asked to delay admission or deny, within next 24 hrs. tial Admission Form--insurer will repeat same questions, repeatedly, over next 24 hrs, to delay or decline admission. If admitted, one insurer will insist on specifics eg route of drug admin, dose, times per day, duration. Eg T PCM 1gm TDS for 5 days--has to be stated. Asks for DAILY Temp, BP, Vitals etc. Asks for plan when to discharge when not even 3 days in ward. Asks " what is CT brain"? be specified exactly |
| 156 | The Question already answered in their form |
| 157 | please explain how the accident occurred |
| 158 | Asking similar questions multiple times despite answers being clearly stated in the initial GL application form |
| 159 | Admit for cerebral concussion sinusitis on ct brain. Ask to explain on sinusitis |
| 160 | They ask to give MMA code in situation or emergency or to list down all investigations or medications which is irrelevant. |
| 161 | The particular reason for admission was already written in the insurance admission form, but yet again it is being asked |
| 162 | Name of drugs n duration of treatment |
| 163 | Asking for the treatment plan when it's clearly stated . Exact drug and Dose of drugs etc |
| 164 | quite often ask stupid questions even the layman would feel ashamed to ask |
| 165 | Why is it necessary to remove the ovaries in a post menopausal woman undergoing hysterectomy? |
| 166 | 7-8 questions repeated religiously for back pain admission. Half of it already written in GL request form |
| 167 | Patient fell fell down when hiking - what was the name of the hill ? |
| 168 | Asking if d condition is directly or indirectly related to the problem being from birth |
| 169 | Reason For IV fluid / Same question asked in 3 different ways (Same answer for all 3) |
| 170 | So many stupid questions. List is too long |
| 171 | Patient admitted for scope as suspicious of cancer and approval was delayed because query on hypertension |
| 172 | Favourite question: Is the condition related to eye examination? |
| 173 | They questions asked are relevant but often the required info was already given in the initial application form. Eg. how long has patient had the symptoms when it had already beenclearly stated. or what is the reason for colonoscopy when it was already stated the pagient has per rectal bleeding. |
| 174 | Why patient did not go to check her ovarian cyst earlier??? |

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| 175 | Asking questions not related to admission diagnosis |
| 176 | asking for letter from GP do not trust the diagnosis of specialist. asking for radiological results which are not covered as outpatient. |
| 177 | About pregnancy status in male patient. Repeated questions for which we already provided answers during request. |
| 178 | Why was xray not done for a pt with diagnosis of trigger finger |
| 179 | They normally ask back the same questions which already been answered during first application. |
| 180 | [redacted] every UTI, prostatitis is suspected STD |
| 181 | Querying blood results. For example, raised glucose in a febrile fit. Asking if patient has diabetes!!! |
| 182 | What iv, im, oral meds n what dosage and frequency. Already written clearly in initial GL |
| 183 | Patient referred with a kidney stone. Multiple questions about lipid levels, hypertension, diabetes and asked to provided all details of diagnosis and treatment for these conditions - despite the patient never having been diagnosed with any of them! |
| 184 | Why can’t an anterior resection be done as a day case? |
| 185 | Denied admission if investigation normal |
| 186 | Buy saying are oral amd facial injury due to trauma- ‘is it dental related?’- the usual query by them |
| 187 | Depends on provider |
| 188 | Patients on adjuvant hormonal therapy oral tamoxifen 20 mg od was asked whether she is in remission . If the the answer is yes , then the coverage was revoked . !! |
| 189 | The staff often repeat the same questions as if they have not read the previosu reply. A lot of time is wasted with these companies and they should be charged for each time when they send us a new form to answer. This woll reduce them from asking nonsense without thinking. |
| 190 | Culture results to decide  for admission which is not applicable in 99% of cases |
| 191 | The need to molecular studies for haematological malignancy |
| 192 | What brand of equipment will be used |
| 193 | Asking same questions again in QA which answers already been stated in the duly filled IGL form. |
| 194 | Why this child need  treatment when results are normal |
| 195 | Justify "Excision" for infected Epidermal cyst |
| 196 | Why was leukaemia patient admitted for induction chemotherapy ? |

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| 197 | A lot of silly questions |
| 198 | Repertoire questions such as iv medications and dosage and duration |
| 199 | Asking complete medical histories even for company insurance where they should cover previous illnesses but don't cover ( pre existing illnesses)and yet ask all complete medical histories |
| 200 | Requesting for imaging reports for AGE; Lipid profile for dengue |
| 201 | Test rejected ( influenza swab, adenovirus swab, covid swab) for a patient who presented with URTI symptoms with neutropenic sepsis post chemotherapy, denial of posaconazole generic post AUTO transplant |
| 202 | Did the patient fall from a mountain or a hill. What was the address where the injury occurred? Why is you diagnosis always the same? |
| 203 | asking acute causes if it is related to an congenital causes in a 66year old patient |
| 204 | Patient with a viral wart. Was the wart bleeding. I will look for actual letters received from them for this survey |
| 205 | Those people are like robots, diagnosis already stated infected epidermal cyst or abscess, and yet i still received question, what's the cause/pathology, so what's the cause for abscess?? |
| 206 | Patient diagnosis is viral fever. Insurer asking for imaging report to prove the diagnosis |
| 207 | Thyroid cancer surgery. Question was if it was congenital |
| 208 | The operator has limited medical knowledge and asking irrelevant and trivial question that will only delay GL approval |
| 209 | Any gynaecological treatment a common question is asked whether the treatment is related to fertility |
| 210 | Request for results of investigations that's not already done - you admit, do the investigations and then make a conclusive diagnosis and start treatment!! What's so difficult? Why need to provide bits and pieces of certain investigation?? |
| 211 | questioning admission for transient ischemic attack or stroke |
| 212 | Repeated and same question asked |
| 213 | Patient passed away. All written in the final GL by doctor, yet insurance gave deferment to ask if the patient condition will relapse again, what was the diagnosis and explanation for prolonged stay,etc. Patient passed away in ICU and if a qualified, well trained doctor vetting the hosp bill and using common sense will know why there was prolonged stay for acute myeloid leukaemia with severe sepsis. These were supported with stacks of blood and imaging investigation. Clearly these are not qualified to be even deal with medical related documents, bills, GL, appeal letters, etc. They have no clue what they are looking at, and just wants to waste our doctors' and business office time, giving a mini lecture in writing on how patient was treated in hosp. Insulting to us doctors who took years or even decades in training, but need to explain ourselves to unqualified people. |

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| 214 | Repeated asking similar question about diagnosis. Could this diagnosis present prior to certain date (date of patient obtaining her insurance, that may even be more than 1 year ago) |
| 215 | Did the exostosis (incidental finding on XR) at the distal femur cause the fracture at mid shaft, despite the patient clearly being involved in a road traffic accident |
| 216 | Patient was Menopausal (mentioned in the pre-admission submission) and yet they asked "is this problem related to pregnancy?". I didn't know whether to laugh or cry!!! |
| 217 | Patient need inguinal hernia operation. Insurer asked irrelevant question like - what's the size of hernia. What is the ultrasound finding and what's the VAS score of patient BEFORE operation even done. Another example , patient require excision of infected cyst and some insurer asked to provide Hpe (before the surgery was done) |
| 218 | Haemorrhoid surgery ... asking as to why choice of one procedure over another . Entirely a clinical decision besed upon symptomatology and findings and decision mutually between myself and my patient... THERE SHOULD NOT BE INTERFERENCE IN CLINICAL DECISION MAKING |
| 219 | Asking for pain score |
| 220 | What is the dose of antibiotics and for how long? |
| 221 | Can IV biologic infusion which is administered over hours be given as outpatient? |
| 222 | Blood test fairly normal so why admit even though patient is already very weak and dehydrated |
| 223 | Why need admission for blood transfusion |
| 224 | What will happen to a patient with infected sebaceous cyst of it is not excised |
| 225 | requesting for blood and other investigations when the patient is awaiting GL approval to perform those investigations |
| 226 | Asking non related questions |
| 227 | pt planned for daycare but asked why pt needs admission, is patient dehydtated? |
| 228 | Correlation between pregnancy and dengue |
| 229 | Asking if patient has h.pylori when Colonoscopy planned |
| 230 | Is the neck node is related preauricular sinus tract |
| 231 | Diagnosis on admission is thyroid cyst. Question is " is this related to thyroglossal cyst " so as to deny coverage. |
| 232 | Patient has old rib fracture but presented with a lung infection , insurers try to relate old rib fracture with a lung infection and deny admision |
| 233 | To furnish investigation results; am I the doctor or are you the doctor here? |

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| 234 | Patient has diabetes : what are the evidence pancreas is failed? |
| 235 | patient persistence raised alp post lap cholecystectomy. insurance asking why is mrcp indicated despite informing to look for obstruction |
| 236 | More like always but I don't want to be rude |
| 237 | Why can’t the treatment be done by GO? |
| 238 | Justify why patient with abscess needs I&D? Have you tried medication first? |
| 239 | young patient with pancreatic cancer, was asked if she has pre-existing diabetes. |
| 240 | Request for MRI / x-ray report, if GL declined, patient has to bear the cost of procedure / treatment |
| 241 | Request for hba1c for patient who is non diabetes |
| 242 | Newly investigated abd pain and needed scope for ?ibd but question from insurance was how long pt already had ibd. Always with this particular company. |
| 243 | Most of the times questions irrelevant to the diagnosis, or none of their clinical understanding |
| 244 | Certain major surgery and insurers said they will cover only as a daycare procedure. |
| 245 | The insurers query the acute infection originate from underlying congenital condition, e.g. perceived Acute Tonsillopharyngitis as chronic congenital condition. |
| 246 | Cause of hypertension |
| 247 | asking why total gastrectomy was indicated when the diagnosis was gastric cancer |
| 248 | All rfa, or ha gel- all insurance will ask- no prp? Steroid? Stemcell, waste of time, u know those are not covered |
| 249 | Asking the same questions on every cycles of chemotherapy. Example of question: this is which cycle of chemotherapy, how many total cycles is needed |
| 250 | Is Bartholin’s cyst an STD |
| 251 | Admitted for pelvic infections. Insurance asking for std screenings |
| 252 | Why patient need to do CT simulations. ?  But this procedure is necessary when we need to plan for radiotherapy. - this is like asking why do u need to use  waze when u are driving in unfamiiar areas |
| 253 | Why one fracture site requires more than one surgical acces |
| 254 | Patient age > 40 presents with upper GI pain( dyspepsia ) , but no red flags , questions on if there is bleeding , history of h pylori , history of previous consults , etc |
| 255 | Patient on oxygen face mask . They asked whether can treat as outpatient . Child has dengue with warning signs , they ask why can't manage as outpatient . |

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| 256 | A 7 year old admitted for abdominal pain, insurer asking if it is pregnancy related |
| 257 | When multiple procedures are performed on the same pt, whether pt is pregnant when she's post menopausal etc etc |
| 258 | [redacted] company |
| 259 | Asking for HPE before biopsy done |
| 260 | I was just this week asked why was a particular medicine given which had triggered an allergy some years ago. Obviously this was not relevant to the current admission. |
| 261 | Insurance ask me the cause of anemia for a patient that I am ordering peripheral blood film, iron profile and Hb analysis and whether patient is a known case of thalassemia. The thing is right - how the hell I know the cause of the anemia without sending these investigations first. |
| 262 | For Iv chemo that needs day care, they love to ask why cannot do outpatient |
| 263 | We already stated that patient is dehydrate and require iv hydration. Deferment comes back asking why does this patient cant receive outpatient treatment. |
| 264 | Ask re temp/Bp/pulse- all already written under initial submission |
| 265 | This question- Kindly clarify diagnosis od adenoidectomy- |
| 266 | Admitted for Dengue but asking about hypertension and dyslipidemia status |
| 267 | A patient with allergic asthma. Insurer asked eosinophil count and allergy testing delaying treatment. |
| 268 | Anaemia |
| 269 | Admission for dengue fever but GL delayed due to QA regarding mildly raised cholesterol levels. |
| 270 | Since when the dyslipidemia detected |
| 271 | What is the exact diagnosis when we are still trying to workout the parent's problem |
| 272 | Lower gastrointestinal bleeding for colonoscopy/ogds |
| 273 | Can dengue fever with severe dehydration be treated as out pt. Pt already has low platelet and temp more then 38 |
| 274 | Kindly state if tonsillar hypertrophy is a congenital disorder |
| 275 | After office claims denied by [redacted] |
| 276 | Why is the procedure done by me and not another speciality |
| 277 | Asked if the CT or MRI really required. They ask for X ray report. |

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| 278 | Asking doctors to investigate cause of trauma when it is not part of doctor's job scope |
| 279 | To know the details of the medication including the dose and frequency |
| 280 | History or questions on past history nit relevant yo current diagnosis |
| 281 | ask about anemia while patient admit for pneumonia |
| 282 | Post surgery nerve block for pain relief denied reason being oral analgesic is adequate. |
| 283 | investigations or procedure related to the working diagnosis |
| 284 | Conjunctiva exploration and removal of Pseudo Membrane, the insurance asked to change to Eye Dressing code; [redacted] and [redacted] insurance |
| 285 | Patient that has relapsed refractory AML needed admission for salvage intensive chemotherapy for flag protocol- got a deferment asking why cant this treatment be done in outpatient/daycare despite already mentioned in paf input that it s a infusion medication with twice a day multi day protocol and pt requiring blood transfusion support as well. |
| 286 | Patient having a Hb of 4.0 with hemolytic anemia. I was asked the relevance for admitting the patient. |
| 287 | Why bone marrow biopsy required for a patient with suspected acute leukaemia |
| 288 | Repetitively questions despite of already filled up during part 2 form admission |
| 289 | Is this haemangioma congenital? Admission was for pain unrelated to haemangioma |
| 290 | Insurance asking for lipid profile or glucose level when patient is admitted for a fracture or accident case |
| 291 | Can this be done as outpatient ( 5 days 24 hours chemo infusion) |
| 292 | See question 5 |
| 293 | What happens if the patient is not operated |
| 294 | Asking whether gastroenteritis is congenitally acquired for my patients |
| 295 | Why does a viral fever have to stay more than 3days? Even after explaining the circumstances it took a while to get approval |
| 296 | Requesting for patients driving license and police report |
| 297 | Asking for information which has already been given in the form |

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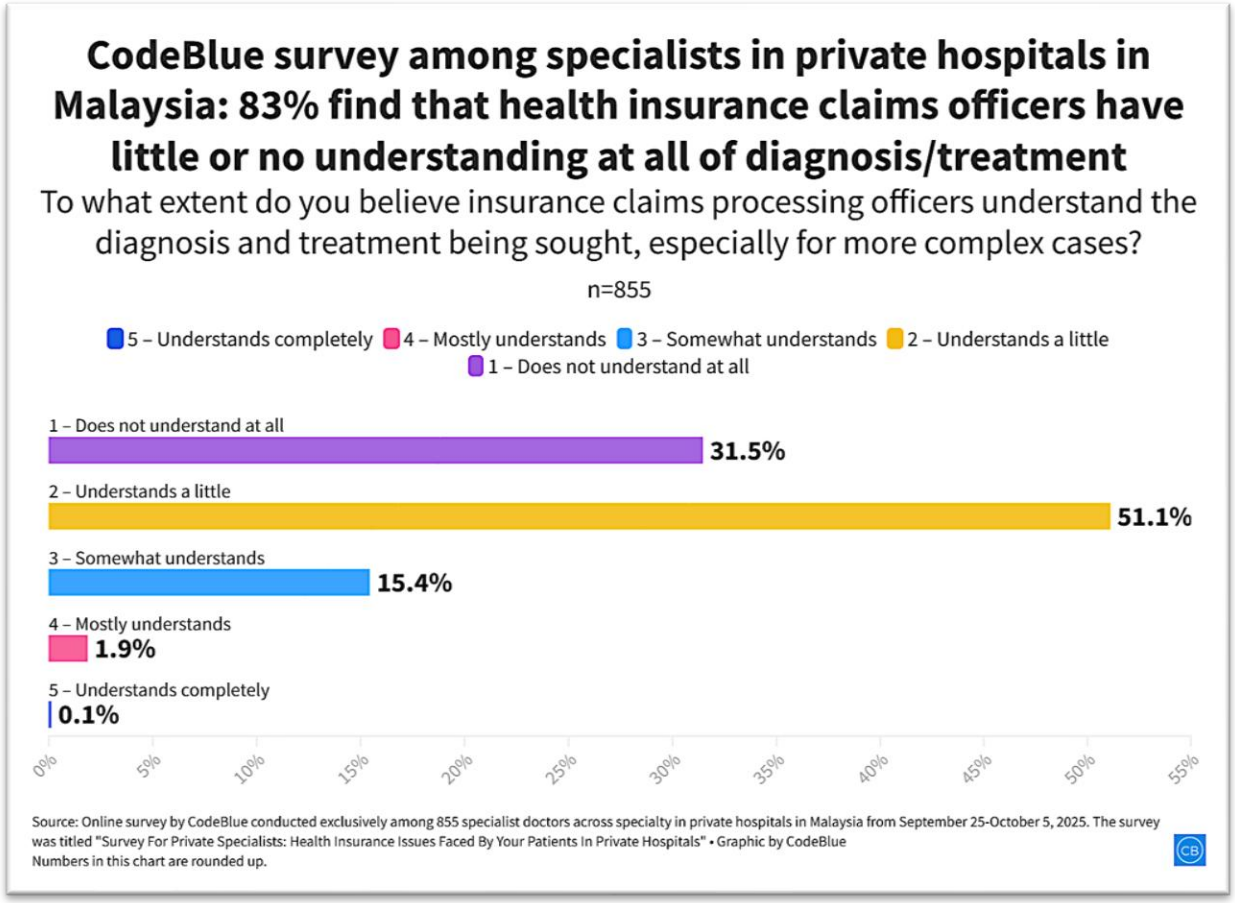
| 298 | Refusing coverage for a test when that test was not ordered by doctor . Doctor ordered stool virology and culture for AGE with high fever but insurance refused coverage for GI panel test which is a microarray test and more costly . |
| 299 | Insists a procedure be done as outpatient instead of daycare when sedation is required and observation of bleeding post procedure. |
| 300 | Whether a scan was done for a clinically palpable lump- sebaceous cyst |

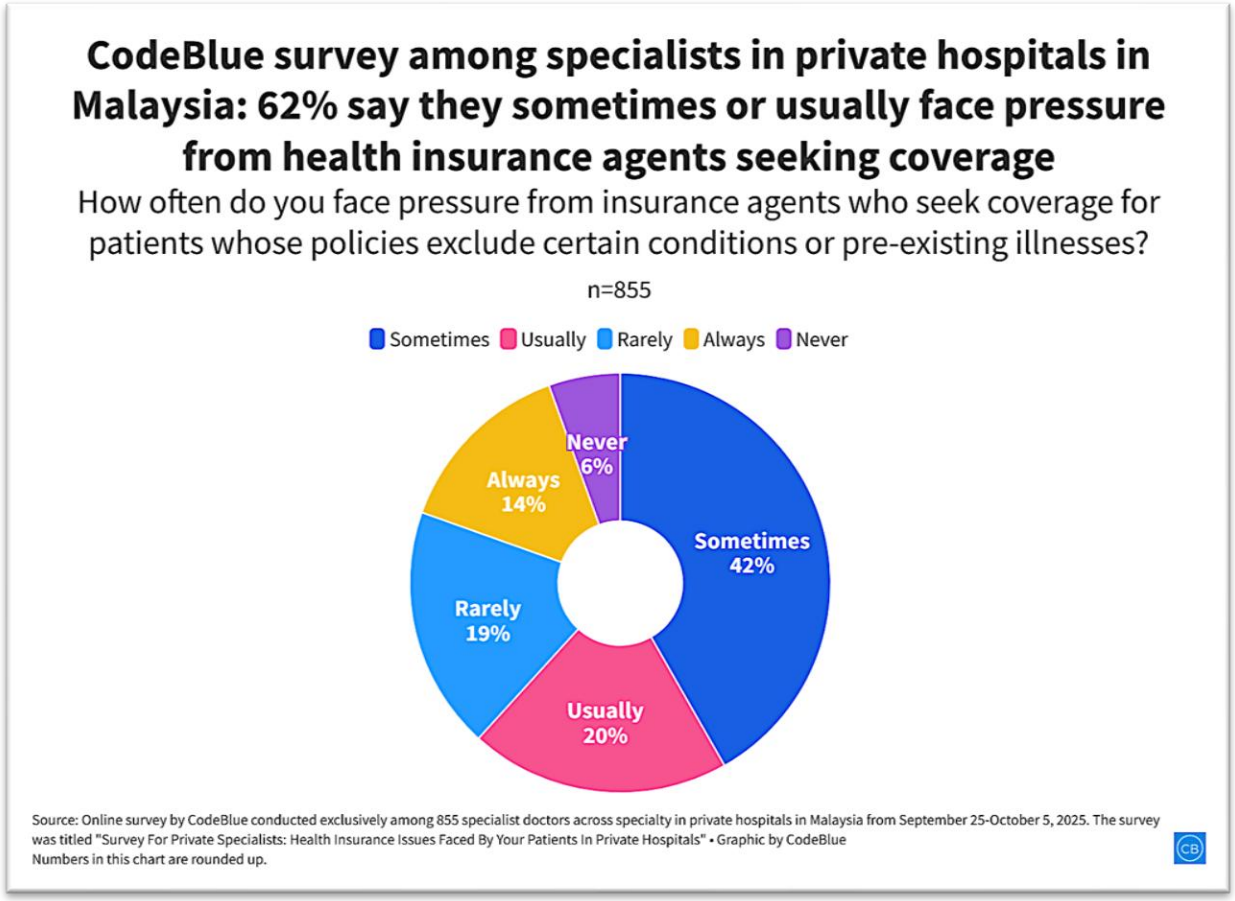
# Question 12




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| 1: Does not understand at all | 31.46% | 269 |
| 2: Understands a little | 51.11% | 437 |
| 3: Somewhat understands | 15.44% | 132 |
| 4: Mostly understands | 1.87% | 16 |
| 5: Understands completely | 0.12% | 1 |
| Weighted Average | 1.88 | |
| **Total Respondents: 855** | | |

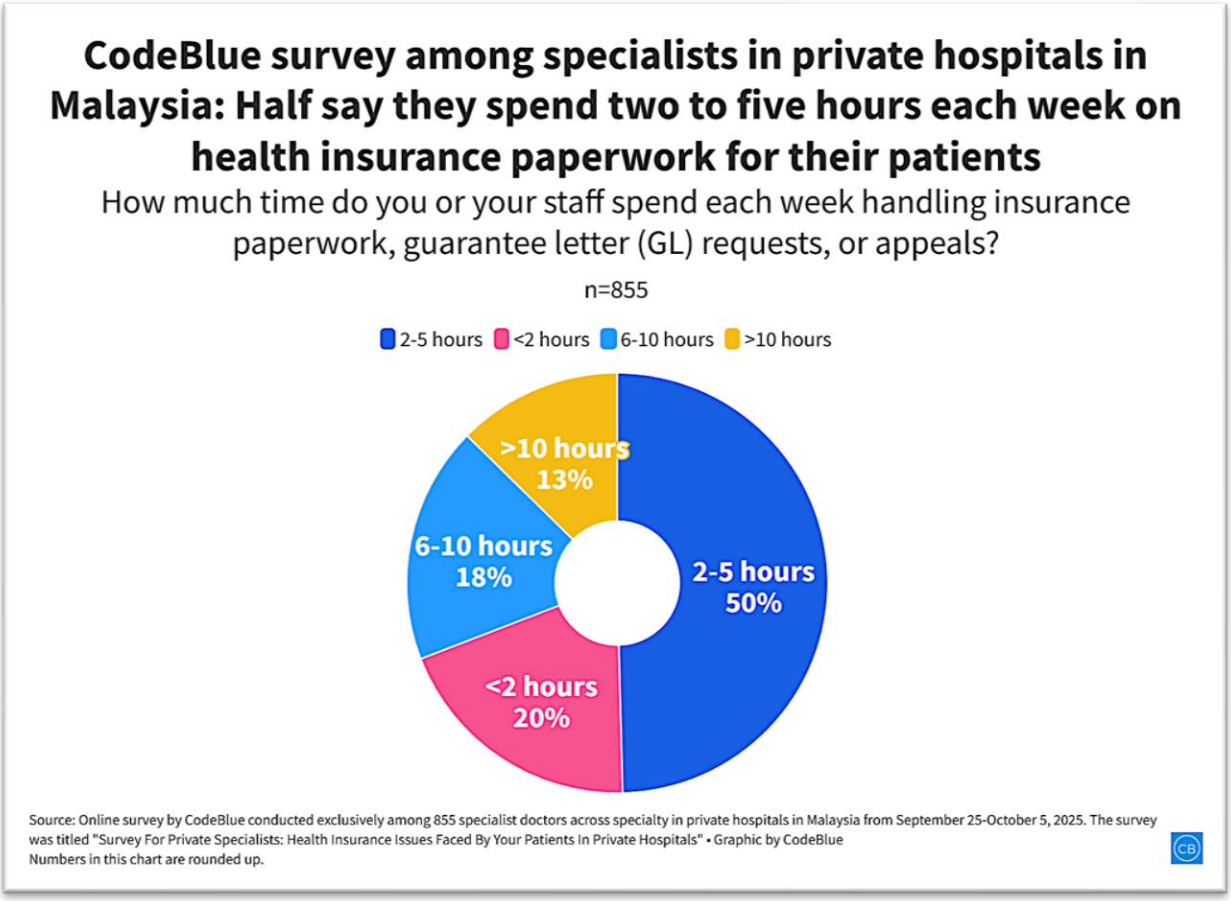
# Question 13




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Sometimes | 41.75% | 357 |
| Usually | 20.00% | 171 |
| Rarely | 18.71% | 160 |
| Always | 14.04% | 120 |
| Never | 5.50% | 47 |
| **Total Respondents: 855** | | |

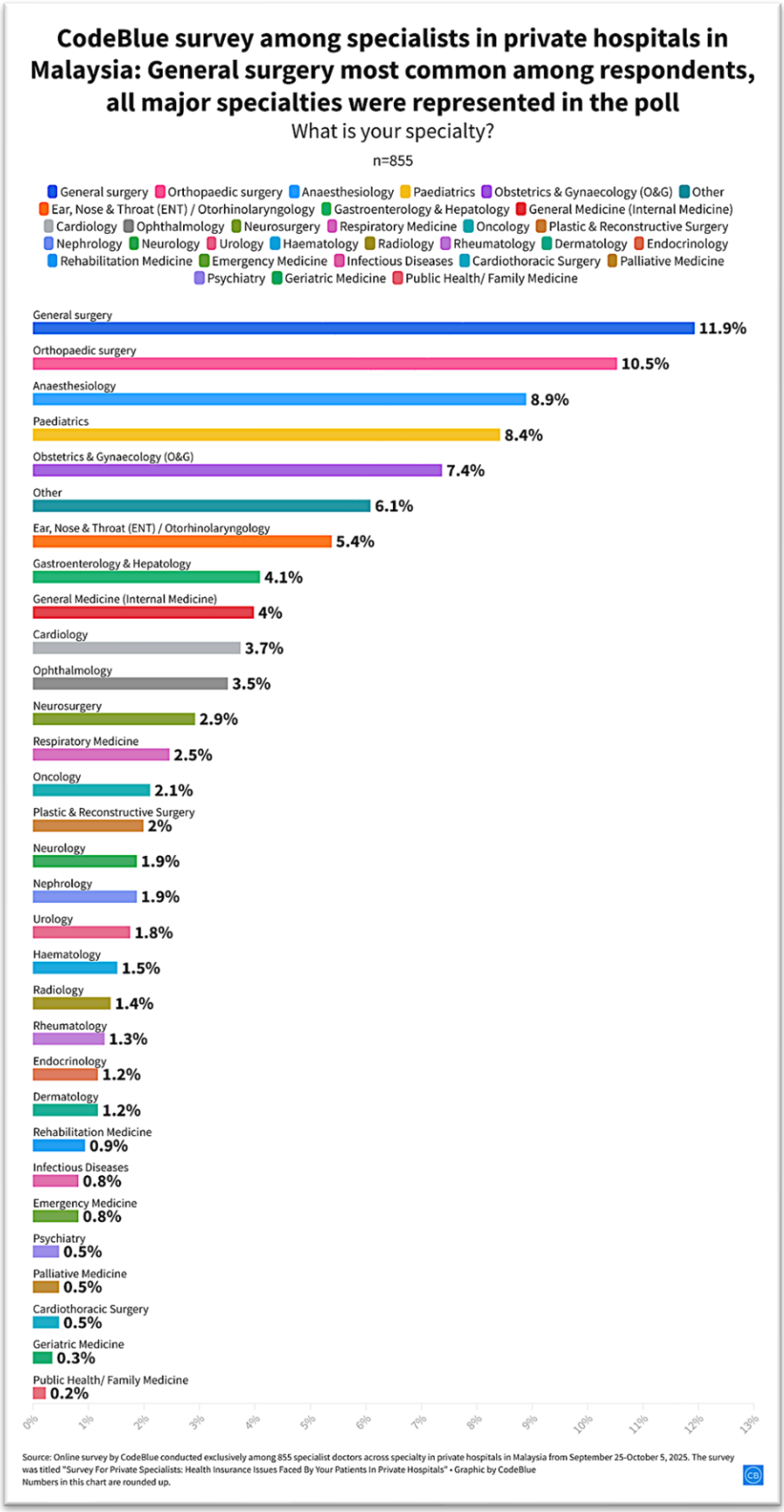
# Question 14




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| 2–5 hours | 49.59% | 424 |
| <2 hours | 19.53% | 167 |
| 6–10 hours | 18.25% | 156 |
| >10 hours | 12.63% | 108 |
| **Total Respondents: 855** | | |

# Question 15


CodeBlue survey among specialists in private hospitals in Malaysia: General surgery most common among respondents, all major specialties were represented in the poll
What is your specialty?
n=855
General surgery
Orthopaedic surgery
Anaesthesiology
Paediatrics
Obstetrics & Gynaecology (O&G)
Other
Ear, Nose & Throat (ENT) / Otorhinolaryngology
Gastroenterology & Hepatology
General Medicine (Internal Medicine)
Cardiology
Ophthalmology
Neurosurgery
Respiratory Medicine
Oncology
Plastic & Reconstructive Surgery
Nephrology
Neurology
Urology
Haematology
Radiology
Rheumatology
Dermatology
Endocrinology
Rehabilitation Medicine
Emergency Medicine
Infectious Diseases
Cardiothoracic Surgery
Palliative Medicine
Psychiatry
Geriatric Medicine
Public Health/ Family Medicine
General surgery 11.9%
Orthopaedic surgery 10.5%
Anaesthesiology 8.9%
Paediatrics 8.4%
Obstetrics & Gynaecology (O&G) 7.4%
Other 6.1%
Ear, Nose & Throat (ENT) / Otorhinolaryngology 5.4%
Gastroenterology & Hepatology 4.1%
General Medicine (Internal Medicine) 4%
Cardiology 3.7%
Ophthalmology 3.5%
Neurosurgery 2.9%
Respiratory Medicine 2.5%
Oncology 2.1%
Plastic & Reconstructive Surgery 2%
Neurology 1.9%
Nephrology 1.9%
Urology 1.8%
Haematology 1.5%
Radiology 1.4%
Rheumatology 1.3%
Endocrinology 1.2%
Dermatology 1.2%
Rehabilitation Medicine 0.9%
Infectious Diseases 0.8%
Emergency Medicine 0.8%
Psychiatry 0.5%
Palliative Medicine 0.5%
Cardiothoracic Surgery 0.5%
Geriatric Medicine 0.3%
Public Health/ Family Medicine 0.2%
0%
1%
2%
3%
4%
5%
6%
7%
8%
9%
10%
11%
12%
13%
Source: Online survey by CodeBlue conducted exclusively among 855 specialist doctors across specialty in private hospitals in Malaysia from September 25-October 5, 2025. The survey was titled "Survey For Private Specialists: Health Insurance Issues Faced By Your Patients In Private Hospitals" • Graphic by CodeBlue
Numbers in this chart are rounded up.

Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| General Surgery | 11.93% | 102 |
| Orthopaedic Surgery | 10.53% | 90 |
| Anaesthesiology | 8.89% | 76 |
| Paediatrics | 8.42% | 72 |
| Obstetrics & Gynaecology (O&G) | 7.37% | 63 |
| Other (please specify) | 6.08% | 52 |
| Ear, Nose & Throat (ENT) / Otorhinolaryngology | 5.38% | 46 |
| Gastroenterology & Hepatology | 4.09% | 35 |
| General Medicine (Internal Medicine) | 3.98% | 34 |
| Cardiology | 3.74% | 32 |
| Ophthalmology | 3.51% | 30 |
| Neurosurgery | 2.92% | 25 |
| Respiratory Medicine | 2.46% | 21 |
| Oncology | 2.11% | 18 |
| Plastic & Reconstructive Surgery | 1.99% | 17 |
| Nephrology | 1.87% | 16 |
| Neurology | 1.87% | 16 |
| Urology | 1.75% | 15 |
| Haematology | 1.52% | 13 |
| Radiology | 1.40% | 12 |

| | | |
|---|---|---|
| Rheumatology | 1.29% | 11 |
| Dermatology | 1.17% | 10 |
| Endocrinology | 1.17% | 10 |
| Rehabilitation Medicine | 0.94% | 8 |
| Emergency Medicine | 0.82% | 7 |
| Infectious Diseases | 0.82% | 7 |
| Cardiothoracic Surgery | 0.47% | 4 |
| Palliative Medicine | 0.47% | 4 |
| Psychiatry | 0.47% | 4 |
| Geriatric Medicine | 0.35% | 3 |
| Public Health/ Family Medicine | 0.23% | 2 |
| **Total Respondents: 855** | | |

| # | Other (please specify) |
|---|---|
| 1 | Critical care |
| 2 | Breast |
| 3 | Interventional Radiology |
| 4 | Pain specialist |
| 5 | Paediatric Surgery |
| 6 | Oculoplastic |
| 7 | paediatric surgery |

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|---|---|
| 8 | maxillofacial surgery |
| 9 | Oral and Maxillofacial |
| 10 | Pain Management |
| 11 | vascular surgery |
| 12 | Paediatric dermatology |
| 13 | Nuclear medicine |
| 14 | Pain management |
| 15 | Paediatric surgery |
| 16 | Paediatric Surgery |
| 17 | Neurospinal surgery |
| 18 | Trauma & General Surgery |
| 19 | Pediatric Surgery |
| 20 | HPB Surgeon |
| 21 | Oral and Maxillofacial Surgery |
| 22 | And intensive care |
| 23 | Thoracic Surgery |
| 24 | Gynaecological oncology |
| 25 | Spine Surgeon |
| 26 | Thoracic Surgery |
| 27 | Oral Maxillofacial Surgery |

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|---|---|
| 28 | Paediatric Surgery |
| 29 | Sports Medicine |
| 30 | Oral & Maxillofacial Surgery |
| 31 | Interventional radiology |
| 32 | Paediatric Surgery |
| 33 | ugi &bariatrics |
| 34 | Paediatrics and Paed Neurology |
| 35 | Breast and endocrine surgery |
| 36 | Breast Surgeon (subspecialty of General Surgery) |
| 37 | Breast Surgery |
| 38 | Interventional Radiology |
| 39 | Sports Medicine |
| 40 | Hand surgery |
| 41 | Transplant Physician and Haemato-Oncologist |
| 42 | Intensive Care |
| 43 | Interventional pain medicine ( subspeciality) |
| 44 | Oral and Maxillofacial Surgery |
| 45 | Interventional Radiology |
| 46 | Oral and Maxillofacial surgery |
| 47 | Pain management/anaesthesiology |

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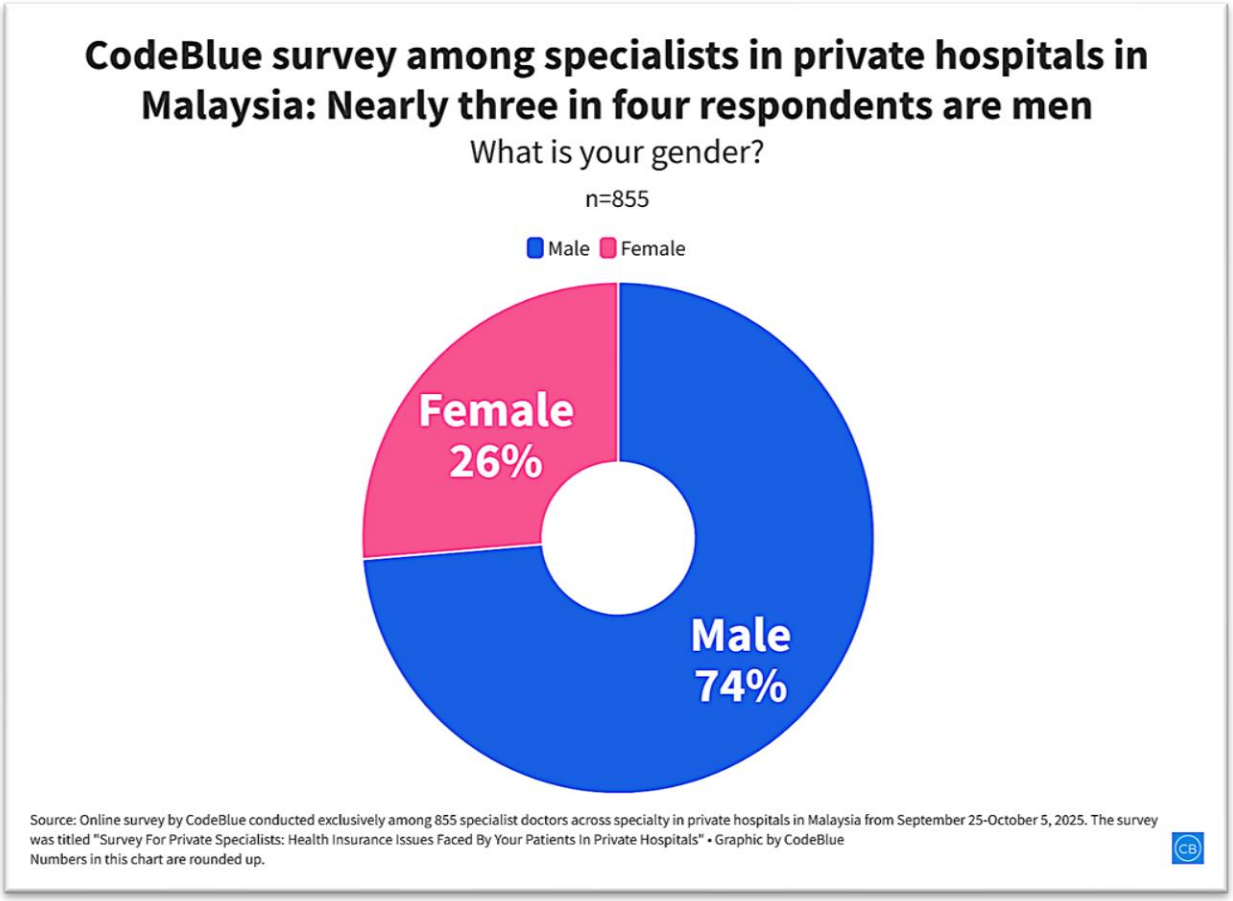
| 48 | Interventional radiology |
| 49 | Intensive Care Medicine |
| 50 | Pain management consultant |
| 51 | Interventional radiology |
| 52 | Oral Maxillofacial Surgery |

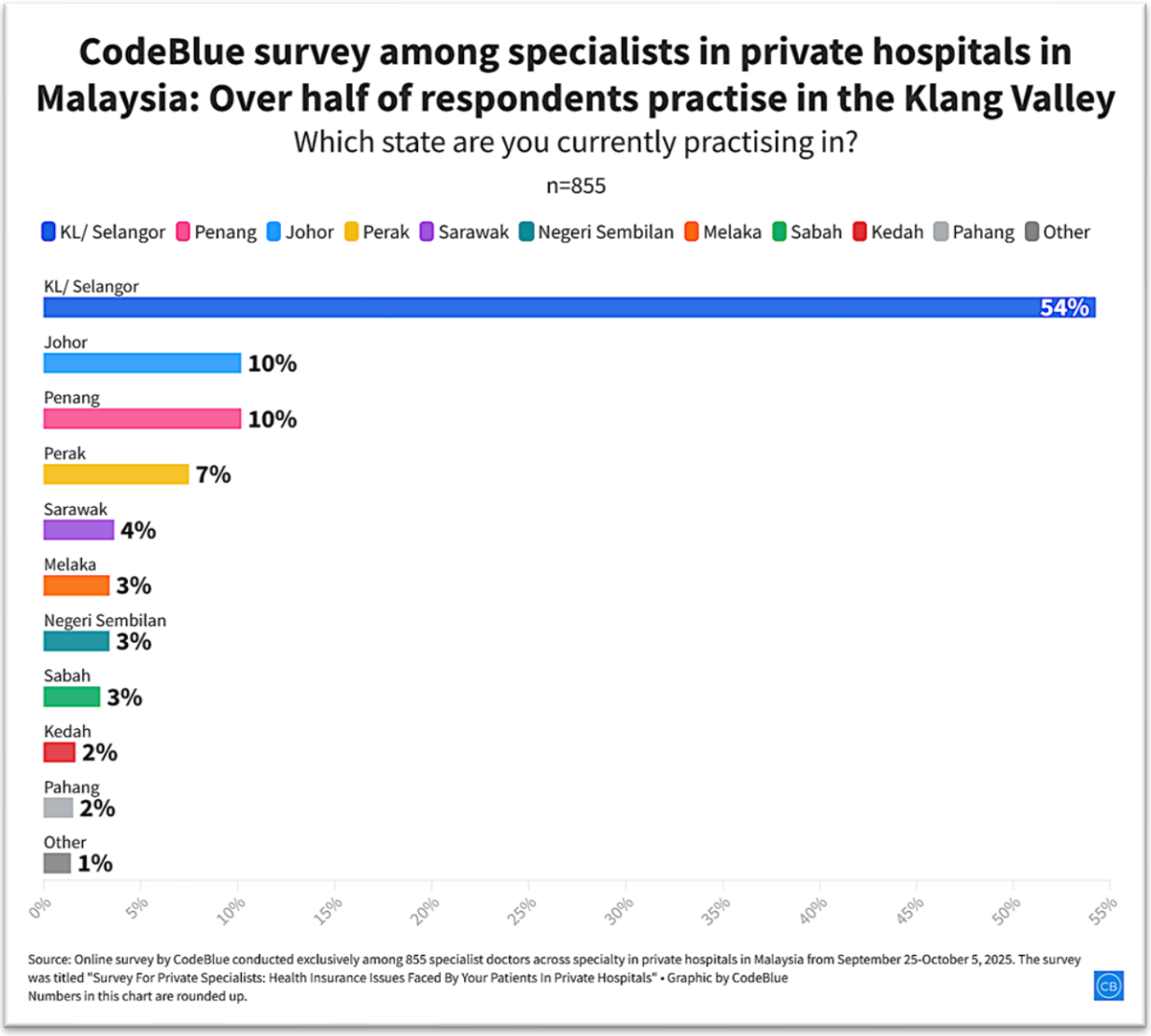
# Question 16




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| Male | 73.68% | 630 |
| Female | 26.32% | 225 |
| **Total Respondents: 855** | | |

# Question 17



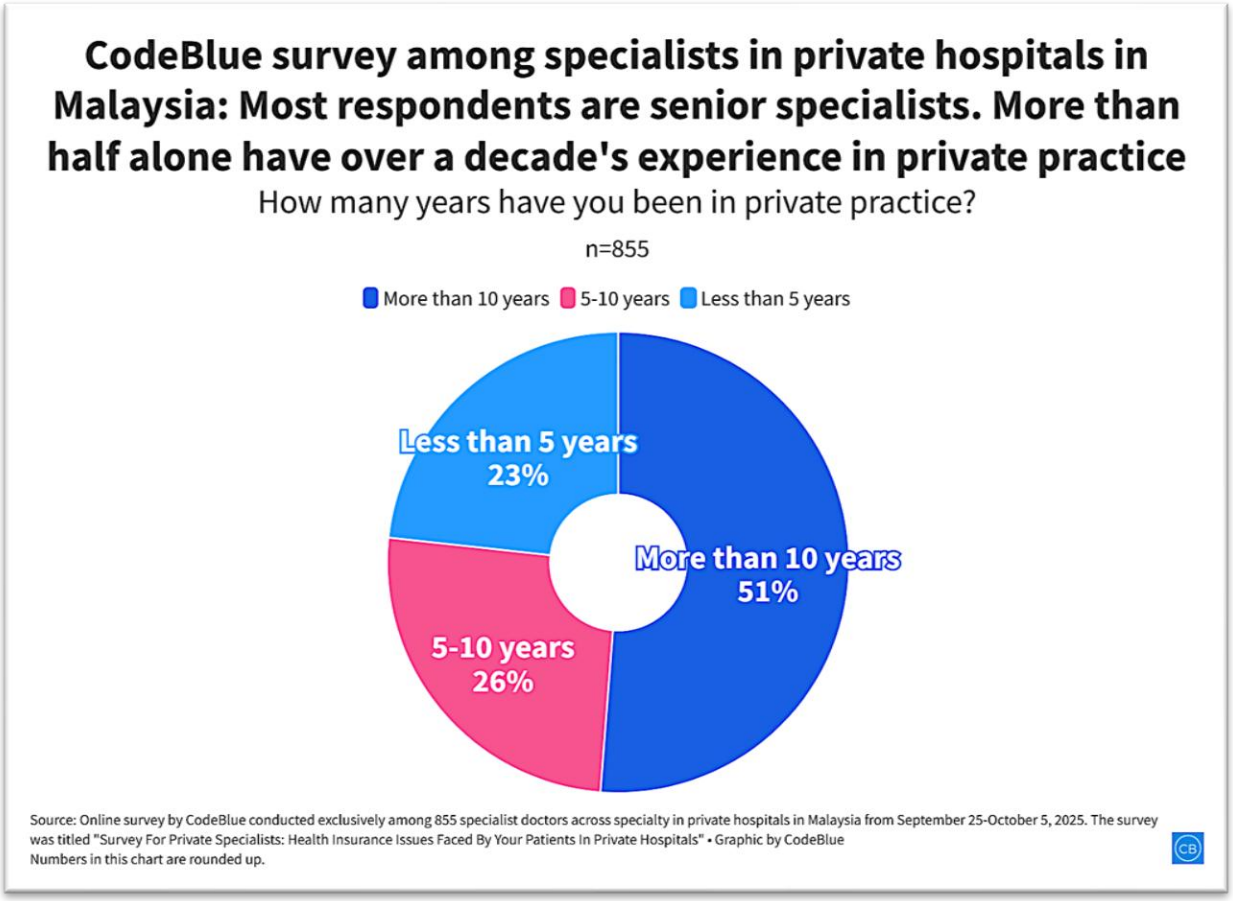

Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| KL/ Selangor | 54.27% | 464 |
| Penang | 10.18% | 87 |
| Johor | 10.18% | 87 |
| Perak | 7.49% | 64 |
| Sarawak | 3.63% | 31 |

| | | |
|---|---|---|
| Negeri Sembilan | 3.39% | 29 |
| Melaka | 3.39% | 29 |
| Sabah | 2.92% | 25 |
| Kedah | 1.64% | 14 |
| Pahang | 1.52% | 13 |
| Other (please specify) | 1.40% | 12 |
| **Total Respondents: 855** | | |

| # | Other (please specify) |
|---|---|
| 1 | Perlis |
| 2 | Perlis |
| 3 | - |
| 4 | North Malaysia |
| 5 | Kelantan |
| 6 | Kelantan |
| 7 | terengganu |
| 8 | East coast |
| 9 | Kelantan |
| 10 | East |
| 11 | Terengganu |
| 12 | Perlis |

# Question 18




Answered: 855 | Skipped: 0

| Answer Choices | Responses | |
|---|---|---|
| More than 10 years | 51.23% | 438 |
| 5–10 years | 25.50% | 218 |
| Less than 5 years | 23.27% | 199 |
| **Total Respondents: 855** | | |

# Question 19

## What other problems or opinions do you have about health insurance in Malaysia? (This is optional).

Answered: 446 | Skipped: 409

| # | Responses |
|---|---|
| 1 | Premium too high. Also medical investigation and treatment(drugs etc) are now virtually beyond the well to do not to mention the ordinary people. |
| 2 | They are dangerously deciding on what treatment the patient should or should not have and what's worse is the private hospital's are in full support of this . There's a symbiotic relationship between the two . Insurance claims charges are high and points the finger to the consultants when in actual fact charges are regulated . |
| 3 | Frankly I am comfortable with my cash paying patients. Insurance Companies feel we are not honest all the time! The agents keep blaming us to their clients when their admission is not approved! |
| 4 | Difficult on line application systems which are often incomplete programs with poor data entry options |
| 5 | Trying to control decision making |
| 6 | PIC not aware of medical condition |
| 7 | In the recent passed getting approvals can take upto 48 hrs with documents and QA s only to find its been decline with NO REASONS GIVEN. WHICH IS FRUSTRATING |
| 8 | The regulator must police these insurance companies |
| 9 | Premiums are going up but coverage is restricted more. |
| 10 | Health insurance company care more on profit rather than safety of patient. They are trying to influence the decision of the doctor to make decision. |
| 11 | No cap for their annual profit makes them too commercialize ignore patient rights and privileges |
| 12 | Most doctors are sincere doing work n sacrificing their time for Caregiving n our medical fees regulation havent been revised since 2003 ; that very unfair ; but cost of consumables ; medication n hospital charges have invreased more than 300% since then ; moreover if u dont concur or Follow the insurance companies then u might be blackisted ; so this is white coat blackmailing ; which is unethical n pure bullies ; insurance companies dictate the medical profesion ..... so where is the Logic ? |
| 13 | Too many red tapes (pre-procedure GL application, deferment, post procedure GL application, payment delayed with further deferment even pre-procedure GL was approved) imposed by the insurers/TPA/MCO on patients and health care providers causing a lot of time is wasted in GL applications, answering deferment, waiting for |

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| | approval rather than in providing the care. Time spent for insurance work is not compensated. |
| 14 | Question not relevant as agents not even medically knowledged |
| 15 | It's making health a commodity. It's being run with profits and the bottom line in mind instead of providing their clients with what's due to them after paying every month. |
| 16 | Inadequate coverage. Slow payments. |
| 17 | [redacted], [redacted], [redacted] |
| 18 | Eq cancer patient who prefers to be in a center with all facilities eg 1 stop center, not allowed to chose. |
| 19 | Insurance companies doesn't seem to be regulated enough compared to hospitals and doctors |
| 20 | Certain Insurance company insisted on filling online application forms for new admissions with format that are not user friendly or Options which are limited or incomplete. This causes difficulties and increse time required to process patients |
| 21 | Being pressured to accept discounts on doctor's consultation fees, denied charges for procedures done |
| 22 | Very late response |
| 23 | At least 1 insurance company put me on their " watch list " for discharging patients with mild but very symptomatic infections ( e.g AGE, flu , URTI ) within 24 hours of admission after they responded very well to aggressive treatment. They also put my on the watch list for using more broad spectrum antibiotics ( which are of course more expensive ) which is totally not fair .<br><br>As an ID physcian, I am treating the most difficult infections aither as primary consultant or often being referred by my colleagues. Our hospital also follows WHO and KKM recommendation to put certain antibiotics under RESERVE list which only I can use/authorize.<br><br>Furthermore, they did not inform me or query me directly before putting me on their secret watch list. Only hospital administrators knew but I was not informed. I only heard it indirectly through leaked news. Insurance companies cannot compare subspecialists treatment to others because we manage patients with different profiles/diagnoses. [redacted] denied patient admission GL for 4 diseases- dengue fever, acute bronchitis, pneumonia , and if not mistaken viral fever.<br><br>They denied the GL remotely sitting in their office without seeing the patient playing GOD. These diagnoses are dynamic and presents with variable severity. They can be very symptomatic and need in patient care but the blood results may not be very abnormal.<br><br>Especially for dengue patients, [redacted] set their own warning sign criteria and request us to tick. They will decide remotely who gets GL. If patients presented early, they |

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| | may not fulfill all the warning signs criteria yet. But the disease will evolve. They my deteriorate at home.<br><br>Then we as consultants have to face the medicolegal consequences for not admitting patient prior to their deterioration simply because admission GL is denied. [redacted] only alllowed out patient GL for 4 diseases above if patient is not ill enough form THEIR point of view. They are basically playing with lives. |
| 24 | The insurance doctors need highee level of qualifications preferably a specialist too and update their knowledge so they will more open up to accept claim rather than trying to find points to reject their clients claims |
| 25 | A young man who works in the claims department of [redacted] once came to see me as a patient. He admitted that he has to ask doctors questions, often under pressure from his superiors. Asking questions is his KPI. |
| 26 | If other practitioners have been multicoding. do not give us a bad name when we really code for the work we do |
| 27 | Newly detected congenital conditions such as atrial septal defect in adulthood should receive coverage, if patient and family are able to furnish documents of postnatal care.<br><br>Health insurance companies are contributing to the increasing cost of healthcare indirectly, such as, by mandating certain intravenous medication/ drips as first line or mandatory treatment to justify admission/ GL approval.<br><br>Doctors should not be mandated to initiate treatment mandated by insurance companies eg IV drip if clinically not indicated.<br><br>Doctors and insurance companies should be mandated to follow a constantly updated field relevant standard of practice/ playbook.<br><br>Conditions of exclusion are manadated to be informed to patients and healthcare providers. |
| 28 | Insurers are controlling and mislead drs decisions Patients are innocently follow as suggested by insurers |
| 29 | Overpromising but under-delivering! |
| 30 | should cover congenital and pregnancy related conditions (eg ruptured ectopic pregnancy which is life threatening) |
| 31 | - Delirium and Dementia is a medical condition, not psyciatric condition, insurance companies group it under psychaitric disorders and saying the policy not covering psychiatric illness.<br><br>- Older patients with falls and fractures needs proper management by Geriatricians, studies showed it save cost in long term, patient will have better QoL and outcome with Geriaitric team care, insurance should not reject the Geriatricians' order especially on the rehab and osteoporosis treatment.<br><br>- please consider to cover vaccination for elderly, it will save cost for the insurance company in long term |

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| | - please revise the insurance policy to prepare for the ageing nation, engage with Malaysian Society of Geriatric Medicine for planning the insurance package for older population |
| 32 | Insurance company not transparent to their client. The agents should explain in details about the policy coverage before ask the client to sign |
| 33 | Insurance health providers does not understand the role of rehabilitation physician practice ininpatient vs outpatient care |
| 34 | (1) it does not seem to protect policy holders ( ie: patients). This seem to be unchecked.<br><br>(2) coverage seems to be on a perpetual subject to change . Generally the cover the “bare minimum”<br>Or do the least necessary<br><br>(3) insurance imply that treatment is only drugs in IV form, surgery. Post discharge consults and procedures are often not covered<br><br>(3) they have opinion sedation is less risky than general anesthesia, and demand that the charges be less.<br>They do not cover for procedures like regional anesthesia, thinking it is without extra risk / cost |
| 35 | Marketing soft deceive ie multi-million coverage, when the time comes for claims, the insurer will doubt the patients and doctors for reason of cost containment. In other words, marketing of large coverage doesn’t not translate into pledge of coverage. Interfering with clinical care, threatening with removal of cashless facility, lobbying for discount, denying claims- this is a clear violation of the principle of healthcare managed care organization.<br><br>We are heading towards what the US is facing. As such, regulator like the MOH and bank negara shall be the check and balance in this- do be mindful of this system which is predatory to the customer: and the customer can be anybody eg the patient, the doctors, the insurer employee, the insurer executive, the MOH, the bank negara. Anyone |
| 36 | Insurance companies behaved to be looking for reasons to deny coverage for every patient. I don't believe the health care cost is the main issues. I believe that insurance companies take opportunities to use rising health care cost to increase premium, at the same time, deny coverage. So their profit actually increases. No insurance companies makes loss, it's just about whether they make less billion or not, but now they make more billions. Bank Negara doesn't scrutinize them, but scrutinize private hospitals, why? Because of the actual persons as stake holders of insurance companies are untouchable....? |
| 37 | Insurance companies have their own definitions of diseases and treatments required, very much based on the books rather than clinical situations, which are never the same for every patient.<br>Also, for a patient to be justified to be staying as inpatient, the patient must be having iv medication, otherwise cannot be staying in, which is ludicrous because patients may be still having abdominal drains/urinary catheter/requiring close monitoring after surgery and not safe for early discharge, that would justify ongoing hospital stays but insurance companies would refuse to accept this |

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| 38 | Being a burden to patients and increasing premiums unilaterally |
| 39 | They are not updated on latest evidences. Poor knowledge regarding certain treatments. Confused that certain procedures (ogds) is therapeutic |
| 40 | Insurance Agents Interfere |
| 41 | MCO/TPA irrelevant questions/involvement in clinical decision-making and usually compromised patients care and treatments... TPA usually decided based on profit-driven dictation and not based on patient safety to improve patients outcomes |
| 42 | Follow old charges fee like 2013 mma 13th schedule instead of 2020 schedule and starting to argue with us. Even asked us to give discounts because of the differences. |
| 43 | It's rubbing and cheating patients and healthcare providers |
| 44 | Health insurance companies are interfering PT treatment nowadays compare to more than 10 years ago, sometimes they ask repeated questions and sometimes they want to see HPE before approve claims |
| 45 | Agents don't inform patient on insurance clauses eg - not for investigation, coverage only after 2 years (not 3 months as they state). |
| 46 | Asking for discount of doctor portion as well . Though dr portion is only little part compared to hospitals one.<br>Dressing can't claim. CBD insertion can't claim. Very hard to get insurance coverage for pregnant lady who unfortunately having medical issues during pregnancy e.g AGE, food poisoning, diarrhea as the insurance company always related those deseases due to pregnancy. Though actually they are not related to pregnancy. Whether or not someone is pregnant, she may get AGE, food poisoning. |
| 47 | Not paediatric friendly when a child requires an operation. If a policy is less than 2 years in force, the operation will be denief . Another major issue is the focussing and assumption by insurers that all paediatric pathology requiring Surgery is congenital, since this is an absolute criterion to decline a GL request. The concept of congenital coditions being denied insurance coverage is archaic and requires urgent review and amendment. |
| 48 | deny medical charges after office hours despite procedure done after office hours. |
| 49 | 1. The insurer are the king now. They ask for discount for some hospital and if the hospital give , they become panel hospital . Panel doctors in a particular hospital do not always provide needs suitable to a particular patient . This limits patient's choice . The concept of panel hospital is a form of scam. It is purely decided with financial agreement rather than quality and service . |
| 50 | They are now threatening blacklisting for doctors who dont comply. A physcian was recently threatned by an insurance company that they will blacklist the doctor if the physician dont comply by reducing imaging |
| 51 | TPA/MCO'S delay issuance of GL unnecessarily and ask repetitive irrelevant questions |
| 52 | Insurance should not dictate what doctor's management or treatment |

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| 53 | Medical conditions like obesity and iron deficiency without anemia should be covered by insurance. Preventive medicine should be covered as well. |
| 54 | None |
| 55 | Rehabilitation Medicine which is a key aspect of multidisciplinary management according to WHO is denied admission GL from insurance leading to hurried discharge or delayed intensive rehabilitation leading to poor functional outcomes which most times is irreversible |
| 56 | Insurance claims processing officers insisted on further investigations which are not indicated and overiding the opinions of doctors. For example, patient was asked to do cardiac enzymes study for elective coronary angiogram! |
| 57 | Please get all insurance companies to educate their agenta that they have no fxxxing right to tell what and how the doctor to fill insurance forms. They should become a doctor first before advising any doctor |
| 58 | Insurance Companies, Patients & Doctors all contribute to the problems. What I find is that insurance companies are unable to differentiate honest/trustworthy doctors/patients/agents from perhaps a few with patchy records to enable faster smoother hassle-free approvals.<br>1 other almost universal problem is the forging of patients' signatures by agents when applying for medical reports. |
| 59 | Generally, they hire non medical graduates to screen and issue the GL for admission. Lower salary. |
| 60 | Insurance companies cannot decide what treatment should be given in patients and determine which patients can be admitted depsite giving reasons for admission and clinical data as the reviewers are ALL medically untrained. Unnecssary iv drips and iv treatment in children to qualify for admission despite their clinical condition requiring close observation and oral treatment .<br><br>Outpatient benefits for 5 major diagnosis from [redacted] are very limited and hard to use RM250 a day for influenza treatment or acute gastroenteritis or bronchitis is hardly adequate. It is very inconvenient to do outpt nebulsied treatment 4-6x a day especially at night as [redacted] insists on outpt unless I write an appeal for every case of bronchitis. [redacted] insurance is the easiest to deal with.<br><br>[redacted], [redacted], [redacted] usually lots of questions. patients who request transfer of care from public to private care also face difficulties to claim and I have to justify or explain why they are treated in our hospital.<br><br>Insurance bought during pregnancy does NOT cover babies till 30 days old and the parents are not aware till they try to claim. Coverage for neonatal jaundice in most insurance dictates bilirubin level of 15mg/dL irrespective of days of life or risk factors , so hard to claim if result of a 2 day old baby is 13 mg/dL. |
| 61 | the cap for postnatal coverage for parents who invested in the antenatal premium for birth defects is way too low to cover the costs for medical treatments and surgery at private hospital, resulting in parents bearing most of the costs or have to arrange for transfer of care to the public service for continuation of treatments |

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| 62 | Insurance agents don't explain the coverage in the policy but blame doctors when coverage is denied. Insurance companies do not have a clue of the disease process but ask completely irrelevant and repeat questions |
| 63 | Misuse by public & healthcare |
| 64 | Slow pay masters |
| 65 | Nuisance |
| 66 | Insurance agent and company interup with consultant management. |
| 67 | 1. Refusal to pay for procedures such as spirometry, non-invasive ventilation etc which are not mentioned in the 13th schedule of PHFSA. |
| 68 | The underwriters atenot medically clear and need to be taught by us on the jobwhen they dont understand. |
| 69 | Some insurers are good and consistent, depends on the management and who they employ |
| 70 | Most insurance currently still reasonable. The ones that are problematic are [redacted] which rejects all the above said diagnosis even after appeals and [redacted] takaful which rejects the same and does not entertain appeals |
| 71 | Mma code needs reform.<br>Many drs over service |
| 72 | [redacted] Insurer, [redacted] Insurer often decline patient claims. |
| 73 | No cap in the private hospital profits. Surcharge in OT can go up 40% and not based on a tier profit system. |
| 74 | Premium is getting higher |
| 75 | They should stop asking a non medical personnel who doesn't understand the disease process to appove the GL |
| 76 | Asking patient to go to a different hospital after surgical plan already agreed upon and patient stays nearer to this hospital than the hospital they told the patient to go to |
| 77 | Getting worse as insurance try not to let patients admit to increase their revenue |
| 78 | Cover for outpatient investigation. |
| 79 | It's a scam. |
| 80 | Too much interventions in patient care |
| 81 | Company optimizing profit at expense of healthcare treatment that is needed yet promised everything when trying to sell the policy. Now event decide which hospital they |

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| | can go eg. [redacted] Hospital, Preferred Hospital concepts by certain insurance company. Some even threatens to ban the doctors. |
| 82 | Force us to give lower cataract procedure price - otherwise delist you from panel |
| 83 | Getting expensive |
| 84 | they dictate us with pior officers sitting there not knowing the problem or core information |
| 85 | Rejection rate is becoming higher |
| 86 | Profit minded while neglecting patient care |
| 87 | Covers only for “healthy people”, not for people “in-need”. Profit driven and ignore primary preventive care initiatives. Provide coverage to pressure doctors to treat patients as single disease entity/organ- system entities, instead of ‘a person’ who needs holistic care . |
| 88 | Should not dictate on dr charges....very often, insurance remove our charges and conclude as part and parcel of the main procedure. This is nonsense. |
| 89 | No proper advise given to patients about the actual terms and conditions of their policies. It is nit our job to do that. |
| 90 | The person in charge for GL request has no knowledge on medical or surgical mx |
| 91 | not covering essentially dental is a huge mistake. Dental is also part of the body, and thus affects the general well being too! dental infections and trauma can cause severe implcations and can be life threatening! restorations of facial bones, dentoalveolar is also mandatory for the well being not just aesthetics, but function of speech, mastication and airway. |
| 92 | The medical costs, hospital charges are too high & unchecked, the insurance companies are adjusting their ways to run the business, the ultimate victims are the insured clients |
| 93 | They think some Medical illness can be treated as outpatient. |
| 94 | High premiums |
| 95 | My personal insurance has been denied me coverage for Prostate related as one Cardiologist incidentally wrote that I have BPH when I went in for Gastritis |
| 96 | [redacted] claim to have outpatient benefit for back pain.only cover for rm350 total only.how to diagnose pid without MRI?when ask for admission,as pt have neurology and severe pain,its denied,saying can treat out patient,but cannot order mri...What kind of officer sitting there that write this policy rules. [redacted] just lying to thier policy holders |
| 97 | Cheating poor patients and cheating strained healthcare providers and cheating the whole population and country in general |
| 98 | Some insurance specify must seek treatment within 24 hours |

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| 99 | Business first, patients irrelevant |
| 100 | They’re becoming more difficult and bossing the doctors on what can and cannot be done |
| 101 | They raise premiums but reduce coverage whilst their buildings get bigger with coffee machines everywhere |
| 102 | Unnecessary meddling by insurance agents |
| 103 | It is getting less affordable to the middle income group |
| 104 | Insurance should work together with us to contain cost while providing good care, and not against us. Sometimes they ask for unnecessary investigations that do not affect decisions to cover. Extra cost involved. |
| 105 | continue education the staff handling GL process, basic medical knowledge is a must, do not blindly stick to company flowchart protocol then asking lot of unrelevant idiotic questions, wasting window of treatment for patient, make sure the IT gadget working 24 hours, emergency case usually came after office hours, cant afford wait until next day. |
| 106 | Patient's being cheated of treatment that is necessary,drs being stressed with repeyitious paperwork ,time could be spent better treating patient adds to overall stress of practitioners |
| 107 | Implementation of [redacted] Hospital by [redacted] is irrational as they only select certain hospitals and only certain doctors |
| 108 | sometimes they denied after office hour charges even for emergency open fracture case |
| 109 | They are unreasonable |
| 110 | Denies payment for doctor's fee despite performing the procedure. Often irrelevant old outdated circular to claim it is under MOH directive. |
| 111 | In a troubling trend, insurance companies are retrospectively auditing and clawing back payments from doctors for procedures they had previously approved. After initially authorizing and paying for certain medical services—sometimes up to three years prior—these insurers are now conducting post-payment reviews. They subsequently determine that the procedures, which surgeons performed in good faith based on prior approval, are not covered. Consequently, they are demanding significant refunds from the doctors, creating financial instability and challenging the foundation of trust in pre-authorization. |
| 112 | Doctors/ clinician should decide what treatment is best for pateint, not someone sitting behind the desk with no experience in treating the condition dictating how a treatment should be done. Patient should be treated how the insurance provider wants himself or his own parents to be treated. Patient safety is utmost important. Insurance provider should never interfere . After all patient have been paying for the policy with their hard earned money. And when they are desperate and need the treatment urgently, they are put through so much hassle, which is unethical. |
| 113 | Insurance companies have been witholding payment for justified and resonable treatment to patients eg removal of chest drains, inseertion of CBD, complex wound dressing, etc |

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| 114 | They do not cover sleep or obesity related health issues |
| 115 | Health insurance companies are getting ridiculous in controlling doctors and hospitals in term of management of the patients, threatening doctors management in term of cost of insurance and transfer the stress of patient management which they promised their clients to the care givers. |
| 116 | Refuse to pay for after-office-hour(AOH) charges for emergency cases done at night, excuse given was patient was admitted during office hour but surgery done at night/ surgery performed >6hours after admission. This reflects insurance do not know how things work in a hospital / patient needs to be worked-up, emergency OT not always empty.<br><br>Insurance refuse to pay for certain procedures and claimed that it should be 'part and parcel' of one main procedure. They have no idea how complex is the surgery/ what surgeons are explaining, hours of long complex surgery etc. The person who manage claims are not even doctors or only junior doctors who do not understand medical procedures. |
| 117 | They are dictating medical. Care and interfering with what ought to be done hence jeapordising patient safety |
| 118 | it needs input from experienced clinicians, who are still practicing and up todate with current treatment modalities.... not policies and instructions from inexperienced Medical Officers who are in charge with no clinical experience |
| 119 | Insurance company delisted specialist without reason for example [redacted] Insurance .This Insurance delist many hospital and specialist without proper reason |
| 120 | Unnecessary deferment questions. Not user friendly online website design for filling in GL/DISCHARGE |
| 121 | - |
| 122 | Unnecessary deferment just because they need to fulfil the quota to raise questions to doctors. Same deferment for the same diagnosis and same treatment on each follow up. |
| 123 | They are using their patients as bargaining power to push the price of doctors fees down and even to below the recommended MMA rates. They are also pressuring hospitals to lower the rates and favouring their panel doctors and hospitals that have capitulated to their demands and willing to compromise in treatment . |
| 124 | Educate patient and insurance agent and underwriter staffs. |
| 125 | Insurance agents should never tell patients that if doctor write "properly" then can claim. I think all insurance company must send a strong letter to all agebts that the approval process is the discretion of the insurance company and not the decision of the doctor and the doctor should never be presured by the agent to write "properly"... |
| 126 | At all times, imagine you or your loved one being in a hospital expecting medical care that they deserve, after paying for insurance for years, and being told, you don't deserve the care. |

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| 127 | People vetting the coverage has no knowledge of what they are asking - there are not updated with latest clinical practices and just rely on KKM 13th schedule and MMA 5th schedule |
| 128 | The whole healthcare system should learn from the Singaporean model. Health insurers should not interfere with the treatment process. Instead, patients themselves should play a more active role in deciding their treatment options and understanding their financial capacity. |
| 129 | No one has authority to control the TPA, especially [redacted]. |
| 130 | 1. Should have 3rd party to monitor their questionnaire to doctor<br>2. Have a platform for doctor to ask for help and support |
| 131 | Discuss and Seek the treatment doctor opinion first before amending any decision |
| 131 | Patient admits for surgery. After review it was noted that pt was unfit for general anesthesia. Alternative options for anesthesia was given to the patient but patient refused option and no surgery was performed. I had a deferment letter asking why was there an anesthesia preservative consult when no surgery was performed. I answered exactly what I wrote here. My consultation fees was still rejected. I wrote back 2-3 times but still rejected. It is baffling how they think. |
| 133 | Bank the MCO's |
| 134 | To be fair, most of the problems lie with TPA, eg [redacted]. What irritates me is their medical claim underwriters are not medical staff and yet they want to question your medical judgement just for the sake of reducing payouts. I strongly suspect that their underwriters are given incentives if they successfully reduce claim payouts (either given a small cut of the amount they managed to reduce or they have a certain KPI of cost reduction to achieve bonus payouts) such practises will no doubt encourage staff efficiency but of course also encourage medical underwriters to commit fraud for monetary reasons.<br><br>My suggestion is the appointment of medical underwriters should be subject to training and also certification/credentialling by governing bodies with proper laws instead of just appointing any tom dick or harry clerk to handle medical claims |
| 135 | Too many exclusion criteria makes health insurance point less. Eg. AVM not covered even patient is 40 years old & non cover of congenital. |
| 136 | The pay and claim policy post hospitalization is a burden to patients who require specific medications that are expensive, such as biological medications, which costs several thousands. Patients who do not have much cash reserve are unable to continue with the treatment when they are required to pay upfront |
| 137 | Delisted from [redacted] and [redacted] |
| 138 | PENNY WISE POUND LOSS — targeting on small group of patients with severe illness that will require more advance treatment to prevent permanent disability, often leading to worsening patient outcomes ended up with more health care costs incurred |

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| | 2. Outdated mindset and knowledge — limiting / restricting the usages of advance therapies (as per standard of care in many countries)<br><br>3. Finger pointing culture— shifting the blames to doctors when it comes to increased health care cost , yet not understanding the majority of medical bills do not directly come from doctors. |
| 139 | The elephant in the room seems to be the discrepancy between doctors charges and hospital charges. Hospital charges are not scrutinised and have unlimited mark up, especially when pharmacy is involved. The profit that hospitals are seeking does not have a ceiling. Intensive Care patients are the worst example.<br><br>When speaking to an insurance agent about this matter, there is some reluctance to disclose what the financial relationship between the hospital and the Insurer. The bill is not broken down to reveal individual details of items, in other words billing is NOT ITEMISED. This leads to double charging, charging of items not used, items charged to another patients etc etc.<br><br>The only part of the hospital bill that is scrutinised is the room rate, a very small proportion of the bill. Hospital CEOs and Insurance CO financial controllers should meet on a regular basis to discuss these issues and a framework of graded and capped hospital charges should be constructed for each speciality and hospital.<br><br>It seems that the money that the insurance companies hold is to be divided among these parties : hospital and doctors, with the former acting as some kind of middle man that does not seem to have any interest in the outcome of the patient. |
| 140 | Insurers and TPAs have a covenant with the patient. They have every right to limit coverage according to their contract with the patient. They do not and should not have the right to dictate medical treatment. If there is a grievance, it should be filed after the fact to the doctor, hospital, MMC or via legal means. Additionally, every grievance or question from these organizations should be signed by a medical professional who will then be responsible for any consequences of non coverage. |
| 141 | Health insurance should NOT interfere with medical doctors decisions. Nor they should hire some in experience medical officers to be medical in charged of insurance claims |
| 142 | More and more coverage denied |
| 143 | I work in a public university hospital that includes a private wing. Increasingly, I encounter patients with illnesses whose treatment has been delayed because they were turned away by private practitioners due to denial of insurance. With no other options, they eventually seek care at our public facility—often when their condition has worsened.<br><br>If this issue remains unaddressed, it risks overwhelming public healthcare resources and denying timely treatment to patients who need it most. Urgent attention is needed to ensure equitable access to care and prevent avoidable suffering. |
| 144 | Insurance agencies are making profits we year but yet they pressure doctors and hospitals to give massive discounts. They can spend so much to entertain their agents with parties etc. why can't they just pass those savings to the patients as well. By denying certain claims, patients are just gonna walk into government hospital that are already filled to the brim. Can't they exercise some social responsibility and compromise instead of threaten private hospitals. |

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| 145 | I need to write a separate letter or request for procedure like Chest XR and ultrasound since last year. I have not encountered this issue before. I don't order much imaging. |
| 146 | Too defensive and always ask multiple irrelevant questions |
| 147 | Health insurers are for profit organisations, and their aim is to deny claims to their bottom line is met or exceeded. It is starting to become nefarious the way clinicians are pushed to render inefficient or substandard care just to satisfy insurance companies |
| 148 | Insurance company always use loop hole with certain case to deny payment. One scenario, the company will use an adult case as example to deny Peadiatric procedure code payment. Forced us to use adult code to charge for Peadiatric procedure where MMA schedule has a specific code for the Peadiatric procedure. Eg- IV line insertion for children less than 12 years old. We are asked to charged using adult code. |
| 149 | Insurance does not cover investigations as outpatient whereas it saves a lot of cost as a whole. |
| 150 | 1. Breast or Ovarian Surgery in a  patient with genetic abnormalities (BRCA 1 & 2)<br><br>2. Breast reduction surgery should not be considered cosmetic as some patients have severe symptoms and require surgery. They should be covered by insurance.<br><br>3. Some policies exclude DCIS ; this should not be allowed as these patients require proper similar treatment (surgery, radiotherapy & endocrine therapy) as those with invasive carcinoma except for chemotherapy and targetted therapy. |
| 151 | No coverage at all for obesity related treatment |
| 152 | Insurers should get experienced medical specialists to decide if claims are appropriate |
| 153 | Their cost saving measures are affecting patients outcome |
| 154 | I feel they have KPI in rejecting claims |
| 155 | Very low opinions. They want us to fill up the insurance form BEFORE we see the patient on the grounds that only then would a GL be given. They then stress the patient about the fact that the GL would only be given if they are happy with what the doctor has written |
| 156 | Overstepping boundaries that compromise medical professionalism. |
| 157 | It has to be comprehensive and patient friendly. Not just when they want the customers to buy but provide continuous care throughout |
| 158 | Do not cover congenital disease |
| 159 | Coverage |
| 160 | I think they are hiring substandard? doctors...<br>sometimes it is so stupid reply and we wonder who are the clowns |

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| 161 | Refused to pay certain anaesthetic procedures and alway ask for discount |
| 162 | Insurance companies are basically finding any excuse under the sun to deny claims. Their staff are commonly clueless about the disease that the client has, and thus it results in them trying to deny coverage for treatment. |
| 163 | Interfering with medical decisions and managements |
| 164 | Regulate TPA |
| 165 | Most of the time , the insurers do not have deep understanding regarding each patient s surgery and different techniques of anaesthesia , particularly when involved measures for pain relief postoperatively. They normally apply a blanket rules for every patient not knowing that , No one shoes fit all |
| 166 | Threats and demands of paying them back for cases performed 2-3 years back. Threats of being blacklisted if not conforming to their demands. |
| 167 | Expensive and irrelevent rejection |
| 168 | Good panel doctors with advanced knowledge on recent medical advances in all TPA's. |
| 169 | Insurance companies need to be honest with their policyholders. If you sold castles with empty promises and now find that your actuaries made a mistake and didn't anticipate the biotech revolution and new costs, admit your error and be honest and fall back on the policy clauses that allow you to reduce coverage or raise premiums.<br><br>Stop trying to squeeze hospitals and doctors to close the gap and delay the inevitable. MOH and Bank Negara are both trying to be populist to hide the fact that both have abdicated responsibilities. Stand up to them and call a spade a spade.<br>Allow a revision of outdated charge codes and pay doctors a reasonable fee for the skill they bring to the equation so they don't feel the need to upcode or multicode to justify the risk and effort of what they do. Two wrongs don't make a right, four wrongs are no better. |
| 170 | They should move to honour every client with a 30day pay and claim reimbursement policy |
| 171 | The insurance industry is more focused on money saving and profit rather than genuine interest in patient's safety and health. They employ doctors with qualifications but minimal or no clinical experience to process the insurance claims |
| 172 | Insurance agents demanding MCs to be extended for their clients. |
| 173 | False Intepretation of preexisting condition |
| 174 | Medical Professionals should not be at the mercy of Insurers. A system or avenue should be in place for both Clinician and Patients to submit cases for review in the event of emergency and semi-emergency cases that require attention following an initial denial of approval from Insurers. Valid cases should be allowed to obtain their claim later rather than asking patient to pay-and-claim later or worst being referred out to MOH facilities and over crowding the public sectors further. |

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| 175 | They do their best to decline a GL |
| 176 | Not inclusive to all specialty. Some insurance only aprove certain investigations only id admitted. Not covering rehabilitation is denying patien”s  rights to improve their functions after debilitating illness aor conditions. |
| 177 | Some insurance are very particular and rigid with the claims from doctors. But they never querry anything charged by hospital side. How wierd is that. |
| 178 | Over ruling a consultant who’s a specialist in his field by a non qualified specialist from an insurance company is dangerous precedent that may harm patients |
| 179 | They are starting to interfere with patient management without understanding what they are doing. |
| 180 | Profits come first |
| 181 | Government must Regulate the unethical practice of insurance company from pulling clients from old plan to a new plan that will cause existing non-qualified clients to experience hiking of premium |
| 182 | It does not cover congenital and rehabilitation cases |
| 183 | [redacted] becoming very bold |
| 184 | Generally ok. |
| 185 | Insurers should not interfere in clinical management. |
| 186 | Delisted famous doctor as to save their cost .Once doctor delisted ,patient reluctant to pay and claim will choose other doctors |
| 187 | recently insurance telling us to do LA then GA. We always prefer LA. Don’t force us to decide on some patients who definitely need GA |
| 188 | The insurance should approve stand alone ACC if they are really serious to reduce cost by converting most procedures to day surgery. |
| 189 | Most important the Agent need to explain the policy to their customer properly, and need to declare any pre existing illness. And dont try to lie . |
| 190 | Oral and certain Maxillofacial procedures are not covered though they are not dental treatment/dental care |
| 191 | It's getting more expensive and harder for approval for the same common illness as before. |
| 192 | Poor coverage |
| 193 | Compromising health care and the well being and effecting long term care of every individual in this country as they cannot receive the best care |

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| 194 | Insurance should not interfere with clinicians in best clinical practices, however a guide in the options of the costs of treatment would be practical and helpful to the clinicians. Most of the time clinicians make decisions based on what is best for the patients on individual needs and basis. |
| 195 | I think they are rather helpless due to depleting funds. Hospital charges are unregulated. That is the elephant in the room. Hospitals may charge in manner which is competitive to them. The billing format must BE STANDARD, the coding must be standardized. That means, any one can easily compare the bills of treatment from Hospital A and B. PLEASE DO A STUDY HOW MANY DOCTORS CAN UNDERSTAND HOSPITAL BILLS! The bills should be understandable and can be compared by layman/insurance companies. This will put pressure on Hospitals to be competive. Otherwise, patients and doctors become the victim. |
| 196 | The GL processing should more prompt, especially for emergency cases. There must be more medically sound personnel handling insurance claim requests. |
| 197 | Agents telling patients the doctors can manipulate the answers to questions in insurance forms so that the insurance is approved. Example is to admit a patient although can be treated as outpatient |
| 198 | Investment linked medical insurance policies are the biggest scam for the general public. When first introduced to medical insurance policies, agents will claim that with a certain amount of yearly premium , the policy is sustainable until a certain age. beyond that, the premiums that go to the investment fund will 'make money', hence no premiums need to be made beyond a certain period.<br><br>However, there is no regulation or key performance index for these fund managers and investment funds. Therefore policy holders are given a rude shock when they hit 50 years old that their premium need to be increased to maintain sustainability. Failing which, the policy is expires.<br><br>This is false advertisement by insurance agents as they market the policy based on best case scenarios and not reality. Easy to blame policy holders for not reading fine print. however unregulated insurance agents and investment linked policies are huge scams with the beneficiaries being the agents, insurance companies and fund managers.<br>Every year all insurance companies treat their agents to luxurious overseas holidays , they generate huge profits but the man on the street is left reeling from rising premiums and expired policies leaving them without medical coverage during their 'golden' years |
| 199 | Now a days insurance ia doing profit not giving benefit enough to the patients |
| 200 | Needs to limit the power of TPA |
| 201 | Broker is not full medical knowlegable and sometimes insincere |
| 202 | Too much variability between the various agencies and how they address issues faced by patients |
| 203 | non inclusivity of rehabilitation in insurance policies in a whole denies patients' accessibility for a hollistic/ thorough care and solves only "acute" issues periodically and results in non-referral to rehab, then ends up in re-admission for complications or patients' dissatisfaction for lack of understanding of prognosis; worst case- debilitated in |

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| | function and becomes a burden in healthcare & finance then overloads to public health care |
| 204 | It does not cover the patient's rehabilitation management which is not fair for the patient and reduces quality of life |
| 205 | New targeted chemotherapy is oral base...somehow our insurance only covers iv infusion. Targeted chemotherapy os expansive. In my practise..rm 24 k for 1 month for 24 months..this is not available in government hospital. |
| 206 | Insurance company holds too much power over malaysian healthcare. They are now dictating the fate of many patients and also doctors' welfare |
| 207 | Bank Negara Malaysia must have a body that comprises the head of MMA and also Bahagian Amalan in MOH to oversee and control the insurance companies. Recently a whole slew of Specialists have been removed from cashless police by [redacted] at [redacted] for no rhyme or reason. In Singapore there is such a body. We should emulate. |
| 208 | Healthcare cost rise is mainly due to innovative drugs , diagnostic tests and advanced technologies that will be a herculean task to control healthcare cost. |
| 209 | 1. They lack qualified drs to understand or explain the issues to them<br><br>2. Unrealistic expectectations set when policy sold<br><br>3. Pre sale screening not done yet patients get rejected for congenital cause that are not overt and patient been paying for policy for years |
| 210 | The insurance company's adjusters are always trying the utmost to defer or reject GL requests |
| 211 | They should reduce the numbers of their agents and provide better services to their clients. They have to reduce their commission to lower rate only only allow to get it for 3 yrs. |
| 212 | 1. Patient are often sold "upgrades" over the phone without underwriting, patient in the meantime developed bare chronic disease which was undeclared as the insurance company is not asking for these information. The undeclared medical conditions becomes classified as pre existing conditions rendering their policy which they paid for years fraudulent.<br><br>2. Patients who have a lapse in their policy, eventhough reinstated will affect their GL approval later.<br><br>3. Healthcare insurance has so much power that they are influencing access to healthcare and healthcare priorities and hampering advancements in medical innovation and progress.<br><br>4. Medical practitioners are struck off the GL list because they have many patients who claimed insurance even though [redacted] has no evidence to implicate the doctors for fraud or abuse of the insurance coverage. |
| 213 | Should open to conversation, sometimes is difficult to explain through a small Column in the forms |
| 214 | Annual limit |

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| 215 | I feel a lot of power has been given to insurance companies / TPAs. They can control which private hospital to be empaneled, control the charges of doctors as well as influence clinical decisions. |
| 216 | It is very very poorly runned.There is no honest diagaloue with doctors for patient benefit.Health insurance business is almost unregulated where else malaysian doctors are highly regulated. They take advantage of disunity and lack of united will to serve their patients better |
| 217 | They ruin our fantastic healthcare system, make a mockery of of consultants and currently dictate the healthcare practice . They are turning the beautiful private healthcare system into a disaster -making the entire system into an unethical corporate profit orientated bullies . |
| 218 | No |
| 219 | The people running the medical insurance locally are not that knowledgeable esp outside the big 3 ([redacted], [redacted] [redacted]) eg [redacted] [redacted] [redacted] etc |
| 220 | Screening of GL applicatio should be done by specific government body not insurance provider themselves as conflict of interest |
| 221 | They should start recognosing OSA and obesityas a treatable medical condition |
| 222 | The clause of exclusion for supplements<br><br>Faced instances where iberet folic is declined for iron deficiency anemia, calcium replacements for severe hypoglycemia post thyroidectomy. Pyrodoxine with anti TB treatment.<br><br>These are treatments NOT supplements in these cases |
| 223 | Deteriorating. Delay , obstruct and Deny seems to be objective |
| 224 | insurance strike off procedures already done on patient as making us bundle up all the procedures into one code |
| 225 | Insurance insisted on different cheaper charging code when the appropriate code given. |
| 226 | Please change pay and claim scheme to full coverage regardless of the size of the private hospital as long as the patient is managed by registered specialists . This to avoid delay in treatment and patient's preference of which hospital and doctors they want to seek treatment. Tqvm |
| 227 | Does not cover obstructive sleep apnea treatment when it is a crucial disease and has economic impact if not treated.<br><br>Does not cover dental treatment.<br><br>The maturity period of 120 days does not cover all diseases, subject to approval, hence misleading. |

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| | Standard equipments such facial nerve monitor, immunohistochemistry staining sometimes not covered. |
| 228 | [redacted] the worst |
| 229 | Profiteering |
| 230 | While understanding that insurance companies need to make a profit, it should not be overboard to the extent it affects patients' health, as it is the very reason patients buy insurance to assist them when they fall sick. Another very obvious reason is the lack of governmental regulation on private hospitals as business entities. No regulations on prices of services and drugs lead to overinflation. This in turn causes insurance premiums to increase further. Doctors' professional fees has always been capped and regulated by PHFSA Act, while no one government authority take any responsibility in regulating hospitals' business models. |
| 231 | Unreasonable |
| 232 | The agents should be more educated regarding medical conditions / diagnosis as well as their treatment options so that they will be more well versed in advising their clients and help reducing false claims and unwanted admissions. Thereby reducing wasting time with healthcare providers like us! |
| 233 | There needs to be regulation of all parties, there is decent regulation of doctors via other code of ethics, hospital management and Clinical Advisory board. It feels as though patients are being short handed by their companies, and increasingly difficult parameters are set by insurance companies/TPA. Is there any clear evidence of increasing/high rates of misuse by clinicians? |
| 234 | Sickening |
| 235 | They can presume you have congenital issue if the patient is 15 years old and denied GL even before they ask the doctor. |
| 236 | 1.) Certain insurance refuse to be panels for certain hospitals (if they do they want a huge discounts sometime upto 30% ) |
| 237 | Getting stricter to get approved |
| 238 | Patients are not clear on their policy characteristic, limit, exclusion. Often they are enticed for insurance upgrade and then previously covered diseases became exclusion condition |
| 239 | Rising insurance cost / premium causing patients to seek treatment at government clinics/hospitals which are already crowded. |
| 240 | This notion that stones don't develop till after two years only is ridiculous.. stones can occur anytime ..the thing is these companies make great profits.. and they have screened these patients before passing them for a policy.. it just means patients have generally been ill after that and not always about something that was not declared ..and revoking the policy after a gl has been issued is non sensical..and it puts pressure on the doctors as the patient takes it out on the doctors... |

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| | bank negara should be siding the doctors and patients and not the companies .. as it is there are many people not venturing into medical studies these days.. any curtailing of doctors charges within the fee schedule( which has already been long due for a hike which seems to be stuck at the AG office forever ) will be disastrous for health tourism as well as public health care as all these patients will return to public hospitals which currently do not have the expertise to manage complex cases anymore |
| 241 | If the underlying diagnosis is covered by the policy (eg cancer), shouldn't all aspects of the management of said diagnosis be covered? Eg management of cancer pain and other symptoms -- which is what palliative care is.<br><br>Palliative care is recognised internationally and nationally as an essential medical service.<br><br>The WHO identifies palliative care as a human right. Resolution WHA67.19 advocates for the strengthening of palliative care as a component of comprehensive care throughout the life course.<br><br>The American Society of Clinical Oncology (ASCO) and European Society of Medical Oncology (ESMO) both advocate for early access to palliative care in patients with cancer, recognizing this as a vital component in cancer care.<br><br>Locally, the National Palliative Care Policy and Strategic Plan launched by the MOH in 2019 affirms the Ministry's commitment to ensuring palliative care is integrated at all levels of healthcare and recommends that it be included in health insurance policies.<br><br>Yet, on the ground, we face denial of coverage of palliative care for our patients. Not all, but some insurers consistently decline coverage for even ward consultation charges when it comes to palliative care. I have contacted MOH about this, but they say it is out of their hands, and this is based on the insurance policies. But shouldn't insurers consider palliative care as a basic medical need when it comes to a life-threatening diagnosis? Do contact me if you want to find out more. Thanks. |
| 242 | Trying very hard to cut cost or find ways to deny patients' treatment coverage |
| 243 | Increase in premiums for Hospitalisation coverage rising too often, too precipitiously and too high. It increases automatically every 5 year band anyway. Doesnt allow or give any advantages for clients who has never claimed at all.<br><br>Patient care is compromised often eg [redacted] has this protocol of delaying clearance for 2nd or 3rd doctors' treatment plan, until Dr 1 is cleared.<br><br>Another insurer has this protocol to ask for DAILY vitals signs, Temp etc, as well as daily progress notes and to state exactly the route/dose/duration etc of each drug used (eg T PCM 1gm QID/prn for 5 days). Cuts into doctors time n efficiency.<br><br>A National Health Insurance policy should have been implemented from way back mooted since the 1990s itself. |
| 244 | High premium but coverage is low/limited. They tend to deny coverage initially for you to justify admission. Most of the time it will approve anyway, only waste time for clinician to answer/justify each admission (time consuming) |

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| 245 | Affordability of insurance premium |
| 246 | Very rude and nasty<br><br>Asking me to provide papers on why need to do a certain investigation which is part of the clinical guidelines and routine |
| 247 | Insurance companies often include statements claiming that if they deny payment, providers are prohibited from billing the patient or even informing them. This raises serious legal and ethical questions—who authorizes such restrictions, and are they enforceable?<br><br>As physicians, our duty is to treat patients, not to interpret or enforce insurance policies to which we have no access. If coverage is denied, we should not be expected to justify the cost of care. The treatment remains valid, and appropriate billing should follow.<br><br>Globally, it's common for patients to pay beyond what insurance or Medicare covers. Yet here, such practices are framed as a physician offense—an unfair and misplaced burden. |
| 248 | Accountability,reliability |
| 249 | The system needs to be revamped. Co-payment needs to be enforced with at least 20 % coming from the patients. Both patients and insurance companies need to have realistic expectations. |
| 250 | there are 2 standards. the high ranking insurance officers have no GL issues |
| 251 | Processing GL application too slowly and insurance not processing insurance GL for second doctor (referral) after office hour |
| 252 | Not fast enough approval for urgent surgery/ live saving surgery |
| 253 | They are getting worst |
| 254 | Stopping us from giving best treatment |
| 255 | Most health insurance in Malaysia do not cover sleep apnoea diagnosis and treatment (e.g. CPAP machine or bariatric surgery) when it can drastically reduce major health diseases like hypertension, diabetes, heart attacks, stroke and accidents due to sleeping off while driving. By reducing these major diseases, health insurance can cut costs of treating those diseases. |
| 256 | Necessary evil but you can't be delivering record profits and paying out record dividends while moaning about increasing costs. Then pressuring hospitals for discounts and denying payment to doctors |
| 257 | In order to save cost insurance companies squeeze the doctors' fees which is only a fraction of the total bill. perform 2 procedures but only willing to pay for one |
| 258 | They r conpromising patient's care and safety and making clinical decision |

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| 259 | I recognise there are issues relating to drs overcharging and/or making false claims too but if they are caught out, they should be referred to the relevant authorities. Pls don't paint all drs as crooks just becos of a few bad hats! |
| 260 | Hospital and Insurance reap maximal profit at the expense of patient and doctors. Doctors charges slashed. Hospital insist compulsory discount for certain insurers. MOH is not helping either. The MOH officers always sides insurance and hospital insist compulsory discount complaints |
| 261 | Implement DRG as soon as possible. Doctor's professional fee to be separated from DRG insurance sum to hospital ( follow MMA schedule ). Doctor fee is already regulated. Medical inflation is due to un-controlled hospital charges, pharmaceutical and equipment suppliers. |
| 262 | Increasingly dictating what medicines to use ( generics preferred), which hospitals to go , refuse cashless coverage for certain specialties or certain hospitals but when patient send in claims, they refuse to honour the claim akin punishing patients for choosing the 'wrong' hospital |
| 263 | Insufficient coverage is the norm |
| 264 | Some authorities should monitor each time a GL is declined to check if it was justified |
| 265 | Insurance companies tell customers they can get cover after 6 mths but will rarely cover if the policy<br><br>is less than 2 years old.this is a con job.also insrers have packages that they brow beat hospitals to give.and specify the cheapest prosthesis or in so.e case the number of coro ary stents to be inserted and the tupe of stentsthis iscesp true of zia packages |
| 266 | They sell the policy with a cheap initial premium brazenly advertising that 'no medical check up is required'. Once sold, every symptom is questioned. |
| 267 | Totally Ban medical insurance.We only make insurance companies richer .Drs must play good role .Zero or minimum investigations or only specific investigations.Be clinically oriented discuss with colleagues.Avoid hospitalization.CEO of private hospitals are paid too high . |
| 268 | It is absolutely horrible and I wish I am rich enough so that I DON'T have to buy insurance. Feel so cheated |
| 269 | Inconsistent assessment, sometimes one charges will be approve while other time the same charges are queried or rejected |
| 270 | They refuse to Pay according 13th schedule too. Making their own interpretation of the schedule. |
| 271 | Specifically in ophthalmology: If a patient has been admitted under eg Internal medicine for theit uncontrolled DM or PTB treatment. The Physician will usually refer to us for eye assessment from the ward. Almost always our request for coverage will de denied for the sole reason that such examinations can be done as outpt! Even after informing them that the pt is ALREADY admitted under another discipline. Pt will either have to pt CASH or refuse to be seen, which may affecte their care. |
| 272 | Liberalize medical insurance and allow foreign medical insurance companies to offer genuine reasonable premiums that are patient centric and not business centric. |

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| | Stop the insurance agent 35% 7 yrs commissions on insurance premiums, allow patients to apply for medical insurance policies online to eliminate agent commissions, stop insurance companies forcing doctors to give discounts, lots of bad debts doctors not being paid for service and procedures already rendered but claims rejected/not paid by the insurance company.<br><br>Bank Negara won't be interested to rectify this problem as long as it prioritizes investors which include GLC, EPF, state governments, state rulers etc. private hospitals try to mute doctors when they question insurance companies for silly questions and probes saying the insurance companies are their business partners.<br><br>Stop private hospitals from raising prices few times in a year for the same services(the hospital management raise the prices to show profits to investors for their own KPI, stop blaming doctors as the reason for the medical inflation, stop targeting doctors because their are the soft targets.<br><br>The private healthcare cost escalation needs to be contained, private hospitals charges(not doctors which are fixed) need to be audited and controlled. Doctors work through holidays, PH, after office hours often 5-10 times harder than other professions they are abused and under appreciated and told they earn too much.<br><br>Finally but most importantly insurance companies are not interested to cover when someone nears the age of 60 yrs and often raise the premiums to a very high price to discourage the policy holders from continuing their policies even after they have been paying for decades akin to the umbrella they paid for only to have the umbrella taken away on a rainy day when they actually need to use it. It's a dirty business in Asia..... |
| 273 | Clinical interference usually is the most annoying and another commonest issue is denying and refusing to accept certain added surgeries by using terms like part of surgery procedure is becoming very rampant recently and all this while adhesiolysis was coded separately but now they are asking us to take out without knowing our surgical procedure saying that as it's part of main surgery |
| 274 | No proper regulation/ enforcement by KKM.<br>Prices of premium keep increasing even when they have never been used .<br>Promised duration of coverage can be reduced drastically without any reason |
| 275 | Need better understanding n dialog session re insurer view n clinician view. |
| 276 | I don't understand why is it the doctors responsibility to arrange finances for the patients treatment. Doctors job is to treat. Now it seems it's also doctors job to find the money for the patient that the doctor is going to treat. We have come to accept this system, but it is inherently flawed. |
| 277 | In bad situation. As doctors in private practice we not only have to deal with higher litigation cases now we have to bear the stress insurance is imposing on us. What's right and wrong to each decisions ?<br><br>We are based on clinical acument and years of training but now have to bear the risk of blacklist and not being paid. Why don't the insurance companies come and see doctors. Have they called the doctor to explain before being blaclisted . |

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| | They are affecting our judgement and this is risky for patient . As simple as using harmonics scalpel for appendicitis being questioned. Do we reuse or change practices that we have been trained for years? Even government can use that .<br><br>Have they informed the patients that can't use modern and less invasive techniques due to cost? But patient are also educated now. Why put the blame on us. |
| 278 | 1. Insurance companies dictating to specialists whether a patient's diagnosis requires inpatient or daycare admissions<br><br>2. Insurance companies dictating to specialists what procedures should be done/charged for patients instead<br><br>3. Insurance companies starting to make clinical decisions in terms of patient care, which should only be decided by specialists<br><br>4. Insurance companies requesting for explanations to queries, but not understanding the clinical answers/replies to these queries<br><br>5. Insurance companies rejecting GL applications without reasons given at all |
| 279 | Gynaecology coverage only entend to patient which medical card is more than 2yrs.. very bias and inappropriate |
| 280 | There are not regulated at all. Incompetent staff handling claims with no medical knowledge. Not informing clients about their limited cover of insurance |
| 281 | Overpricing of products.<br><br>Agents forcing public to buy bigger uncessary plans leading to wastage of resources<br>Co payment insurance should be encouraged to reduce public financial burden, prevent wastage of financial resources and for the public to share the burden of public health by improving one's own lifestyle and health |
| 282 | We are forced to give 10 to 15 % discount to the insurance companies.  Which is unfair |
| 283 | Public-private partnerships lapsed. |
| 284 | I think the doctors price codes need to be published and need to show in a grapgh whats happening over time. All this email is all talk but no one goes and shows some surgical procedure from day 1 compared with hospital cost now. |
| 285 | Doctors, hospitals, insurance, pharma, medical device vendors, patients, governent all have roles to play. Not a single group issues. Avoid excessive profiteering. |
| 286 | Delayed in payment to both hospitals and for patients who paid and claim. |
| 287 | Insurance companies should be taxed on profit which should be returned to public healthcare. |
| 288 | Should have some co-payment to prevent abuse by patients. Also patient themselves must pay cash for filling up the GL so that they also don't simply request for admission |
| 289 | THEY INSIST ON INVESTIGATIONS THAT THEY REFUSE TO PAY FOR PRIOR TO GIVING GL FOR ADMISSION EG MRI SCANS |

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| 290 | Need to increase Public education health insurance- many pple r ignorant of d insurance policy they purchased only to discover problems later when they need to use it |
| 291 | There are problems on both sides. A few bad actors among doctors have resulted in mistrust towards us by the insurance companies, who seem to be prioritizing their bottom line rather than patient care.<br><br>While appeals are sometimes accepted, it adds to the burden of paperwork and frustration on the doctors side. There seem to be counterproductive practices, eg not covering screening tests which could prevent or detect early cancers, thus reducing overall costs. |
| 292 | Co-payment is a burden for patients and families |
| 293 | Worsening coverage. Delays in obtaining GL in emergency cases is unwarranted and detrimental to patient wellbeing. The increased premiums also causes a burden and is mostly related to high hospital rather than doctors bills or charges. |
| 294 | It's terrible and heavily manipulate by private hospital management and insurer .it's jeopardise patients and doctors benefit to the maximum . The fee splitting practices and unscrupulous private hospital management and insurer company will lead to negative impact on patients care . |
| 295 | insurance companies need to be scrutinised by Bank Negara more stringently with them focusing on just cutting cost. |
| 296 | Too demanding, can be tricky and the hike in policy contributions are almost always been excused in the name of medical inflation |
| 297 | Interference on clinical decision by insurance personnel who is not seeing the patient nor qualified to make decisions |
| 298 | Bank negara seems take side of insurance which prioritises profit or business target rather than the primary intention of insurance which is coverage when one is sick, and the well being of patients |
| 299 | Lack of understanding in the complexity of medical care of patient especially in tertiary center care |
| 300 | Insurance companies issue initial GL and upon completion of surgery or treatment, question need for certain procedures n charges. Secondly some dressings post surgery cannot be done by nurses or GP n the operating Dr needs to do them but are denied dressing charges. |
| 301 | rakan kkm is a must |
| 302 | Expensive with narrow coverage |
| 303 | Long and ambiguous cooling period. |
| 304 | Please put Ur officer in the private hosp to handle the GL application instead of sending us multiple queries,please ask patient information yourself to clarify patient's condition instead of asking is to clarify for U, like whether the patient's condition is pre-existing |
| 305 | Rediculous quiry, brainless question by the doctor who works as adjuster to the insurance/TPA |

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| 306 | Looks like having insurance does not means can get a cover from them<br>Very dependent upon them |
| 307 | Non transparency regarding policy and coverage<br><br>Shifting the blame on doctors on non approval of GL<br><br>There should an avenue to lodge complaint directly to Ombudmans who are receive and prompt in their response<br><br>Should be able to purchase medical insurance directly rather than agents to save cost and reduce the premium |
| 308 | Insurance companies are now becoming unreasonable in their criteria for coverage exclusion. For example, a patient during prescreening when applying to buy insurance policy was found on CT scan to have 2 tiny liver cysts (few mm), in the subsequent 1 million dollar policy, coverage is excluded for anything related to the liver.<br><br>In another patient, who had spinal disc prolapse( benign condition) was excluded from coverage of anything related to the spine. She subsequently had breast cancer with metastases to the bones in the spine and was unable to get GL for radiotherapy to the spine mets for symptom relief.<br><br>Patients have very little understanding about the policies they have bought and all of them are very surprised that the insurance does not cover “everything” and there are still out of pocket costs they must bear. Agents also overpromise things and get the patient to pressure the doctor into doing certain things (not the right way) to get GL. |
| 309 | No effective communication channels between insurers and doctors. |
| 310 | Insurers need to understand that many diseases/ conditions require more than basic tests for doctors to come up with actual diagnosis. Hence it is not fair to deny admission for tests some we need to exclude a lot of serious conditions |
| 311 | I think insurers are colluding with KKM. The opinions from KKM are also from inknowledgeable public health doctors. If opinions are asked from KKM consultants, they are also no legible to answer due to lack of knowledge |
| 312 | I feel the main issue is the medical officer who are reviewing the gl applications- who do not at all understand the diagnosis and the treatment that we are advocating. And incessantly asking irrelevant, stupid questions. Repeatedly. And in the end, gl being rejected or certain exclusions being applied after our detailed reply to their deferments. |
| 313 | I think should cover congenital conditions or hereditary disorder which is not known when the patient purchases the insurance. Especially when patient comes with emergency conditions. This is life saving situation. |
| 314 | Delayed payment and partial payment |
| 315 | Will try to slash doctor’s fees as much as possible as if the person who does that sitting in the office has done the surgery more than me or refused to pay the case which was done after office hour that was unavoidable and all these extra numbers were stated beforehand not to be collected from patients, so we are in limbo if insurance/patients are not going to pay so who’s going to pay? |

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| 316 | Insurance will only approve for final GL if IV medications were used in ward. That cause a lot of unnecessary treatment, exp dengue fever, AGE.. all the pt needs is iv fluid. But in order for the insurance to approve, unnecessary iv medications were started |
| 317 | doesnt cover bariatric aND METABOLIC OPERATIONS |
| 318 | Some exclusion criteria are not reasonable |
| 319 | Autistic children denied GL although admission is for unrelated matter like pneumonia or head injury. This is blatant discrimination against disabled /OKU children.<br>Pneumonia in children less than 6 months old often rejected as pre-existing (congenital).<br>Absolutely disgusting. |
| 320 | Refusal to accept reason and always out to assume every claim is meant to cheat |
| 321 | Insurance agents that sell the policy , promising the world to the patient , famous line they will quote : all will be covered if patient is admitted |
| 322 | The quality of questions show complete lack of knowledge by the person asking questions |
| 323 | Patients are paying more as more and more medicine is not covered. Refuse to pay full dr consultation fees and expecting Patients to pay partly |
| 324 | Currently there is a trend by insurers who have jacked up the patients premiums but offer them a so called policy upgrade with lower premiums up to an older age limit<br>However then when the patient develops a condition within 2 years of this policy upgrade their claims are denied as either a pre existing condition or no reason is given whatsoever, stating that the patient has to pay first and claim later |
| 325 | No organization that fights for private doctors rights. Many of us are being bullied by insurance. Insurance refused to cater to patients medical needs. |
| 326 | The smaller the coverage the more questions. Need to seamless transfer care between private and public services |
| 327 | Little coverage for psychiatric illness even though it may be related to a medical conditoon |
| 328 | Public and BNM are misled and brainwashed to think that insurance premium rise is solely due to rising medical cost/ hosp charges/ doctors fees, which is completely not true.<br><br>Insurance ridiculous demands and declines has led to more prolonged stay, more use of even more injectable meds (oral chemotherapy is a modern treatment and more cost effective) and insurers make excuses and refuse to accept advances in medicine and operation techniques that minimise hosp stay.<br><br>But no..... Insurers deny the modern technology. Pound foolish penny wise. The particular minimal invasive operation maybe more expensive, but the shorter stay and lesser complications will save cost. Similarly for oral chemo (more expensive) but no need for hospital admission and prolonged stays. |
| 329 | We feel the person deferring our request are unqualified personnel. It seems they can't grasp the need for subspecialty referral, limiting number of total visit assuming certain illnesses can be sorted in 1 review. Deferring investigation like ct, then asking us to |

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| | explain why need despite of explained during GL request. Also giving conditional GL of if investigation result positive, then it's covered under GL otherwise patient has to pay. |
| 330 | Always telling clients doctors wrongly wrote diagnosis, that's why claims and GL got rejected.<br><br>Always making clients ask medical reports from doctors, when actually it is the agent's job, to avoid getting charged the fee for medical reports. This, even though agents are entitled to claim for medical report fee.<br><br>When insurance company suddenly found out about pre-existing condition, they automatically reject GL or claim, even though the current diagnosis is far unrelated from that so called pre existing condition.<br><br>Insurance companies willing to hire "rejection specialists" but unwilling to cover claims by their loyal clients.<br><br>Hiding behind anonymity screen - when we want to clarify ridiculous queries, we do not have any contact or channel, or at the very least, a bot assistant. All we have is a piece of unsigned paper asking ridiculous and incredulous and irrelevant questions, from don't know who.<br><br>Threatening to take hospitals off their panels if don't cave in to their demands to give special rates ie Discounts. Meanwhile, clients who have not made any claims in years, do not get any NCD, but gets increased premiums.<br><br>Noone has been clear which governmental authority is regulating health insurance, hence there are no channels for healthcare providers to lodge complaints.<br>Disguising increased premiums as "upgrades", in some instances, trying to play FOMO sentiments, so clients will play along and "upgrade", inadvertently paying higher premiums without any tangible additional "benefits".<br><br>Some companies still rejecting claims for COVID infections, even though already well past pandemic. Forcing healthcare providers to unnecessarily perform COVID test even though not indicated, in the hope that they have the excuse to reject if COVID positive. |
| 331 | Insurance are late in approving the GL this leads to delay in treatment and being done after hours and then they question why the case was done after hours ? |
| 332 | We should have national health insurance for Malaysian citizens which include co-pay mechanisms so all citizens have better access. |
| 333 | The specialist code of charges does not match with overseas' rate.<br><br>The insurance companies keep forcing the specialist to give discount, or else threaten to withdraw panelship. |
| 334 | Asking silly questions and sometimes 3-4 pages of question for routine procedure eg excision of lump and bumps. |
| 335 | While insurance agents sell the policies to clients with high promises, the company officials refuse coverage as much as possible and patients are told doctors did not know how to write insurance forms |

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| 336 | Sadly, from the deferments and questions laid forward ..... there is blatant ignorance in current updates in healthcare . |
| 337 | Openly slandering doctors in the media and to patients via their agents<br>Cunning questions asked repeatedly in order to trick the doctor into saying that a condition falls into their list of exclusions |
| 338 | Most are OK. Recently the problems are with third party eg [redacted] and [redacted] that always deny essential medicine for deserved patients. They did not consider severity of patient condition and deny care due to expense if medication. This leads to using more dangerous cheaper drugs compromising care and unnecessary risks to patients. |
| 339 | Junior officers who do not understand my specialty |
| 340 | Insurance does not cover investigations like MRI if done as outpatient |
| 341 | With medical cost inflation, it is expected that |
| 342 | When the agent sells, everything is possible but the patients do not know the exclusion criteria |
| 343 | Inconsistent deferment or denials even within the same insurance company. |
| 344 | Forced consultation discounts,one sided interpretation of doctors fees |
| 345 | Insurance companies routinely disregard the 13th Schedule charges and assert that alternative internal guidelines—not the legally mandated rates—should apply to patient procedure fees. This problematic practice has spread across the industry, with insurers increasingly rejecting claims based on these non-statutory guidelines. Worse still, some insurers explicitly prohibit hospitals, in writing, from collecting any additional fees from patients to cover the shortfall, effectively blocking access to prescribed treatments or diagnostic tests. |
| 346 | Should have an audit or a 2nd party or a clear channel for patient/doctor to appeal when an appeal is declined with no valid reasons and againts clinical advise |
| 347 | Becoming more difficult and sometimes blocked certain specialist without any reason. Just because to reduce expenditure by reducing patinet accessing particular doctor/ treatment |
| 348 | I am seriously thinking od cancelling my health insurance plan. |
| 349 | making it more difficult to get approval for GL in a number of cases due to ridiculous requirement as noted in Q11 above |
| 350 | The priority of insurance company is merely the bottom line. Nothing else matters |
| 351 | Insurance just want the cheapest , incomplete treatment. |
| 352 | Multiple layers of questionnaires and this is waste of my time ,replying the questions are more than writing medical report |

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| 353 | Should not be bundled with investment linked plans |
| 354 | It's all gone wrong. The whole system needs revamping. Insurance companies introduced cashless system to control the doctors' charges which unfortunately have not changed since 2006/2014. The coding system by MOH is outdated and MOH has practically washed their hand off the whole issue leaving the doctors to fend for themselves. But we are at the mercy of insurance companies who may blacklist us anytime without reason. |
| 355 | Health insurance emphasizes on their profits and revenue. They do not look at the safety for patients and also interfere with clinician treatment. Clinician fee has not changed since 2008 and we are asked to lower our fee to accommodate package for insurance patient and care of patient would be compromised one day. |
| 356 | Quick to collect premium from patients, but reluctant to reimburse doctors for the work that they have done. Always haggling. |
| 357 | Worsening |
| 358 | No cashless facility for traumatic injuries that can be treated as outpatient basis |
| 359 | Need to regulate private hospital pricing. Private healthcare is not a free market. |
| 360 | The substandard understanding of a fast-moving specialty such as cancer care |
| 361 | The insurance staff do not understand the diseases & treatment |
| 362 | Patients are often promised much but delivery is sometimes poor |
| 363 | Interfering with clinical decisions to save medical cost in order to reduce amount covered. |
| 364 | Insurance companies often comes up with creative ways to bundle several procedures as part and parcel of main procedure. There is seriously lack of understanding / misinterpretation of 13th fee schedule. |
| 365 | not covering vitamins even when used for treatment (in deficient patient) and not as supplements |
| 366 | It is becoming very costly for patients to maintain paying their premium and difficult to even use their insurance for their treatment |
| 367 | The case officer needs to be someone who is well versed and adequately trained to go through GL request. |
| 368 | They back off when their clients need them most |
| 369 | Need to update newest technology such as robotic surgery or latest pain intervention |
| 370 | Unfair |

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| 371 | Insurance providers are more interested in hogging premium payments for themselves probably so that directors can pay themselves handsomely. They are not using resources to cover health costs for individuals as they had pledged they would do. It's an absolute disgrace. |
| 372 | Most irritating is the officer handling the questioning of doctors asking really irrelevant and annoying questions. |
| 373 | Shifting the goal post to cover less procedures which is indicated and previously can cover |
| 374 | Too little control over their policy and exclusion by central bank. Interference in clinical work and decisions. I suggest insurance companies bear responsibility for medicolegal implications of a patient's care if they continue in their interference. |
| 375 | Questions asked are at times incomprehensible reflecting a poor understanding of medical decisions making process |
| 376 | Not understanding diagnosis and relevant treatmnet |
| 377 | 98 percent of decent doctors being prosecuted for the 1-2 percent who create the problems |
| 378 | Getting worse in claiming |
| 379 | Health INSURANCE trying to dictate what is best for patients care despite they not assessing the patients and risking /delaying treatment/care .<br><br>AT the same time; consultants may end up giving suboptimal care and risking letigation issue.<br><br>AT the same time ; Health INSURANCE will wash ED their hand off |
| 380 | The insurance company do not keep themselves updated with the latest treatment which evidently have more clinical benefits, and due to that, treatment is refused |
| 381 | They should not pressure doctors on how to manage patients. AT the end of the day when there is a complication because a certain test or drug not done or given then the doctors have to take responsibility which is unfair |
| 382 | For Some expensive investigations they want in patient for the payment |
| 383 | it is hampering the doctor's work and treatment for patient as i see that the insurance company is dictating our patient care. |
| 384 | Patients are not aware that insurance denies coverage and blames the doctor |
| 385 | Exponential increased in premium payments, but not the coverage |
| 386 | They try to find every small excuse to deny coverage. They don't respect n adhere to international guidelines for treatment. They interfere with treatment n try to be too smart most times. They don't have any Medical knowledge n yet questioning experts on essential life saving treatment |

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| 387 | Staff vetting admissions are poorly trained and don't know basic medical terms. Pathetic. |
| 388 | 1..they always ask irrelevant questions.<br><br>2. All treatment related.to jaws/face they will always try exclude under bracket of cosmetic procedures<br><br>3. They refuse to understand the severity of fracture, including bilateral fracture<br><br>4. They are not knowledgeable but try hard to behave like one<br><br>5..they are not sincere |
| 389 | Not willing to sit down and discuss issues with specialist . Gangster mentality . Blackmails management |
| 390 | How is it that the insurance company's had the best performing year in 2014 but health insurance is going up? This is just cooperate greed. Always blaming the doctors when our fees has not moved for the past 10 years. Overcharging is mainly by hospital charges which are not regulated. |
| 391 | My wife is denied cover for breast despite having only one benign lesion in one breast |
| 392 | Delay |
| 393 | They don't study the disease, nature of the disease and implications onthe patients and also how the patient is usually managed . |
| 394 | Inadequate for icu coverage. |
| 395 | Too many to state. Not updated or keeping up with the times. Archaic system. |
| 396 | Too much control by insurance |
| 397 | Patient had to pay higher premium rates for a lesser medical coverage. The higher difficulty for claims approval. And patient often had to pay out of pocket for pay and claim policy ( only to have claim denied) |
| 398 | Unrealistic expectations of the government and insurance companies for the private hospitals and ambulatory centers to keep trying to reduce costs and yet maintain same quality of care . Our costs and charges are already the lowest in the region . It will reach a point where it is not cost effective to treat certain complex conditions and all such cases will be pushed back to the overwhelmed public hospitals . |
| 399 | 25years in private practise. I find the person on the other side is leaking the depth of knowledge as the questions they ask is mind boggling. For very advance disease they will ask why no PET scan is done. Once I replied the cancer is larger than a football field can do with a simple CT scan |
| 400 | Inconsistency between different insurance companies makes it difficult us to advise patients |

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| 401 | More expensive mainly due to technology of diagnosis and treatment<br><br>Medication also expensive<br><br>More of subspecialities and interreferral and combine management add in cost<br>But patient get better treatment<br><br>Hospital bed also more expensive , patients themselves prefer luxury type of ward<br>As far as clinical there wont be 100 success, back to normal after major illnesses/ major surgery<br><br>Very often some residual effect that need long term follow up extra medication , extra procedures later that escalate health cost care |
| 402 | Discrepancy between what the insurance agent advices and what the insurance HQ decides |
| 403 | Patients overpomised when selling+ |
| 404 | Procedures in 13th schedule should not be denied |
| 405 | Poor coverage, the officer knowledge is super poor |
| 406 | Insurance company adopted a special version of ICD-10 which was very different from the US. Most diagnoses in their system were less favorable for a patient's claim raising the concern of fairness and social justice.. |
| 407 | The recent hike in premiums doesn't reflect in coverage given. It's almost like insurance companies are just competing to show a bigger profit and build yet another skyscraper with their name on it in a city somewhere |
| 408 | Late notification of GL |
| 409 | Agents are not transparent/honest with clients. Agents blame doctors if GL disapproved. Insurance employ biomedic grads/junior doctors to be their panel to ask/answer QAs |
| 410 | they need specialist who manage to approve and concern about latest treatment in medicine/surgery treatment, able to understand and absorb the justification written/reply by surgeon, able to understand the patients needs. |
| 411 | Need comprehensive health insurance for all |
| 412 | Should look into either copay scheme or out of pocket payments if the insurance refuse to pay... |
| 413 | 3rd party insurance providers are the worst eg [redacted] |
| 414 | As citizens get older, their health care problems. And premiums are jacked to the point patients literally have no choice but to drop oit. This system wont work in Malaysia because both insurance companies and private hospitals are driven by greed. |
| 415 | Insurance companies are definitely dictating how patients should be managed with the aim of decreasing payout. Clinicians are rewarded for helping insurers decrease payout |

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| | and penalized if not. Threat of blacklisting private doctors without a fair and impartial hearing is always wielded |
| 416 | Undermines the patient’s right to best care and their best interest as per insurance policy paid by pts and interfering in the patient’s healthcare decision |
| 417 | Decreasing payment of doctors fees. Where are lot of unrelated procedures are now denied,stating that it's part and parcel of procedure. No basis .but no route for discussion |
| 418 | Health insurance providers in Malaysia often face no immediate requirement to justify or beheld accountable when denying health coverage to patients. This lack of oversight can leave patients vulnerable and without timely recourse. Denying coverage alone lets them of the hook with no immediate repercussion. |
| 419 | treatment of standard despite according to latest guidelines would be rejected due to no FDA indication / singapore insurance are more up to date for eg allow claim for biologics for severe asthma as daycare and outpatient which in term would reduce overall hospital admission for recurrent asthma exacerbation |
| 420 | Questions asked are frequently not relevant to the condition. Possibility that the person who is reading the claim request is not medically trained or inadequate trained or only have theory without clinical experience |
| 421 | How does an insurer decide to provide healthcare when the ultimate goal is to make a profit |
| 422 | They are getting more picky and arrogant. |
| 423 | Insurance comapnies in Malaysia should cover for psychiatry illnesses especially depression and anxiety because these mental health problems are a leading cause of disability (loss of work productivity) in working population |
| 424 | They care more about not allowing claim than ensuring patient get treatment. |
| 425 | We need national health insurance and more senior medically trained people at the insurance approval team |
| 426 | No standard practice guidelines. |
| 427 | The rising cost in private is not related to dr s procedural fees- which had remained unchaged for years. The private hospital related charges that requires scrutiny instead. And the insurance agents too need ro properly advised thier client before selling those policy. Some agent promised super braod coverage that is not existent on the term and condition.<br><br>When pt got deneid coverage, the agent will usually tell pt that it s dr 's fault no writing the paf properly when in fact the denial of coverage is due to their term and condition itself that ot not aware of before buying.<br><br>And there are instances too for pt whos policy maturity less than even 6 months was told denial of coverage due to dr 's paf not properly written. The blame always on the dr. But the policy wss just bough less than 6 months ago. |
| 428 | They dont understand severity of illness of pt admitted to hospital. They think pt in ICU should have similar care like pt admitted to general ward |

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| 429 | Insurance companies employ extremely incompetent people to handle GL approvals. They have no clue about medicine and deny GLs based on poor understanding of the medical conditions of patients. |
| 430 | Too many frivolous decline and need to justify for clear cut treatment, investigations etc. It seems knee jerk decline whenever it is expensive treatment or investigation is the norm now. |
| 431 | Premium is becoming unaffordable |
| 432 | Why did we give so much power to insurance holding all that money? |
| 433 | Insurance is dictating what can be treated. They seem to know more than doctors |
| 434 | Insurance officer or company always play around with KKM issued letter, using letter specific for other diseases and age group (adult vs children) to justify payment or approval for other diseases or age group patient to not to pay for patient's treatment. |
| 435 | Investigation should be part of management where insurance always does not cover forrelevant investigation or follow up endoscopy |
| 436 | Bank negara not managing them well |
| 437 | Going down the drain. Employers buying cheapest cover, and insurance increasing prices but taking home large bonuses |
| 438 | The assessor are not doctor and their knowledge is not update thus they refer to older treatment options . |
| 439 | Health ministry making decision for private practitioner |
| 440 | Unreasonable increase in premium |
| 441 | Agents tend to mislead clients and blame doctors when GL gets rejected |
| 442 | I think some form of co payment is needed, either by patient directly or by a national coverage system |
| 443 | The insurers hand the 'blacklist without reason over our heads and don't bother to give reasons - many are in fear of unfair blacklisting. Blacklisting does not follow due process and is at the whim of the insurance serving to cause fear in others to 'toe the line' and appeals fall on deaf ears. The patient is the ultimate loser |
| 444 | The policies are written in ambigous manner. One clause states that the coverage is complete for trauma but another clause claims dental treatment is not available. Ine such example is a clause from [redacted]. It is written as " dental treatment is excluded unless necessitated by accident only". Bank Negara may accept this as comprehensive and the policy is allow to be sold to the public.<br><br>However, in reality the insurer does not cover trauma to the teeth; common procedure secondary to trauma is replantation of teeth due to trauma (mma code F0830) is constantly denied ( replantation of teeth is not placement of dental implant it is |

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| | repositioning of patients own teeth back into the socket, and even after such explanation is given the procedure is still denied as dental treatment by [redacted] [redacted] [redacted]. |
| 445 | Claims processor do not have sufficient knowledge and training. I believe they have KPI on number of rejections or questionnaires they send out. Some of the questions are really stupid |
| 446 | Providers should be more open to newer modalities of treatment |

# Question 20

## Can you leave your phone number/ email address for CodeBlue to contact you for further comments? (This is optional).

Answered: 255 | Skipped: 600

Responses are omitted from this report.