ClaimShield Appeal Risk Review

Review ID: CS-20261025-CLM-94 | **Status:** INTERNAL_REVIEW | **Target:** Insurance Denial Appeal — Claim #CLM-9402188 (CLM-9402188) | **Issuer:** Aetna Commercial Healthcare

SCOPE: PARTIAL PACKAGE REVIEW — Fatal traps may exist in unsupplied documents. Review is bounded strictly to supplied files.

EXECUTIVE RECOMMENDATION: CLARIFY REQUIRED
Denial of Claim #CLM-9402188 ($14,850.00) by Aetna Commercial Healthcare was triggered by automated criteria (197, 50). File the attached Level-1 Appeal packet with required clinical evidence before the 180-day statutory deadline.
Next Action: Obtain treating physician's clinical progress notes and submit Level-1 Statutory Appeal Packet.

Top Disqualification Risks & Traps (3 Surfaced)

Severity	Source / Page	Verbatim Clause Quote	Required Action
FATAL	P.1 (Statutory Appeal Rights)	*"Claim #CLM-9402188 denied on 2026-10-12. Written appeal must be postmarked within 180 days."*	File formal Level-1 appeal to Aetna Commercial Healthcare before 180-day statutory bar.
HIGH	P.1 (Adjudication Code 197)	*"Denial Reason [CARC 197]: Precertification/authorization/notification/pre-treatment absent."*	Demand retroactive authorization waiver with attending physician's emergency certification letter.
HIGH	P.1 (Adjudication Code 50)	*"Denial Reason [CARC 50]: These are non-covered services because this is not deemed a 'medical necessity' by the payer."*	Submit peer-to-peer review request and certified clinical policy counter-argument.

Next 24 Hours Action Window

1. Obtain and review all referenced missing annexes/forms before committing pricing.
2. Verify amended deadline & site visit consequences with contracting officer.
3. Copy-paste drafted clarification questions below and submit to issuer before deadline.

Missing Documents & External Dependencies

Documents Referenced But Not Provided (Action Required Before Pricing):
• Payer Clinical Policy Bulletin (CPB) — *Obtain via CanadaBuys / Portal / Issuer before submission.*
• Reviewing Medical Director Notes & Credentials — *Obtain via CanadaBuys / Portal / Issuer before submission.*
• Attending Physician Triage / Intake Progress Notes — *Obtain via CanadaBuys / Portal / Issuer before submission.*
• Summary Plan Description (SPD) / Evidence of Coverage — *Obtain via CanadaBuys / Portal / Issuer before submission.*

Ready-to-Send Clarification / Appeal Inquiry Block

To: Aetna Commercial Healthcare — Contracting / Review Authority
Subject: Clarification Inquiry — CLM-9402188 (Insurance Denial Appeal — Claim #CLM-9402188)

Good day,
Regarding this solicitation, please provide formal written clarification on the following items prior to closing:

1. [Statutory Appeal Rights / P.1]: Does Aetna Commercial Healthcare require appeals to be submitted via online provider portal or certified mail?
2. [Adjudication Code 197 / P.1]: What exact Clinical Policy Bulletin (CPB) section was used to determine lack of medical necessity?
3. [Adjudication Code 50 / P.1]: What exact Clinical Policy Bulletin (CPB) section was used to determine lack of medical necessity?

Thank you,
[Authorized Representative]

Extracted Compliance Matrix (All Items)

ID	Sev	Page	Category	Required Action / Obligation	Status
REQ-APP-001	Fat	p.1	Deadline	File formal Level-1 appeal to Aetna Commercial Healthcare before 180-day statutory bar.	open
REQ-APP-002	Hig	p.1	Technical Requ	Demand retroactive authorization waiver with attending physician's emergency certification letter.	open
REQ-APP-003	Hig	p.1	Technical Requ	Submit peer-to-peer review request and certified clinical policy counter-argument.	open

Decision Exposure Snapshot (Conservative Estimate — Validate Against Your Operations)
• **Estimated appeal-preparation labor at risk:** $2,400 | **Estimated recovery exposure:** $6,250–$12,500 (depending on $25K–$50K disputed claim value & merit)
• **Combined Decision Exposure: $8,650–$14,900** | **Pilot Price: $299 (Appeal Readiness Pilot)** (Value capture: ~2.0–3.5% of estimated exposure)
• **Urgent Triage Option (<72h):** $99 Claim Risk Snapshot (deadline <72h): Missing clinical records, CARC/RARC translation, and appeal deadline check only.
Assumptions: 20 internal appeal-preparation hours at $120/hour blended; 25% conservative probability of successful recovery; Disputed claim value range of $25K–$50K (validate against actual EOB). Figures are decision-support estimates only and are not legal advice, guarantee of recovery, or substitute for counsel.

Human Verification Receipt & Scope Boundary

Reviewer: Rob Lambert | **Engine:** claimshield_kernel_v0.2 | **Verified Fatal/High:** YES
Mandatory Scope Boundary: Administrative document extraction only; not legal, clinical, insurance, or procurement advice. The authorized corporate officer/bidder is the sole author and submitter. Verified strictly against SHA-256 byte stream.