



Access to Care Milliman Guidelines Update

ASMBS continues to challenge the 14th Milliman guidelines regarding their recommended Length of Stay for laparoscopic gastric bypass to be 24 hours or less. The Access to Care Committee chaired by Dr. John Morton has responded to Milliman twice and directly contacted the four largest national insurance carriers (Aetna, Anthem, Cigna, and United) regarding the challenge to the Milliman Guidelines.

Dr. Mitch Roslin, Co-Chair of Access to Care Committee, has contacted the NY State Health Commissioner regarding concern for these guidelines which begins our next phase of challenge: directly soliciting state insurance/health commissioners' assistance in challenging these guidelines. Furthermore, Dr. Jaime Ponce, Chair of the Insurance Committee, has surveyed our membership finding that 20% of membership have experienced >5 denials including insurers such as United Healthcare, Ameriben, Cigna, Tricare, BCBS of AZ, Empire BCBS, Blue Cross/Blue Shield of Wisconsin, United Health Care, Anthem BCBS, and Aetna.

Members are encouraged to utilize the ASMBS Milliman response letter on the ASMBS website if they encounter denial of medically indicated Length of Stay >24 hours for laparoscopic gastric bypass and the actual Milliman guidelines are posted there as well.

[http://s3.amazonaws.com/publicASMBS/Committees/Access to Care/Dr. Rifkin Milliman October 1 2010.pdf](http://s3.amazonaws.com/publicASMBS/Committees/Access%20to%20Care/Dr.%20Rifkin%20Milliman%20October%201%202010.pdf)

[http://s3.amazonaws.com/publicASMBS/Committees/Access to Care/Lap with bypass ORG Milliman Care Guidelines 14 edition.pdf](http://s3.amazonaws.com/publicASMBS/Committees/Access%20to%20Care/Lap%20with%20bypass%20ORG%20Milliman%20Care%20Guidelines%2014%20edition.pdf)

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