

STANDARD REFRACTIVE SURGERY REQUIREMENTS

OMIC

OPHTHALMIC MUTUAL
INSURANCE COMPANY
(A Risk Retention Group)

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OMIC requires special underwriting review of physicians requesting coverage for the performance of refractive surgical procedures. A supplemental questionnaire is required for each type of refractive surgery procedure performed. **Coverage is not included under the policy until and unless approved and specifically endorsed.** Valid reasons may exist for exceptions to these criteria. OMIC is willing to consider such exceptions on a patient-by-patient basis, provided they are well documented and supported in the medical record.

These requirements are applicable to all refractive surgery procedures.

PATIENT SELECTION

- Prior to surgery, the surgeon must perform and document an **independent evaluation** to determine the patient's eligibility for surgery.
- As part of the independent evaluation, the surgeon must **personally examine** the patient's eyes and ocular adnexa, perform a slit lamp exam, and carefully review topographies, pupil size, pachymetry, refractive stability, and eye health history. Whenever reasonably possible, a review of prior records is recommended.
- The surgeon must **carefully analyze** and discuss the patient's expectations. This should include discussion of monovision, when appropriate.

Patients must meet the following eligibility criteria:

- Patients must have realistic **expectations**.
- Patients must be at least **age 18**. For refractive surgery performed on patients between the ages of 18 and 21, refractions must be stable a minimum of 18 months, and the patient must be informed of the additional risk of progressive myopia and under-correction. This discussion must be documented in the medical record or consent form. (LTK/CK patients must be age 40 or older.)
- Patients should have a clinically demonstrable **refractive stability** over a six-month period or documentation in the medical record explaining the rationale for the exception. A 12-month or longer period of refractive stability is ideal. (Refractive stability is defined as a change of one-half diopter or less.)
- Rigid-contact lens wearers should remain **contact lens-free** until refractions and topography or keratometry readings are stable on successive readings, taken at least one week apart. (Neither topography nor keratometry readings are required for refractive lens exchange.)
- Patients must undergo a comprehensive baseline **eye exam**, including cycloplegic refraction (other than those patients undergoing Intacs), slit lamp exam, and dilated fundus exam. Corneal topography and keratometry readings on all patients (other than those undergoing refractive lens exchange) are also recommended.

INFORMED CONSENT

- You, the surgeon, must have an informed **consent discussion** with each patient. Although other health care professionals may be involved in the informed consent process, this duty may not be delegated exclusively to non-physician staff.
- Consent must be obtained in writing. The consent form must be signed and dated by the patient **prior to surgery**.
- The consent document must be **procedure specific**, explain the nature of the procedure, and adequately address the procedure's indications, alternatives, benefits, risks, and complications.
- You must write a note in the **patient's medical record** that the risks, benefits, complications, and alternatives were discussed with each patient.
- **Each patient must be offered a copy** of the consent form **prior** to the day of surgery.

POSTOPERATIVE CARE

- Although other health care professionals may participate in the postoperative management of patients, **you or a designated ophthalmologist** must perform the first postoperative visit. Please also refer to Exclusion III.A.16 of the OMIC policy regarding OMIC's postoperative care requirements (copy attached). A copy of OMIC's sample co-management consent form is also attached.
- The first **postoperative visit** must occur within the first 36 hours (72 hours for RK/AK and CK).
- Patients must be **followed a minimum** of 60 days.

ADVERTISING

- Advertisements **must comply with state law and FDA- and FTC-mandated guidelines**. Ads and other patient information materials must not be misleading and must not make statements that guarantee results or cause unrealistic expectations. Similarly, satisfaction guarantees, warranties, and similar contracts are not permitted. Please refer to the attached **Review of Advertisement for Medical Services** form so that you may evaluate and monitor your compliance with OMIC's underwriting requirements with respect to advertising.