

**SUPPLEMENTAL QUESTIONNAIRE FOR PRK, LASIK, AND OTHER ACCEPTED VARIATIONS  
(including LASEK, IntraLASIK, Custom-Contoured Ablation, etc.)**



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OMIC requires special underwriting review of physicians requesting coverage for the performance of refractive surgical procedures. **Coverage is not included under the policy until and unless approved and specifically endorsed.**

**TRAINING AND EXPERIENCE**

**1** What training did you receive specific to the performance of the following procedures? Attach a copy of your certificate(s) of completion of training.

<b>Procedure</b>	<b>PRK</b>	<b>LASIK</b>	<b>Other</b>
Course Title	_____	_____	_____
Dates	_____	_____	_____
Location	_____	_____	_____
Sponsor	_____	_____	_____
Laser System	_____	_____	_____
Instructor	_____	_____	_____

**Please note that physicians must be appropriately trained and certified on the laser to qualify for coverage of laser refractive surgery. The laser manufacturer may require that LASIK surgeons complete a separate certification course in PRK to become certified on the laser. Separate training/certification is required for Custom-Contoured Ablation ("Custom-CAP"). Please check with the laser manufacturer to confirm certification requirements.**

**2** During your training, how many cases did you:

	<b>Observe?</b>	<b>Assist?</b>	<b>Perform?</b>
<b>PRK</b>			
A. Live	_____	_____	_____
B. Human Cadaver/Animal	_____	_____	_____
<b>LASIK</b>			
C. Live	_____	_____	_____
D. Human Cadaver/Animal	_____	_____	_____
<b>Other approved variations</b>			
E. Live	_____	_____	_____
F. Human Cadaver/Animal	_____	_____	_____

3 How many of the following procedures have you performed as primary surgeon (rough estimates are acceptable):

	PRK	LASIK	Other variations
A. Since completion of your training?	_____	_____	_____
B. In the past 12 months?	_____	_____	_____
C. Anticipated for the next 12 months?	_____	_____	_____

4 If you have no experience as primary surgeon for laser refractive surgery procedures, do you intend to be proctored for your first several cases?  Yes  No

Physicians who have performed fewer than 10 surface PRKs **must be proctored** for their first five LASIK cases.

### PATIENT SELECTION

5 Who conducts the preoperative evaluations? (Check all that apply.)

- Surgeon  Surgeon's non-physician staff  Laser center staff  Referring optometrist

6 Criteria for degree of myopia, hyperopia, and astigmatism must fall within FDA-approved guidelines. Off-label treatment of up to 6.0D astigmatism, -15.0D myopia, and +6.0D hyperopia permitted subject to special consent language. Patients with more than the FDA-approved degree of astigmatism, myopia, or hyperopia must be advised of the laser's off-label use. This must be documented in the written consent. You must also document in the patient's medical record that the anticipated residual of X was demonstrated to and accepted by the patient.

### INFORMED CONSENT

7 The informed consent document must be procedure-specific and adequately address the indications, alternatives, benefits, risks, and complications. OMIC has developed sample consent forms for PRK, LASIK and IntraLASIK. Copies are attached. In addition, OMIC has approved the consent forms developed by Patient Education Concepts, Infotronics, and others. Which consent form will you use? If you will use a consent document other than OMIC's sample consent, please carefully review your consent form to ensure that it is equivalent.

- OMIC  Patient Education Concepts  Infotronics  Other equivalent form

### OPERATIVE PROCEDURES

8 Where do you perform this procedure? (Please check all that apply.)

- Your office  Local physician-owned ASC  Commercial laser center  Academic facility

9 Are you employed or contracted by a laser center?  No  Employed  Contracted

10 Do you perform this procedure in any states/counties other than the county and state of your primary practice location?  Yes  No

If **yes**, please indicate which state(s)/county(ies), how frequently you travel to that location, and for what duration:

\_\_\_\_\_

11 Which laser and technique do you follow?

- VISX  Alcon Summit  Alcon Ladar Vision  Nidek  Bausch & Lomb Technolas  Other

**12** OMIC requires that a surgeon's first 10 PRK/LASEK/IntraLASIK cases be performed unilaterally, with a minimum interval of one day before treatment of the fellow eye. (This requirement is waived for physicians who have performed a minimum of 10 cases prior to joining OMIC.)

Once a physician has performed 10 cases with results satisfactory to both the patient and the surgeon, coverage for bilateral simultaneous PRK/LASEK/IntraLASIK may be granted. Separate provisions, including underwriting review and approval, apply. (See attached request form.)

Do you intend to perform bilateral simultaneous PRK/LASEK/IntraLASIK after meeting OMIC's prior experience requirements?  Yes  No

**13** OMIC requires that a surgeon's first 10 LASIK cases be performed unilaterally with a minimum interval of one day before treatment of the fellow eye. (This requirement is waived for physicians who have performed a minimum of 10 cases prior to joining OMIC.)

Once a physician has performed 10 LASIK cases with results satisfactory to both the patient and the surgeon, coverage for bilateral simultaneous LASIK may be granted. Separate provisions, including underwriting review and approval, apply. (See attached request form)

Do you intend to perform bilateral simultaneous LASIK after meeting OMIC's prior experience requirements?  Yes  No

**14** Enhancements (re-treatments) may be performed as soon as the patient's refraction has been stable (i.e., not more than a one-half diopter change) for at least two months. Patients undergoing enhancement either must have a residual refractive error of at least 0.50 D sphere or cylinder and express dissatisfaction with their residual refractive error or must have significant visual complaints regardless of residual refractive error and have demonstrated high order aberration values on wavefront testing. Patients with high order aberration values must be advised of the laser's off-label use for such re-treatments. This must be documented in the patient's medical record.

## POSTOPERATIVE CARE

**15** Do you co-manage?  Yes  No  
**If yes, refer to OMIC's postoperative care guidelines.**

## ADVERTISING

**16** Do you advertise your availability to perform laser refractive surgery?  Yes  No

Advertisements must comply with state law and FDA- and FTC-mandated guidelines, must not be misleading, and must not make statements that guarantee results or encourage unrealistic expectations. 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.

"I have read and hereby agree to comply with OMIC's underwriting requirements specific to laser refractive surgery and with OMIC's standard refractive surgery requirements. I will obtain prior approval from OMIC on a case-by-case basis for any deviation from the company's underwriting requirements. I also agree to notify OMIC prior to implementing any intended changes to my responses above. **I understand that failure to comply with OMIC's underwriting requirements (other than deviations specifically approved by OMIC) or to notify OMIC promptly of changes in my protocol may result in uninsured risk or termination of coverage.**"

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant's Name (Please type or print.)*