

SUPPLEMENTAL QUESTIONNAIRE FOR RADIAL AND ASTIGMATIC KERATOTOMY

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. **Coverage is not included under the policy until and unless approved and specifically endorsed.**

NOTE: Limbal relaxing incisions (LRI's) to reduce or eliminate astigmatism in conjunction with corneal transplant or cataract surgery is not considered "astigmatic keratotomy" for coverage purposes. If you limit your performance of AK to LRI's and do not perform RK, please disregard this questionnaire.

TRAINING AND EXPERIENCE

- 1** A. What training did you receive specific to the performance of radial and astigmatic keratotomy?
Attach a copy of your certificate of completion of training.

Course Title	_____	_____	_____
Dates	_____	_____	_____
Location	_____	_____	_____
Instructor	_____	_____	_____

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

	Observe?	Assist?	Perform?
A. Live	_____	_____	_____
B. Human Cadaver/Animal	_____	_____	_____

- 3** How many RK/AK procedures have you performed as primary surgeon (rough estimates are acceptable):

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 RK, do you intend to be proctored for your first several cases?

Yes No

PATIENT SELECTION

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

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

6 Patients must meet the following eligibility criteria:

- Patients with more than 2.0 diopters of **astigmatism** are not eligible to undergo RK unless astigmatic keratotomy will also be performed in conjunction with or following radial keratotomy.
- For AK performed in conjunction with RK, patients with more than 6.0 diopters of astigmatism must be willing to accept a clinically demonstrated residual.
- For AK performed alone, patients must have at least 1.0 diopter of astigmatism. Patients with less than 1.5 diopters of astigmatism must be willing to accept a clinically demonstrated over-correction. Patients with more than 4.0 diopters must be willing to accept a clinically demonstrated residual. You must document in the patient's medical record that the anticipated over-correction/residual of X was demonstrated to and accepted by the patient. Requirements for AK performed alone do not apply to post-corneal transplant/post-cataract patients.
- Patients must have at least 1.0 diopter of **myopia**. Patients with more than 6.0 diopters of myopia must be willing to accept a clinically demonstrated residual. You must document in the patient's medical record that the anticipated residual of X was demonstrated to and accepted by the patient.
- Patients can not be **hyperopic**.

INFORMED CONSENT

7 The informed consent document must be procedure-specific and adequately address the indications, alternatives, benefits, risks, and complications. OMIC has approved the consent forms developed by Patient Education Concepts, Infotronics, and others. Which consent form will you use?

- Patient Education Concepts Infotronics Other

OPERATIVE PROCEDURES

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

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

9 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:

10 You must wear **gloves**.

11 **Heat sterilization** of instruments must be performed rather than cold disinfection.

12 The **optical zone** should be 3 mm or larger.

13 There must be a **minimum interval** of one week **between primary procedures**.

14 There must be a **minimum interval** of one week **between primary procedures and reoperation** of the same eye.

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 this procedure? 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 radial and astigmatic keratotomy 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 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.)