

STANDARD REFRACTIVE SURGERY REQUIREMENTS

OMIC

OPHTHALMIC MUTUAL
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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.**

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, eye health history, and prior records.
- The surgeon must **carefully analyze** the patient's expectations and, when appropriate, discuss monovision.

Patients must meet the following eligibility criteria:

- Patients must have realistic **expectations**.
- Patients must be at least **age 18**; however, OMIC recommends that all patients be age 21 or older. 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 must have a clinically demonstrable **refractive stability** over a six-month period. 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 clear lens extraction.)
- Patients must undergo a comprehensive baseline **eye exam**. Cycloplegic refractions and slit lamp exams must also be performed. Corneal topography and keratometry readings on all patients (other than those undergoing clear lens extraction) 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 receive 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**, must not be misleading, and must not make statements that guarantee results or cause unrealistic expectations. Please refer to the attached "Review of Advertisement for Medical Services" form for guidance.