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OMIC requires special underwriting review of physicians requesting coverage for the performance of intraocular refractive surgery procedures. **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.

If lens extraction is limited to patients who have visually significant cataracts, completion of this form is not required as lens extraction on such patients is considered cataract surgery for underwriting purposes. However, completion of this application and adherence to OMIC's underwriting requirements for refractive lens exchange is required for lens extraction performed on patients who have completely clear lenses and for patients with visible cataract changes that are not visually significant and are not associated with patient complaints about the vision.

1 To qualify for coverage, insureds must comply with each of the underwriting requirements listed below. Please initial each item to confirm your understanding and agreement to abide by these requirements.

Patient Selection

_____ Prior to surgery, the surgeon must perform and document an **independent evaluation**, which includes a personal and independent examination of the patient's eyes and ocular history, to determine the patient's eligibility for surgery and carefully analyze and discuss the **patient's expectations**. This should include discussion of monovision, when appropriate. A thorough discussion should also be performed if a multifocal lens is anticipated. (These discussions must be documented in the medical record or consent form.)

_____ All RLE patients must undergo a complete retinal exam pre- and post-operatively. The retinal exam may be conducted by the surgeon, a retinal specialist, or other qualified ophthalmologist. In addition, **patients must be advised of an increased risk of retinal detachment.**

_____ 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 12 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.

_____ Patients must meet the following requirements for myopia or hyperopia. Coverage is not currently available for the treatment of emmetropic patients (with or without presbyopia).

- **Myopia.** Patients must be presbyopic, age 40 or older, and have at least 3.5 diopters of myopia.
- **Hyperopia.** Axial length must be at least 20 mm, and uncorrected visual acuity must be 20/40 or worse. Patients age 40 and older must be presbyopic and have at least 1 diopter of hyperopia. Patients under age 40 must have at least 4 diopters of hyperopia.

OMIC is willing to consider exceptions to these patient selection criteria on a patient-by-patient basis due to special situations. However, insureds are encouraged to limit their performance of refractive lens exchange to cases that fall within the above guidelines. If you have a patient who falls outside of the above patient selection criteria but for whom you believe RLE is the most appropriate option, please complete an **Exception Request Form** and return it to OMIC for consideration prior to scheduling surgery.

Informed Consent

_____ 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.

_____ 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. OMIC has developed a sample consent form for refractive lens exchange, available online at www.omic.com/refractive-lens-exchange. 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.

Operative Procedures

_____ This surgery must be performed in a **hospital or outpatient surgery center approved for cataract surgery**. Refractive lens exchange procedures may not be performed in the physician's office, laser refractive center, or other facility that does not meet the standards for sterile conditions as required for accreditation. Full sterile technique must be followed.

Immediately Sequential Bilateral Surgery

_____ Patients undergoing immediately sequential bilateral intraocular refractive surgery (ISBIRS) must be at **low risk for surgical complications**. Treatment of both eyes on the same day is not permitted for "complex" surgical cases, such as in patients with amblyopia, pseudoexfoliation syndrome, high hyperopes with axial length <20.0 mm, eyes with previous ocular trauma, or eyes with active macular SRNVM with leakage or significant diabetic retinopathy, or in patients at higher risk of infection, such as patients who are immunocompromised or have poorly controlled diabetes.

_____ ISBIRS is not recommended in patients for whom there is a greater than normal risk of having difficulties **calculating or selecting the appropriate IOL power**. These types of patients include those who have previously undergone refractive surgery (e.g., LASIK, PRK, CK, and RK), have significant corneal scarring or keratoconus, have extremely long or short axial lengths, or have conditions that make it difficult to cooperate for the optical or ultrasonic biometry (e.g., nystagmus or dementia).

_____ Immediately sequential bilateral patients must **read and sign the Addendum** for Bilateral Same Day Refractive Lens Exchange Surgery, developed by OMIC (available online at www.omic.com/bilateral-same-day-rle-surgery-consent) or an equivalent bilateral consent addendum.

_____ The physician must develop and follow **appropriate protocols** to reduce the risks for right-left eye errors and errors in IOL insertion.

_____ There must be **complete aseptic separation** of the first and second eye surgeries, including use of separate instrument trays that have undergone separate sterilization cycles; complete, repeat surgical scrub and draping; and separate intraocular irrigating fluids and drops with different lot numbers.

_____ **Antibiotics** must be appropriately administered at sufficient dosages to reduce the risk of endophthalmitis.

_____ **Any complication** with the first eye must be resolved before proceeding with surgery on the second eye.

Postoperative Care

_____ Some states have passed legislation regarding comanagement and the surgeon's duties and responsibilities relating to the postoperative care of surgical patients. The surgeon must follow all postoperative care **requirements of his/her state**.

2 How many refractive lens exchange/Prelex 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? _____

"I have read and hereby agree to comply with OMIC's underwriting requirements for refractive lens exchange/Prelex procedures. 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 (Please do not use signature stamp.)

Date

Applicant's Name (Please type or print.)