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.** 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.

**Note:** Limbal relaxing incisions (LRIs) and astigmatic keratotomy incisions 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 LRIs and AK to these indications and do not perform RK, completion of this form is not required.

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.

**Training and Experience**

_____ The surgeon must have **appropriate training** from a residency or fellowship program or from a formal, clinical, hands-on laboratory course which includes training on cadaver eyes. **Please submit your certificate(s) of training.**

**Patient Selection**

_____ Patients must undergo a comprehensive baseline **eye exam**, including cycloplegic refraction, slit lamp exam, corneal topography, and dilated fundus exam. Keratometry readings and corneal pachymetry on all patients are also recommended.

_____ 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 corneal 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. (This discussion must be documented in the medical record or consent form.) 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.

_____ 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.

_____ Patients must meet the following eligibility criteria:

**A.** 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.

**B.** For **AK performed in conjunction with RK**, patients with more than 4.0 diopters of astigmatism must be willing to accept a clinically demonstrated residual.

**C.** 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 under-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 overcorrection/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.

D. 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.

E. Patients cannot be hyperopic.

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.
- 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.

Operative Procedures

- You must wear gloves.
- Heat sterilization of instruments must be performed rather than cold disinfection.
- The optical zone should be 3 mm or larger.
- There must be a minimum interval of one week between primary procedures.
- There must be a minimum interval of one week between primary procedure and reoperation of the same eye.

Post-operative Care

- Although other health care professionals may participate in the postoperative management of patients, the surgeon 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, excerpted below. OMIC has developed a sample co-management consent form, available online at www.omic.com/coordinating-care-with-optometrists-recommendations.

Section III. COMMON EXCLUSIONS—APPLICABLE TO ALL COVERAGE AGREEMENTS

A. No Defense or Payment of Damages or Supplementary Payments

OMIC will neither defend an insured nor pay damages or supplementary payments because of a claim that arises out of any of the following:

16. Postoperative Care. A professional services incident occurring postoperatively unless the following conditions are satisfied:

a) the insured operating ophthalmologist or an on-call or locum tenens ophthalmologist performs the patient’s postoperative care throughout the patient’s recovery period;

b) the insured operating ophthalmologist (i) refers the patient to a licensed ophthalmologist or other licensed physician as appropriate and (ii) obtains the patient’s informed consent for planned comanagement prior to surgery; or

c) the insured operating ophthalmologist (i) arranges for a portion of the outpatient postoperative care to be rendered by a non-physician provider who is clinically competent and lawfully able to provide that care and (ii) obtains the patient’s written informed consent for planned comanagement prior to surgery. Such delegated postoperative care must be provided under the insured operating ophthalmologist’s supervision.

Physician means a medical doctor (MD) or a doctor of osteopathy (DO).

- The first post-operative exam must occur within the first 48 hours.
- 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 OMIC’s Review of Advertisement for Medical Services form, available online at www.omic.com/advertising-medical-services-recommendations, so that you may evaluate and monitor your compliance with OMIC’s underwriting requirements with respect to advertising.

2. 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? ______________

3. Where do you perform this procedure? (Please check all that apply)
   - Your office
   - Local physician-owned ASC
   - Commercial laser center
   - Academic facility

4. 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), the approximate distance (in miles or time duration) between the primary practice location and alternate facility, how frequently you travel to the alternate location, and for what duration:

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

“I have read and hereby agree to comply with OMIC’s underwriting requirements for radial and astigmatic keratotomy. 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.) ____________________________