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.

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 be **appropriately trained and certified** on the excimer laser, and microkeratome or femtosecond laser for flap creation where applicable, 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. **Please submit your certificate(s) of training.**

- OMIC recommends that physicians perform at least 10 surface PRKs before they begin to perform LASIK. Physicians with insufficient prior PRK experience **must be proctored** for their first five LASIK cases.

### 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.

- 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 is 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

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. OMIC has developed sample consent forms for PRK, LASIK, and IntraLASIK, available online at http://www.omic.com/resources/risk_man/forms.cfm. 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.

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

OMIC requires that a surgeon's first 5 PRK/LASEK/epi-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 5 cases prior to joining OMIC.) Once a physician has performed 5 cases with results satisfactory to both the patient and the surgeon, coverage for bilateral same-day PRK/LASEK/epi-LASIK may be granted.

OMIC requires that a surgeon's first 5 LASIK/Femto-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 5 cases prior to joining OMIC.) Once a physician has performed 5 LASIK/Femto-LASIK cases with results satisfactory to both the patient and the surgeon, coverage for bilateral simultaneous LASIK/Femto-LASIK may be granted.

To qualify for coverage of bilateral same-day procedures:

A. The physician must have sufficient prior experience performing the procedure (or an accepted variation of the procedure) unilaterally with results satisfactory to both the patient and the physician,

B. The physician must discuss, demonstrate as needed, and afford presbyopic patients the opportunity to select, monovision as a surgical option. This must be documented in the medical record, and

C. Bilateral same-day patients must read and sign the applicable Addendum to Informed Consent for Bilateral Simultaneous (PRK/LASIK), developed by OMIC (available online at http://www.omic.com/resources/risk_man/forms.cfm), or an equivalent bilateral consent form.

Repeat surgeries 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 repeat surgery 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.

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 http://www.omic.com/resources/risk_man/recommend.cfm#comanage.

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

- The first post-operative exam must occur within the first 36 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 [http://www.omic.com/resources/risk_man/recommend.cfm#advertisements](http://www.omic.com/resources/risk_man/recommend.cfm#advertisements), so that you may evaluate and monitor your compliance with OMIC’s underwriting requirements with respect to advertising.

2. How many of the following procedures have you performed as primary surgeon (rough estimates are acceptable)?

<table>
<thead>
<tr>
<th>PRK and accepted variations</th>
<th>LASIK and accepted variations</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Since completion of your training</td>
<td>_______________</td>
</tr>
<tr>
<td>B. In the past 12 months</td>
<td>_______________</td>
</tr>
<tr>
<td>C. Anticipated for the next 12 months</td>
<td>_______________</td>
</tr>
</tbody>
</table>

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

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

4. If you perform services at a commercial laser center,

A. What is your affiliation with the laser center?

- [ ] Employee
- [ ] Independent Contractor
- [ ] Open-access utilizer

B. Please describe in detail how the pre-operative assessment, informed consent process, and postoperative care are coordinated, including when such activities occur and who (e.g., surgeon, optometrist, technician) performs each activity:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

5. 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:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
A. Do you intend to perform bilateral simultaneous PRK/LASEK/epiLASIK after meeting OMIC’s prior experience requirements?

☐ Yes  ☐ No

B. Do you intend to perform bilateral simultaneous LASIK/Femto-LASIK after meeting OMIC’s prior experience requirements?

☐ Yes  ☐ No

“I have read and hereby agree to comply with OMIC’s underwriting requirements for laser refractive surgery. 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.)