



# Eye Surgeons of Indiana

The difference is clear

## Co-Management Information Guide

317.841.2020

[eyesurgeonsofindiana.com](http://eyesurgeonsofindiana.com)



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## **CATARACT SURGERY QUICK SUMMARY**

### **Preparing Your Patient for Success**

- » Co-management is commonly utilized when clinically appropriate and aligned with patient preference
- » Identify and optimize ocular surface disease prior to surgical consultation
- » Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation.
- » Call Referral Concierge at 317.841.2028 to schedule surgical consultation
- » Submit referral form via fax to 317.579.7435

### **Glossary**

- » Presbyopia-correcting IOL: any multifocal, trifocal, or Extended Depth of Focus IOL
- » LENSAR: state-of-the-art femtosecond laser platform used for refractive cataract surgery
- » Arcuate incisions (aka “AI”): corneal treatment of astigmatism using LENSAR
- » Laser-assisted: any use of LENSAR during cataract surgery (capsulorrhexis, lens fragmentation, arcuate incisions)

### **Advanced Laser Cataract Surgery**

- » Laser-assisted w/ astigmatism treatment (arcuate incisions or toric IOL)
- » Laser-assisted w/ presbyopia-correcting IOL

### **Light Adjustable Lens (LAL)**

- » Light adjustable IOL w/ PO refinement utilizing UV light delivery system

### **Typical Post-Op Drop Schedule**

- » Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks (available for purchase at surgical consult)
- » Alternative:
  - » Ofloxacin qid x 1 week
  - » Durezol bid or prednisolone acetate qid x 4 weeks
  - » Ilevro qd or ketorolac qid x 4 weeks



## **CATARACT POST-OP CARE**

### **Cataract Day 1 After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Intraocular pressure
- » Slit lamp exam
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **1 Week Between Eyes**

- » Uncorrected distance vision
  - » Uncorrected near vision (if near target or presbyopia-correcting IOL)
  - » Refraction on operated eye\* (no charge if refractive co-managed)
  - » Intraocular pressure
  - » Slit lamp exam
  - » Assessment and plan
  - » Review post-operative drop regimen and care instructions
  - » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)
- \*Refraction is important in order to choose the correct power of the IOL for the second eye.

### **Cataract 2-4 Weeks After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Refraction (no charge if refractive co-managed)
- » Intraocular pressure
- » Slit lamp exam
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

## ADVANCED LASER CATARACT SURGERY POST-OP CARE

### 100 Day Check

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Refraction (no charge)
- » Intraocular pressure as needed
- » Slit lamp exam w/ careful assessment of posterior capsule
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)



## **LAL POST-OP CARE**

### **1 Week Check After Second/Only Eye**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target)
- » Refraction (no charge)
- » Intraocular pressure
- » Slit lamp exam
- » Assessment and plan (confirm refractive endpoint goal)
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **100 Day Check**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Refraction (no charge)
- » Intraocular pressure as needed
- » Slit lamp exam w/ careful assessment of posterior capsule
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)



## CATARACT SURGERY OPTIONS

### BASIC CATARACT SURGERY

Procedure: Cataract surgery with monofocal IOL

Expectations: Glasses or contact lenses typically required after surgery to optimize vision at all distances

Includes: Manual surgery with monofocal IOL

Cost: Basic cataract surgery charges billable to Medicare/commercial insurance

Co-manage: Available with patient consent – OD to file with Medicare/commercial insurance

### ADVANCED LASER CATARACT SURGERY

#### Astigmatism | Custom Vision

Procedure: Laser-assisted cataract surgery with astigmatism treatment

Expectations: Excellent uncorrected vision at one focus point – will need glasses or contact lenses for some activities

Includes: LENSAR with arcuate incisions and monofocal IOL (<0.75 corneal cylinder)

LENSAR with toric IOL (≥0.75 corneal cylinder)

One bottle of Pred-Moxi-Nepaf drops

Extended refractive PO care (days 91-180)

LASIK/PRK enhancement up to 1 year

#### Multifocal | Active Lifestyle

Procedure: Laser-assisted cataract surgery with presbyopia-correcting IOL

Expectations: Reduced dependence on glasses or contact lenses for many daily activities

Includes: LENSAR with any presbyopia-correcting IOL

Astigmatism treatment if needed

One bottle of Pred-Moxi-Nepaf drops

Extended refractive PO care (days 91-180)

LASIK/PRK enhancement up to 1 year



## **LIGHT ADJUSTABLE LENS (LAL)**

**Procedure:** Cataract surgery with implantation of a light-adjustable IOL, followed by post-operative refractive refinement using a UV light delivery system

**Expectations:** Highly customizable visual outcomes with excellent uncorrected vision at a selected focal point. Blended vision (mini-monovision) strategies utilized when appropriate based on patient preference and clinical appropriateness

**Includes:** One bottle of Pred-Moxi-Nepaf drops  
Extended refractive PO care (days 91-180)  
LASIK/PRK enhancement up to 1 year



## ADVANCED CATARACT SURGERY QUICK SUMMARY



### Preparing Your Patient for Success

- Co-management is commonly utilized when clinically appropriate and aligned with patient preference
- Identify and optimize ocular surface disease prior to surgical consultation
- Educate your patient on cataract surgery options
- Surgical consultation typically requires approximately 2 hours
- Surgery will usually be scheduled a few weeks after the consultation
- If both eyes need surgery, these are typically scheduled 1-2 weeks apart
- Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation



### Cataract Surgery Options

#### Basic Cataract Surgery

- Manual surgery with monofocal IOL (glasses or CL expected full-time post-op)

#### Advanced Laser Cataract Surgery

- Laser-assisted with astigmatism treatment (arcuate incisions/monofocal or toric IOL)
- Laser-assisted with presbyopia-correcting IOL (diffractive or EDOF IOL)

#### Light Adjustable Lens (LAL)

- Light adjustable IOL with PO refinement (customized, personalized vision)



### How to Refer Your Patient

- » Call Referral Concierge at 317.841.2028 to schedule surgical consultation
- » Submit completed Patient Referral form to our Referral Concierge by fax or email
  - Fillable PDF form available on our website under the Referring Physicians tab
  - Fax: 317.579.7435 | Email: referrals@esi-in.com



### Typical Post-Op Drop Schedule

- » Pred-Moxi-Nepaf tid x 1 week then bid for 3 more weeks
- » Available for purchase at surgical consultation



### Questions? Need More Information? Downloadable Forms?

- » Damon Dierker, OD, FAAO | damon.dierker@esi-in.com | office 317.841.2020
- » Melissa Melott, OD | melissa.melott@esi-in.com | cell 317.509.0701
- » Lynn Zollner, Physician Liaison | lynn.zollner@esi-in.com | cell 317.459.7793
- » Matt Kiemeyer, Physician Liaison | matt.kiemeyer@esi-in.com | cell 317.529.8422
- » Visit eyesurgeonsofindiana.com and click on the Referring Physicians tab



## **CATARACT POST-OP CARE**

### **Cataract Day 1 After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Intraocular pressure
- » Slit lamp exam
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435

### **Cataract 2-4 Weeks After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Refraction (no charge if refractive co-managed)
- » Intraocular pressure
- » Slit lamp exam
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435

## **ADVANCED LASER CATARACT SURGERY POST-OP CARE**

### **100 Day Check**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target or presbyopia-correcting IOL)
- » Refraction (no charge)
- » Intraocular pressure as needed
- » Slit lamp exam w/ careful assessment of posterior capsule
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Submit report via fax to 317.579.7435



Please fax or email form and insurance card to 317.579.7435 or referrals@esi-in.com

- Checkboxes for various eye surgeons including Bilal Ahmed, MD; Damon Dierker, OD, FAAO; Anthony Lombardo, MD, PhD; etc.

PATIENT INFORMATION (all patient information required)

Form fields for Patient Name, Address, City, Email, Medical Insurance, Referring Doctor, Date of Referral, DOB, State, ZIP, Patient Phone, Member ID, Practice Location, Preferred Office.

LASIK REFERRAL LASIK, PRK, EVO or RLE—Please use Refractive Surgery Referral Form

CATARACT REFERRAL Co-management requested? Yes, with patient consent if medically appropriate No

Patient may benefit from the following advanced technology (check all that apply)

- Checkboxes for Astigmatism treatment, Presbyopia-correcting IOL/multifocal, Light Adjustable Lens (LAL), MIGS/glaucoma treatment.

Refractive Target OD OS

History Previous LASIK/PRK Contact Lens Use Monovision Yes No Discontinue CL wear 1 week prior to consultation. RGP instructions individualized at consultation.

SURGICAL & CONSULTATIVE REFERRAL

- Checkboxes for YAG Capsulotomy, SLT Evaluation, KCN/Cross-linking, Cornea, Dry Eye, Glaucoma, Retina Evaluation, Retina Treatment, Other.

Questions? Urgent referral? Please call Referral Concierge at 317.841.2028

COMMENTS

## Eye Surgeons of Indiana Locations



### **Indianapolis**

9202 North Meridian Street  
Indianapolis, IN 46260



### **Lafayette**

1400 Teal Road  
Suite 8  
Lafayette, IN 47905



### **Greenfield**

740 West Green Meadows Drive  
Suite 310  
Greenfield, IN 46140



### **Muncie**

5091 West Bethel Avenue  
Suite 150  
Muncie, IN 47304



### **Anderson**

1603 South Scatterfield Road  
Anderson, IN 46016



### **Kokomo**

2302 South Dixon Road  
Suite 100  
Kokomo, IN 46902



### **Greenwood**

533 East County Line Road  
Suite 210  
Greenwood, IN 46143

Scan QR code for location map  
Ph: 317.841.2020



Today's Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

### SURGEON/DATE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Bilal Ahmed, MD    | <input type="checkbox"/> Michael Hodkin, MD        | <input type="checkbox"/> Michael Orr, MD  |
| <input type="checkbox"/> Paul Cacchillo, MD | <input type="checkbox"/> Patrick Hopen, MD         | <input type="checkbox"/> Ahmar Sajjad, MD |
| <input type="checkbox"/> Joseph Carr, MD    | <input type="checkbox"/> Anthony Lombardo, MD, PhD |   |
| OD _____                                    |  | OS _____                                  |

### SUBJECTIVE

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Thrilled with visual improvement | <input type="checkbox"/> Vision improving     | <input type="checkbox"/> No complaints |
| <input type="checkbox"/> Eye discomfort or pain           | <input type="checkbox"/> Vision getting worse | <input type="checkbox"/> Other _____   |

- Day 1 after surgery
- 1 week between eyes
- 2-4 weeks after surgery
- 100 day check (refractive)
- \_\_\_\_\_

### EYE MEDICATIONS

- |                             |                               |  |  |  |   |  |
|-----------------------------|-------------------------------|--|--|--|---|--|
| <input type="checkbox"/> OD | <input type="checkbox"/> none | <input type="checkbox"/> Pred-Moxi-Nepaf tid x1 week then bid x3 weeks |  | <input type="checkbox"/> Ofloxacin qid | <input type="checkbox"/> Prednisolone acetate qid | <input type="checkbox"/> Ketorolac qid |
| <input type="checkbox"/> OS | <input type="checkbox"/> none | <input type="checkbox"/> Pred-Moxi-Nepaf tid x1 week then bid x3 weeks |  | <input type="checkbox"/> Ofloxacin qid | <input type="checkbox"/> Prednisolone acetate qid | <input type="checkbox"/> Ketorolac qid |

### EXAMINATION

#### VSC

OD 20/\_\_\_\_\_  
OS 20/\_\_\_\_\_

#### Near VSC

OD J\_\_\_\_\_  
OS J\_\_\_\_\_

#### IOP

OD \_\_\_\_\_mmHg  
OS \_\_\_\_\_mmHg

#### REFRACTION

OD \_\_\_\_\_ 20/\_\_\_\_\_  
OS \_\_\_\_\_ 20/\_\_\_\_\_

#### CONJUNCTIVA

- OD OS
- white
  - mild injection
  - subconj heme
  - other

#### CORNEA

- OD OS
- clear
  - arcuate incision(s)
  - edema
  - other

#### ANTERIOR CHAMBER

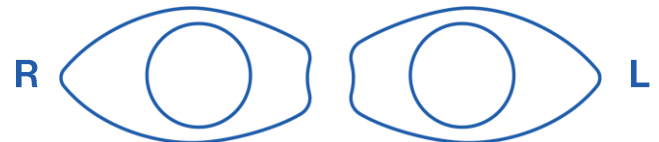
- OD OS
- deep & quiet
  - mild debris
  - mild cell
  - other

#### IRIS

- OD OS
- pupil round
  - other

#### IOL

- OD OS
- centered & normal
  - other



#### POSTERIOR CAPSULE

- OD OS
- clear
  - fibrosis
  - pearls
  - other

#### RETINA

- OD OS
- unchanged
  - CME
  - other

### IMPRESSION

- Normal post-operative course
- Other \_\_\_\_\_

### PLAN

- CPM and next visit in \_\_\_\_\_ week(s) / month(s) / year
- Change management \_\_\_\_\_

CO-MANAGING DOCTOR (PLEASE PRINT) \_\_\_\_\_

Submit form via fax to 317.579.7435 or email to referrals@esi-in.com



## UNDERSTANDING CO-MANAGEMENT FOR YOUR CATARACT SURGERY

- **What is Co-Management?**

Co-management is a collaborative care approach between your optometrist and your surgeon at Eye Surgeons of Indiana. In many cases, your optometrist may be able to manage all or some of your post-operative care, while your surgery will be performed by one of our highly skilled surgeons.

- **Post-Operative Care with Your Optometrist**

After your surgery, you may choose to return to your optometrist for all or some of your post-operative care. This allows you to stay close to home and receive care from a provider you know and trust. Release for co-management will not occur until it is clinically appropriate as determined by your surgeon and team at Eye Surgeons of Indiana.

- **Co-Management Agreement**

Co-management requires your **consent**. You must agree to have both your optometrist and Eye Surgeons of Indiana share responsibility for your care. It is your right to decline co-management, as well as your right to return to Eye Surgeons of Indiana for post-operative care for any reason. If there is a complication related to your surgery, your optometrist may refer you back to Eye Surgeons of Indiana for further evaluation and treatment.

- **Insurance Coverage**

In order for co-management to occur, both your optometrist and Eye Surgeons of Indiana must accept your medical insurance. It's important to confirm with your optometrist that they accept your medical insurance.

- **Billing Insurance for Cataract Surgery**

Eye Surgeons of Indiana will bill your medical insurance for your cataract surgery. Your optometrist will bill your medical insurance for your post-operative visits.

- **Payment Process for Cataract Surgery with Advanced Technology**

Advanced Technology options are not covered fully by insurance, therefore, there is an out-of-pocket fee associated. This fee not only covers the technology itself but also includes extended post-operative care to ensure the best possible outcome.

- **Optometrist Fees:** The fee for your extended post-operative visits with your optometrist will be processed through a third-party company called **CoFi**. This service ensures the funds are paid directly to your optometrist.
  - If your optometrist is not participating in CoFi, you will be required to pay your optometrist **directly** for your extended post-operative care.
- **Surgeon and Facility Fees:** The fee for your surgery will be processed through CoFi by Eye Surgeons of Indiana.

If you have any questions about co-management or the payment process, please do not hesitate to ask our staff for more details!



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## CO-MANAGING OPTOMETRIST MEMORANDUM OF UNDERSTANDING

- I am a licensed optometrist in the state of Indiana.
- I received training in co-management of surgical patients.
- I received copies and agree to follow post-operative protocols of Eye Surgeons of Indiana.

Name: \_\_\_\_\_ License #: \_\_\_\_\_

NPI #: \_\_\_\_\_

X _____ Signature	_____ Date
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I acknowledge and agree with the following statements: (please initial)

1. \_\_\_\_\_ Co-management is a relationship between an operating ophthalmologist and a non-operating practitioner for shared responsibility in the post-operative care when the patient consents to multiple providers, the services being performed are within the providers' respective scope of practice, and there is agreement between the providers to share patient care.
2. \_\_\_\_\_ It is a patient's decision, in consultation with the operating ophthalmologist, to have post-operative furnished by an eye care professional other than the surgeon.
3. \_\_\_\_\_ There is no agreement or understanding between the Eye Surgeons of Indiana operating ophthalmologist and a referring non-operating practitioner to automatically send patients back to the non-operating practitioner for post-operative care.
4. \_\_\_\_\_ Patients have the right to receive treatment from the surgeon at all stages of care.
5. \_\_\_\_\_ Transfer of care occurs when there is complete transfer of responsibility for a patient's care from one qualified healthcare provider operating within his/her scope of practice to another who also operates within his/her scope of practice.
6. \_\_\_\_\_ Patients eligible for co-management with Eye Surgeons of Indiana include those undergoing cataract surgery, Refractive Lens Exchange, and EVO.



7. \_\_\_\_\_ Any delegation of a surgeon's post-operative responsibilities to another non-operating practitioner and any payments to either party will be completely transparent to the patient and only done after obtaining the patient's consent in writing. Co-management and transfer of care agreements will be conducted pursuant to written patient-specific protocols where each of the following criteria are met:
1. The patient requests and makes an informed decision in writing to be seen by the non-operating practitioner for post-operative care.
  2. The Eye Surgeons of Indiana ophthalmologist or optometrist determines that the operative eye is sufficiently stable for transfer of care or co-management.
  3. The Eye Surgeons of Indiana ophthalmologist or optometrist determines that the transfer of care or co-management arrangement is clinically appropriate.
  4. The non-operating practitioner is willing to accept the care of the patient.
  5. State law permits the non-operating practitioner to provide post-operative care and the non-operating practitioner is otherwise qualified to do so.
  6. The operating Eye Surgeons of Indiana ophthalmologist is familiar with the non-operating practitioner and understands that the practitioner has the adequate training, skills, and experience to accurately diagnose and treat the conditions that are likely to be present, and to seek advice from the operating ophthalmologist whenever necessary.
  7. There is no agreement or understanding between the Eye Surgeons of Indiana operating ophthalmologist and a referring non-operating practitioner to automatically send patients back to the non-operating practitioner for post-operative care.
  8. The arrangement complies with all applicable federal and state laws and regulations, including anti-kickback, Stark laws, and state laws concerning fee splitting and patient brokering.
  9. The operating Eye Surgeons of Indiana ophthalmologist or appropriately trained optometrist/ophthalmologist is available upon request from either the patient or non-operating practitioner to provide medically necessary care related to the surgical procedure directly or indirectly to the patient.
  10. Financial compensation to the non-operating practitioner is consistent with the following principles:



- a. The non-operating practitioner's co-management fees should be commensurate with the service(s) actually provided and should be billed separately by the non-operating provider.
  - b. For Medicare/Medicaid patients, the co-management arrangement should be consistent with all Medicare/Medicaid billing and coding rules and should not result in higher charges to Medicare/Medicaid than would occur without co-management.
  - c. The patient should be informed of, and consent in writing to, any financial compensation to the non-operating practitioner resulting from the co-management arrangement, and any additional fees that the non-operating practitioner may charge beyond those covered by Medicare/Medicaid or other third-party payers.
  - d. For services that are not covered by Medicare/Medicaid, other fee structures may be appropriate, though they should also be commensurate with the services provided, disclosed and consented to in writing by the patient, and otherwise comply with all applicable federal and state laws and regulations.
11. Transfer of care or co-management is documented in the medical record as required by carrier policy.
12. All relevant clinical information is exchanged between the operating ophthalmologist and the non-operating practitioner.

\_\_\_\_\_ Patients have the right to receive treatment from the surgeon at all stages of care.

\_\_\_\_\_ The ophthalmologist and optometrist know and comply with coding and billing requirements of Medicare/Medicaid and other payers.

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**References:**

- *Ophthalmic Post-Operative Care – A Joint Position Paper of the American Academy of Ophthalmology and the American Society of Cataract and Refractive Surgery*
- *AAO – Comprehensive Guidelines for the Co-management of Ophthalmic Postoperative Care*



## CO-MANAGEMENT FEE COLLECTION INFORMATION

Eye Surgeons of Indiana is partnering with CoFi.

With CoFi, patients pay you and Eye Surgeons of Indiana at the same time.

CoFi provides a streamlined payment experience for both patients and providers.

- Your patients have one, convenient payment event.
- Each party charges the patient *separately* and collects *directly* from the patient.

Over 4,500 optometrists use CoFi today.



### **Compliance**

Anti-kickback laws and ethics require patients to pay you separately for your work. With CoFi, patients pay you directly.



### **Visibility & Reporting**

With CoFi, you see upcoming procedure dates and past co-management payments.



### **Earlier Payment**

CoFi helps improve your cash flow. You are paid upfront, at the same time as the surgeon.



### **Improved Patient Experience**

CoFi eliminates you having to collect a payment for the patient at their post-op visit.

To get a short, 10-minute demo, email [lori@cofimd.com](mailto:lori@cofimd.com) or visit [calendly.com/loridipaola](https://calendly.com/loridipaola)

Please call with any questions: 317.459.7793 (Lynn Zollner, Physician Liaison)  
317.529.8422 (Matt Kiemeyer, Physician Liaison)



## REFRACTIVE SURGERY QUICK SUMMARY



### Preparing Your Patient for Success

- Co-management is commonly utilized when clinically appropriate and aligned with patient preference
- Identify and optimize ocular surface disease prior to surgical consultation
- Educate your patient on refractive surgery options
- Advise patient that the complimentary surgical consultation will take 1-2 hours
- Surgery will usually be scheduled a few weeks after the consultation
- Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation.



### Surgery Options

#### LASIK

- Wavefront Optimized
- Topography Guided

#### PRK

- Wavefront Optimized
- Topography Guided

#### EVO ICL

#### REFRACTIVE LENS EXCHANGE (RLE)

Care Credit options are available to use for all procedure costs



### How to Refer Your Patient

- » Call Referral Concierge at 317.841.2028 to schedule surgical consultation
- » Submit completed Refractive Surgery Referral form to our Referral Concierge by fax or email
  - Fillable PDF form available on our website under the Referring Physicians tab
  - Fax: 317.579.7435 | Email: [referrals@esi-in.com](mailto:referrals@esi-in.com)



### Questions? Need More Information? Downloadable Forms?

- » Melissa Melott, OD | [melissa.melott@esi-in.com](mailto:melissa.melott@esi-in.com) | cell 317.509.0701
- » Lynn Zollner, Physician Liaison | [lynn.zollner@esi-in.com](mailto:lynn.zollner@esi-in.com) | cell 317.459.7793
- » Matt Kiemeyer, Physician Liaison | [matt.kiemeyer@esi-in.com](mailto:matt.kiemeyer@esi-in.com) | cell 317.529.8422
- » Visit [eyesurgeonsofindiana.com](http://eyesurgeonsofindiana.com) and click on the Referring Physicians tab



## CLINICAL GUIDELINES

Candidate Considerations		Contact Lens Protocol									
Age	LASIK/PRK generally performed in patients >18 years. PRK may be preferred in patients 18–21 due to ectasia risk	Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation.									
Stability	Less than 0.50D change in one year in sphere/cylinder										
Pachymetry <460µm	No primary LVC, consider ICL or RLE										
Pachymetry <490µm	No LASIK, consider PRK, ICL, or RLE										
Amblyopia BCVA <20/50	Refractive surgery generally not advised										
Dry Eye	Must be controlled prior to surgery due to risk of exacerbation; this is less of an issue with EVO ICL	<b>Refractive Range</b> <table border="1"> <tr> <td>LASIK</td> <td>Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D</td> </tr> <tr> <td>PRK</td> <td>Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D</td> </tr> <tr> <td>EVO ICL</td> <td>-3.0 to -20.0D Cylinder up to -4.0D</td> </tr> <tr> <td>RLE</td> <td>All refractive powers</td> </tr> </table>		LASIK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D	PRK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D	EVO ICL	-3.0 to -20.0D Cylinder up to -4.0D	RLE	All refractive powers
LASIK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D										
PRK	Plano to -9.0D Plano to +4.0D Cylinder up to -6.0D										
EVO ICL	-3.0 to -20.0D Cylinder up to -4.0D										
RLE	All refractive powers										
History of HSK	Surgery considered case-by-case, >1 year from an episode, minimal recurrences, peri-operative oral antiviral prophylaxis										
History of HZV	LVC contraindicated, careful consideration for ICL or RLE										
Pregnancy/Breastfeeding	No surgery until 3 months after pregnancy/breastfeeding										

PRK Pearls
<ul style="list-style-type: none"> <li>Remove BCL once epithelium healed, typically 5-7 days after surgery</li> <li>Recommend 2 tablets of Advil Dual Action every 8 hours for pain prn</li> </ul>

Post-Op Medications		Post-Op Schedule	
LASIK	Pred-Moxi-Nepaf tid x 1 week	LASIK	1 Day, 1 week, 3 month
PRK	Pred-Moxi-Nepaf tid x 1 week then Prednisolone tid x 1 week, bid x 1 week, qd x 1 week	PRK	1 Day, 5 Day, 1 month, 6 month
EVO ICL	Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks	EVO ICL	1 Day, 2–4 week, 100 day
RLE	Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks	RLE	1 Day, 2–4 week, 100 day



Enhancements
<ul style="list-style-type: none"> <li>Must be s/p LASIK at least 3 months, PRK 6 months</li> <li>Must have 2 stable refractions at least 1 month apart</li> </ul>



## **LASIK SURGERY QUICK SUMMARY**

### **Preparing Your Patient for Success**

- » Co-management is commonly utilized when clinically appropriate and aligned with patient preference
- » Perform a pre-procedure examination including manifest refraction with BCVA, cycloplegic refraction (no need to discontinue contact lenses (CL) for soft lenses), and ocular health assessment
- » Identify and optimize ocular surface disease prior to surgical consultation
- » Perform a monovision CL trial if appropriate
- » Review elective procedure and out-of-pocket expense
- » Educate patient and review informed consent
- » Review contact lens (CL) discontinuation policies prior to consultation
  - » Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation.
- » Advise patient that the complimentary consultation will take 1-2 hours
- » Call Referral Concierge at 317.841.2028 or visit [www.eyesurgeonsofindiana.com](http://www.eyesurgeonsofindiana.com) to schedule surgical consultation
- » Submit referral form via fax to 317.579.7435

### **Typical Post-Op Drop Schedule**

- » Pred-Moxi-Nepaf tid x 1 week
- » PFAT qid x 1 month



## **LASIK POST-OP CARE**

### **Day 1 After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target)
- » Slit lamp exam - flap assessment
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **1 Week After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target)
- » Refraction (if needed)
- » Slit lamp exam - flap assessment
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **3 months After Surgery**

- » Uncorrected distance vision
  - » Uncorrected near vision (if near target)
  - » Refraction\*
  - » Intraocular pressure
  - » Slit lamp exam
  - » Dilated exam as needed
  - » Assessment and plan
  - » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)
- \*Refraction is important for tracking outcomes.



## **PRK SURGERY QUICK SUMMARY**

### **Preparing Your Patient for Success**

- » Co-management is commonly utilized when clinically appropriate and aligned with patient preference
- » Perform a pre-procedure examination including manifest refraction with BCVA, cycloplegic refraction (no need to discontinue contact lenses (CL) for soft lenses), and ocular health assessment  
Cycloplegic refraction (using cyclopentolate) is necessary for patients less than 50 years old
- » Identify and optimize ocular surface disease prior to surgical consultation
- » Perform a monovision CL trial if appropriate
- » Review elective procedure and out-of-pocket expense
- » Educate patient and review informed consent
- » Review contact lens (CL) discontinuation policies
  - » Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation.
- » Advise patient that the complimentary consultation will take 1-2 hours
- » Call Referral Concierge at 317.841.2028 or visit [www.eyesurgeonsofindiana.com](http://www.eyesurgeonsofindiana.com) to schedule surgical consultation
- » Submit referral form via fax to 317.579.7435

### **Typical Post-Op Drop Schedule**

- » Pred-Moxi-Nepaf tid x 1 week then D/C
- » At 1 week, start Prednisolone tid x 1 week, bid x 1 week, qd x 1 week
- » PFAT qid x 1 month

### **Post-op Pain Management**

- » Take 2 tablets of Advil Dual Action (250mg acetaminophen and 125mg ibuprofen) every 8 hours; not to exceed 4000mg acetaminophen or 3200mg ibuprofen per 24 hours



## **PRK POST-OP CARE**

### **Day 1 After Surgery**

- » Uncorrected distance vision
- » Slit lamp exam- check BCL
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **5-7 Days After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target)
- » Slit lamp exam- remove BCL
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **1 month After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target)
- » Slit lamp exam
- » Intraocular pressure
- » Assessment and plan
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **6 months After Surgery**

- » Uncorrected distance vision
- » Uncorrected near vision (if near target)
- » Intraocular pressure
- » Refraction\*
- » Slit lamp exam- check for corneal haze
- » Assessment and plan
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

\*Refraction is important for tracking outcomes.



## **EVO QUICK SUMMARY**

### **Preparing Your Patient for Success**

- » Co-management is commonly utilized when clinically appropriate and aligned with patient preference
- » Identify and optimize ocular surface disease prior to surgical consultation
- » Discontinue contact lens wear 1 week prior to consultation. Patients wearing rigid gas permeable (RGP) lenses will receive individualized discontinuation instructions at their consultation.
- » Advise patient that the complimentary consultation will last at least 2 hours
- » There is no need for YAG PIs with this technology and both eyes are treated on the same day
- » Call Referral Concierge at 317.841.2028 to schedule surgical consultation
- » Submit referral form via fax to 317.579.7435

### **Candidates**

- » Age 21-60 with stable refractive history
- » -3.0 to -20.0D with up to 4.0D cylinder at spectacle plane
- » Patients with contraindications to laser vision correction
  - » Thinner corneas
  - » Moderate dry eye
- » Stable refraction history (0.50D for 1 year prior to implantation)

### **Typical Post-Op Drop Schedule**

- » Pred-Moxi-Nepaf tid x 1 week then bid x 3 weeks



## **EVO POST-OP CARE (DAYS 1-180)**

### **Day 1 After Surgery**

- » Uncorrected distance vision
- » Intraocular pressure
- » Slit lamp exam with attention to:
- » ICL vault (50-200% normal)
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **2-4 Weeks After Surgery**

- » Uncorrected distance vision
- » Refraction
- » Intraocular pressure
- » Slit lamp exam with attention to:
- » ICL vault (50-200% normal)
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Review post-operative drop regimen and care instructions
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)

### **100 Day Check**

- » Uncorrected distance vision
- » Refraction
- » Intraocular pressure
- » Slit lamp exam with attention to:
- » ICL vault (50-200% normal)
- » Dilated exam as needed (reduced vision, flashes/floaters, pre-existing pathology, etc.)
- » Assessment and plan
- » Submit report via fax to 317.579.7435 or email to [referrals@esi-in.com](mailto:referrals@esi-in.com)



## **LASER VISION CORRECTION LIFETIME ASSURANCE**

A long-term commitment to maintaining optimal visual outcomes following laser vision correction

### **What is the Lifetime Assurance Program?**

At Eye Surgeons of Indiana LASIK Center, our goal is to help your patients achieve and maintain the best possible vision throughout their lives. The Lifetime Assurance Program is our commitment that if an enhancement is medically advisable, eligible patients will have no charge for the procedure. The cost of pre- and post-operative enhancement appointments are not included in this program, and such fees are determined and paid directly to the participating optometrist.

### **How Does the Lifetime Assurance Program Work?**

Patients are automatically enrolled in the program upon completion of treatment if they meet the eligibility guidelines. To maintain eligibility in the program, the patient will need to complete all follow-up appointments and return annually to an optometrist for an eye exam. The follow-up visits from the procedure are covered in the co-management fees, up to one year. However, the cost of the annual exam is not covered and is the fiscal responsibility of the patient.

### **Eligibility**

- » Initial LASIK/PRK treatment is performed at Eye Surgeons of Indiana LASIK Center
- » Myopic pre-operative spherical equivalent of less than -10.0D with no greater than 4.0D of astigmatism
- » Hyperopia pre-operative spherical equivalent of less than +4.0D with no greater than 4.0D of astigmatism
- » Any refractive condition of 0.75 diopters greater than the targeted outcome that exists or develops after the procedure may be retreated, provided that the enhancement is deemed medically safe and appropriate
- » Completion of post-treatment care, including all follow-up visits, as prescribed by the participating optometrist and Eye Surgeons of Indiana LASIK Center



- » Completion of annual eye exams with appropriate documentation by an optometrist. These exams are not included in the cost of the procedure and are the responsibility of the patient
- » The program does not include the cost of the pre- or post-operative visits for an enhancement if needed after the first year. The optometrist determines the associated fees
- » There may be a charge for any enhancements using a new or different technology
- » An enhancement performed to bring a targeted monovision outcome to distance is not covered in the program and the patient will incur a fee
- » Enhancements related to presbyopia are not covered in the Lifetime Assurance Program

## **Exclusions**

- » Patients whose initial procedure was not performed at Eye Surgeons of Indiana LASIK Center
- » Patients whose refractive error falls outside of the Eligibility Guidelines (see outlined above)
- » Patients with diabetes
- » Patients with history of prior refractive procedures, such as RK or ALK
- » Patients diagnosed with an ocular disease such as cataract, diabetic retinopathy, or retinal detachment
- » Patients who failed to follow the eligibility guidelines for follow-up visits and annual exams will be disqualified from the Lifetime Assurance Program and will incur a fee for an enhancement procedure





**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Co-managing:** \_\_\_\_\_

**Procedure:**  Primary  Enhancement

**Target:** OD \_\_\_\_\_ OS \_\_\_\_\_

**OD**

**OS**

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  1 week  3 month

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  1 week  3 month

**HISTORY**

Doing Well  Other \_\_\_\_\_

Doing Well  Other \_\_\_\_\_

**OCULAR MEDICATIONS**

PMN TID  ATs  None

PMN TID  ATs  None

**VISION**

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

**SLIT LAMP FLAP EVALUATION**

Position:  excellent  striae  
 Clarity:  clear  edema  
 Interface:  clear  opacities  ingrowth  
 Other: \_\_\_\_\_

IOP (at 1 month visit): \_\_\_\_\_ mmHg

Position:  excellent  striae  
 Clarity:  clear  edema  
 Interface:  clear  opacities  ingrowth  
 Other: \_\_\_\_\_

IOP (at 1 month visit): \_\_\_\_\_ mmHg

**IMPRESSION**

Excellent  Other \_\_\_\_\_

Excellent  Other \_\_\_\_\_

**PLAN**

Continue Present Management  Other

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

Refer back to Eye Surgeons of Indiana for evaluation

Striae  Enhancement  Other

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Continue Present Management  Other

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

Refer back to Eye Surgeons of Indiana for evaluation

Striae  Enhancement  Other

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax this form to 317.570.7433 to help us continue providing excellent results**



**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Co-managing:** \_\_\_\_\_

**Procedure:**  Primary  Enhancement

**Target:** OD \_\_\_\_\_ OS \_\_\_\_\_

**OD**

**OS**

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  1 week  1 month  6 month

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  1 week  1 month  6 month

**HISTORY**

Doing Well  Other \_\_\_\_\_

Doing Well  Other \_\_\_\_\_

**OCULAR MEDICATIONS**

PMN TID  Prednisolone TID/BID/QD  ATs  None

PMN TID  Prednisolone TID/BID/QD  ATs  None

**VISION**

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

**SLIT LAMPEVALUATION**

BCL:  none  in place 

Epi Defect:  none  \_\_\_\_\_ mm

Clarity:  clear  irregular epi  haze

Other: \_\_\_\_\_

IOP (at 1 month visit): \_\_\_\_\_ mmHg

BCL:  none  in place 

Epi Defect:  none  \_\_\_\_\_ mm

Clarity:  clear  irregular epi  haze

Other: \_\_\_\_\_

IOP (at 1 month visit): \_\_\_\_\_ mmHg

**IMPRESSION**

Excellent  Other \_\_\_\_\_

Excellent  Other \_\_\_\_\_

**PLAN**

Continue Present Management  Other

Continue Present Management  Other

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

Refer back to Eye Surgeons of Indiana for evaluation

Refer back to Eye Surgeons of Indiana for evaluation

Haze  Enhancement  Other

Haze  Enhancement  Other

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax this form to 317.570.7433 to help us continue providing excellent results**



**Patient Name:** \_\_\_\_\_

**Patient DOB:** \_\_\_\_\_

**Co-managing:** \_\_\_\_\_

**Procedure:**  Primary

**Target:** OD \_\_\_\_\_ OS \_\_\_\_\_

**OD**

**OS**

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  2-4 week  3 month

Surgery Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Exam Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Post-op Visit:  1 day  2-4 week  3 month

**HISTORY**

Doing Well  Other \_\_\_\_\_

Doing Well  Other \_\_\_\_\_

**OCULAR MEDICATIONS**

PMN TID  PMN BID  ATs  None

PMN TID  PMN BID  ATs  None

**VISION**

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

UCVA: 20/ \_\_\_\_\_

MR: \_\_\_\_\_ 20/ \_\_\_\_\_

**SLIT LAMP FLAP EVALUATION**

Cornea:  clear  edema

AC:  deep & quiet  other

Vault:  \_\_\_\_\_

Other:

IOP: \_\_\_\_\_ mmHg

Cornea:  clear  edema

AC:  deep & quiet  other

Vault:  \_\_\_\_\_

Other:

IOP: \_\_\_\_\_ mmHg

**IMPRESSION**

Excellent  Other \_\_\_\_\_

Excellent  Other \_\_\_\_\_

**PLAN**

Continue Present Management  Other

Continue Present Management  Other

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

RTC \_\_\_\_\_  day(s)  week(s)  month(s)  year

Refer back to Eye Surgeons of Indiana for evaluation

Refer back to Eye Surgeons of Indiana for evaluation

Enhancement  Other

Enhancement  Other

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Please Call Patient  Appt Made \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please fax this form to 317.570.7433 to help us continue providing excellent results**