

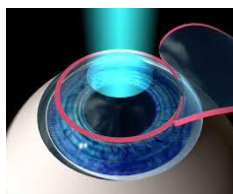
SURGICAL PROCEDURES & TREATMENTS TO CORRECT VISUAL IMPAIRMENT

Different reimbursement rates apply depending on the type of eye care. In some cases, prior authorization or supporting documents are required.

Please refer to the reimbursement rules for each type of eye care.

Please note that the information contained in this document defines the conditions of eligibility for reimbursement.

1. LASER SURGERY ON THE CORNEA



Laser surgery is commonly used to correct the vision of myopic, farsighted, astigmatic and, more recently, presbyopic individuals. There is no intraocular surgery. The laser can sculpt the surface of the cornea to modify the optical power, depending on the defect to correct.

What conditions do you need to meet and do you need to submit a request for prior authorization (PA)?

Each individual file is analysed case by case in compliance with the regulatory framework.

If you do not meet the conditions but have a medical problem that requires surgery, in this case you can submit a request for prior authorisation (PA). An ophthalmological report must be attached indicating corrected visual acuity (with glasses/lenses) and uncorrected visual acuity (without glasses/lenses) as well as the dioptries to be corrected.

Types of possible procedure	Visual defect	Condition	PA	Reimbursement provided
Laser Excimer Lasik Epilasik YAG Laser	myopia hyperopia	value of sphere > or = to 1 dioptre (*)	no	surgery (category B1) reimbursed at 85 % <u>ceiling</u> : €2000 per eye
PRK (Photo Refractive Keratectomy) Femto Laser Relax Smile ...	myopia hyperopia	value of sphere < 1 dioptre (*)	no	surgery non reimbursable
	astigmatism	value of cylinder > or = to 1 dioptre (*)	no	surgery (category B1) reimbursed at 85 % <u>ceiling</u> : €2000 per eye
	astigmatism	value of cylinder < 1 dioptre (*)	no	surgery non reimbursable
Presby LASIK Monovision LASIK ...	presbyopia	-	no	surgery non reimbursable

(*) If the **cylinder is positive (+)** it is the **value of the sphere or cylinder** indicated on the prescription that is taken into consideration.

If the **cylinder is negative (-)** it is the **value of the sphere or the cylinder after transposition** that is taken into consideration. In fact, when a correction on the cylinder is necessary to correct astigmatism, two ways of writing it are possible, in positive cylinder (+) and negative cylinder (-). The conversion from one writing to another is called transposition.

Please refer to point 6 "Practical Questions" to easily calculate the final value of the sphere and the cylinder.

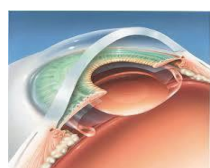
Why is there no reimbursement to correct a presbyopia?

Operations carried out to correct a presbyopia alone are considered as convenience operations. Presbyopia is a visual defect that begins around age 40, progresses naturally with age and stabilises around age 70. It is characterised by a difficulty of the lens to focus on nearby objects. The operation offers compensation for the loss of adjustment but no real restoration. On the other hand, if presbyopia is associated with myopia or hyperopia, an intervention is possible (see table above).

What do you need to do if this intervention reveals to be a failure?

If, following an error by the surgeon, you have to undergo a second surgery to correct the result obtained previously, the resulting costs will be included in the ceiling of the initial operation. It is your responsibility, if need be, to take action against the surgeon responsible for the first procedure.

2. LENS SURGERY



The Refractive Lens Exchange (RLE) consists of extracting the clear lens (= healthy) and implanting a lens to recover optimal vision.

Another technique: implantation of a phakic implant in front of the lens
= Iris claw.

What conditions do you need to meet and do you need to submit a request for prior authorization (PA)?

Each individual file is examined on a case-by-case basis. If you do not meet the conditions and if you have a medical issue which justifies surgery, you can submit a request for prior authorisation accompanied by an ophthalmological report indicating corrected visual acuity (with glasses / lenses) and uncorrected (without glasses / lenses), the dioptries to correct and the thickness of the cornea.

Type of possible procedure	Visual defect	Condition	PA	Reimbursement provided
lens extraction + implantation of a single or multifocal lens = Refractive Lens Exchange (RLE)	myopia	value of the sphere > or = to -8 dioptries (*)	no	surgery (category B2) reimbursed at 85 % <u>ceiling</u> : €2600 per eye
	myopia	value of the sphere <-8 dioptries (*)	no	surgery non reimbursable
	hyperopia	value of the sphere > or = to +5.25 dioptries (*)	no	surgery (category B2) reimbursed at 85 % <u>ceiling</u> : €2600 per eye
	hyperopia	value of the sphere < +5.25 dioptries (*)	no	surgery non reimbursable
	presbyopia	-	no	surgery non reimbursable
implantation of a phakic intraocular lens in front of the lens (= iris claw)	myopia	value of the sphere included between -8 and -20 dioptries	no	surgery (category B1) reimbursed at 85 % <u>ceiling</u> : €2000 per eye
	myopia associated with astigmatism	value of the sphere included between -8 and -20 dioptries and value of the cylinder up to 6 dioptries	no	surgery (category B1) reimbursed at 85 % <u>ceiling</u> : €2000 per eye

(*) If the **cylinder is positive (+)** it is **the value of the sphere or cylinder** indicated on the prescription that is taken into consideration.

If the **cylinder is negative (-)** it is **the value of the sphere or cylinder after transposition** that is taken into consideration. In fact, when a correction on the cylinder is necessary to correct the astigmatism, two ways of writing it are possible, in positive cylinder (+) and negative cylinder (-). The conversion from one writing to another is called transposition.



Please refer to point 6 "Practical Questions" to easily calculate the final value of the sphere and the cylinder.

3. OTHER CORNEA TREATMENTS

ORTHOKERATOLOGY

This method of treating myopia consists of wearing special contact lenses with inverted curvature. They do not fix the vision but temporarily improve it by pressing on the centre of the cornea. The lenses are worn at night and their effect lasts one to two days.

Recent scientific studies on myopic children demonstrated a reduction in the myopia after 1 to 2 years of treatment.

These lenses are reimbursable at 85% with a ceiling of €500 for a period of 24 months.



RADIAL KERATOTOMY

Modification of the curvature of the cornea by small radial incisions.

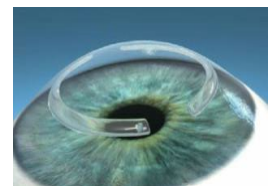
This technique was the first to be applied but it is not very precise and still rarely used. It is **reimbursable at 85% with a fixed ceiling of €2000 per eye (category B1).**



CORNEAL RINGS

This treatment is recommended in cases of myopia and keratoconus.

The procedure involves inserting rings into the layer of the cornea to modify its curvature. The surgeon drills two tunnels in the cornea to slide 2 hemi-rings. This technique is **reimbursable at 85% with a ceiling of €2000 per eye (category B1).**



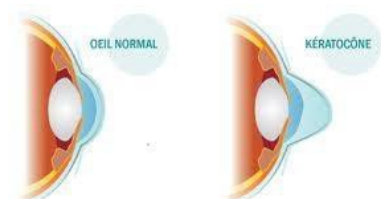
KAMRA INLAY

This method consists of implanting a small disk of 3.8 mm diameter with a small hole in the centre, in the corneal thickness. The effect is similar to the use of a very small diaphragm in photography, which increases the depth of field. The **method is not yet validated scientifically and therefore is not reimbursable.**



4. KERATOCONUS TREATMENTS

Keratoconus is a deformation of the cornea that loses its sphericity and gradually takes the form of a cone.



Several treatments are possible depending on the seriousness of the keratoconus.

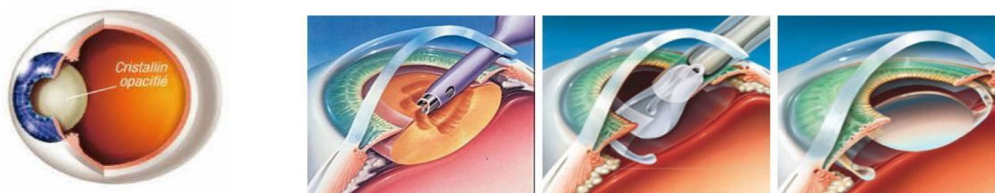
- ✓ Contact lenses that help to smooth the cornea. Rigid lenses perform better than soft lenses. They are reimbursable at 85% with a ceiling of €500 every 24 months (lenses and products).
- ✓ Cross-linking: the cornea is bathed with vitamin B2 and then irradiated with UV rays that stiffen it, stopping progression in 90% of cases. This treatment is reimbursable at 85%.
- ✓ Corneal rings – see point 3 above "Other treatments for the cornea".
- ✓ Corneal transplant: reimbursable at 85% with a ceiling of €4250 per eye (category C1)

5. CATARACT SURGERY

Cataracts is a degenerative eye condition, more particularly of the lens.

With ageing, the lens becomes cloudy, which causes changes in the eyesight that usually results in a decrease of visual acuity, a sense of a veil in front of the eyes, impaired colour vision, luminous halos and glare.

Cataracts usually start around age 55 and surgery is the only treatment available at this time. The operation consists of removing the cloudy lens and implanting a lens for optimal vision.



Do you need to submit a request for prior authorization (PA)?

Only the criteria of age is taken into consideration.

- If the ophthalmologist has diagnosed cataracts and you are 55 years or older, you should not request prior authorisation.

If you are under age 55, prior authorisation is required. The medical report must indicate the corrected visual acuity (with glasses / lenses), the dioptres to be corrected, the patient's complaints and the thickness of the cornea. It is absolutely necessary in order to distinguish between a functional surgery with the replacement of the clouded/opaque lens and a "comfort" surgery for a patient who no longer wishes to wear glasses or lenses. In the latter case, the implanted lens replaces a healthy lens, reason why such a surgical intervention is not reimbursable.

Type of surgery	Patient < 55 years	Patient 55 years or more	Reimbursement provided
Lens extraction by phacoemulsification + implantation of a mono- or multifocal lens Refractive Lens Exchange (RLE)	<input type="checkbox"/> PA required	<input type="checkbox"/> PA not required	surgery (category B2) reimbursed at 85 % <u>ceiling</u> : €2600 per eye
implantation of a lens by Iris Claw technique (lens placed in front of the lens)	<input type="checkbox"/> PA required	<input type="checkbox"/> PA not required	surgery (category B1) reimbursed at 85 % <u>ceiling</u> : €2000 per eye

lens extraction + implantation of a LAL lens (Light Adjustable Lens)	Surgery non reimbursable (*)	Surgery non reimbursable (*)	€0
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(*)The Medical Council has issued an unfavourable opinion on the reimbursement of cataract surgery with implantation of a LAL lens (unknown long-term consequences and no scientific validation to date)

What do you need to do in case of secondary cataracts?

Secondary cataracts is a complication of cataract surgery. The natural posterior lens capsule, on which the implant rests, becomes cloudy and again causes blurred visual disturbances. YAG laser treats this issue in a single session of a few minutes. Prior authorisation is not required for this act considered as surgery category A2 (ceiling: €735).

6. PRACTICAL QUESTIONS

How to calculate the final value of the sphere and cylinder after transposition?

This calculation should only be used if the cylinder is negative (-)

Click on [Calculate dioptres](#) and fill in the empty boxes with the values indicated on your prescription.

If you cannot open the electronic version, here is the version to use for the manual calculation.

FOR NEGATIVE CYLINDER (-)	vos valeurs	exemple
To know the final value of the SPHERE after transposition		
enter the value of the sphere included in your prescription	-6,00
enter the value of the cylinder on your prescription	-2,50
Add both to get final value	-8,50
To know the final value of the CYLINDER after transposition		
introduce the value of the cylinder on your prescription	-2,50
invert the sign (- becomes + and + becomes -) to obtain the final value	2,50
To know the final value of the AXIS after transposition		
Enter the value of the AXIS included in your prescription	90
Add 90 to get the final value	180

How can you get reimbursement of the cost of surgery and what does reimbursement cover?

You can submit your request for reimbursement via JSIS ONLINE or use the traditional paper method if you do not have access to our application. Whatever method of reimbursement request you use, you must attach the invoice/statement of treatment in accordance with the national legislation of the country in which these costs occurred together with the proof of payment.

The dioptres measured before/after the operation must appear on the invoice.

If you have been hospitalised or dioptres are not indicated on the invoice, you will also need to attach a medical report.

This reimbursement concerns only the surgeon's, the assistant's and the anaesthetist's fees.

An additional reimbursement is provided for other possible hospitalisation expenses.

For some countries, parity coefficients applied to capped benefit reimbursement rates give rise to a higher reimbursement.

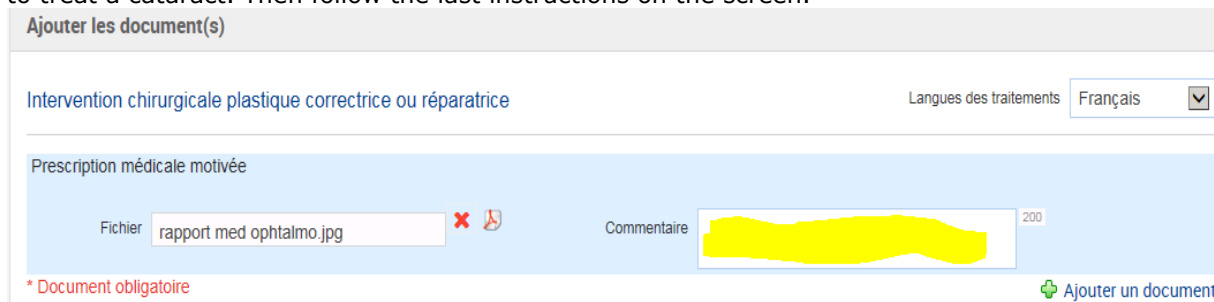
How to get a prior authorization request in this case?

You have to log in to the **JSIS online** application with your **EU Login code**.

In the **"Create Request"** menu, click on **"Prior Authorisation"**, complete the fields and follow the instructions on the screen. In the **"Hospitalisation and Surgery"** menu, click on **"Corrective or Restorative Plastic Surgery"**.



For the next step, download the medical report and indicate in the "Comment" field that this is a procedure to treat a cataract. Then follow the last instructions on the screen.



If you do not have access to the JSIS online application, follow the traditional paper method by filling in the request prior authorization form.

In the section **'Hospitalisations/Surgical Procedures'**, tick the box next to **"Corrective or Restorative Plastic Surgery"** and indicate in the Comments box below that it is a "procedure to treat a cataract" for example without forgetting to attach the medical report that must indicate in addition to the dioptres to be corrected, the corrected visual acuity, patient complaints and the thickness of the cornea.

You will be then able to send your request for prior authorization to your Settlements office (the address is on the form). Keep a copy for yourself.

For more information, please refer to the links below:

- ✓ **Surgery and categories of procedures**
<https://myintracomm.ec.europa.eu/staff/EN/health/reimbursement/medical-care/hospitalisation-surgery/Pages/surgery.aspx?ln=en>
- ✓ **Parity coefficients**
<https://myintracomm.ec.europa.eu/staff/EN/health/reimbursement/special-rules/Pages/parity-coefficient.aspx?ln=en>
- ✓ **Prior authorisation to complete online or forms to download**
<https://myintracomm.ec.europa.eu/staff/EN/health/Pages/form.aspx?ln=en>
- ✓ **Reimbursement for medical costs to complete online or to print**
<https://myintracomm.ec.europa.eu/staff/EN/health/Pages/form.aspx?ln=en>