ARTICLE 20:50

OPTOMETRY

Chapter

CHAPTER 20:50:01

DEFINITIONS

Section

20:50:01:01. Definitions. Words defined in SDCL 36-7 have the same meaning when used in this article. ~~In addition the following words mean:~~

~~(1) "Board," the State Board of Examiners in Optometry of the state of South Dakota as provided for in SDCL 36-7-3 and 36-7-3.1; and~~

~~(2) "Practice," the practice of optometry as defined by SDCL 36-7-1~~.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15.

Law Implemented: SDCL 36-7-1.

CHAPTER 20:50:02

~~EXAMINATIONS OF APPLICANTS~~ LICENSING AND REGISTRATION

Section

20:50:02:06 National board ~~examination~~ examinations required.

20:50:02:06.01 Passing grade, Repealed.

20:50:02:07 ~~Certificate of registration~~ Issuance of license.

20:50:02:08 Annual renewal fees.

20:50:02:01. Time of examinations. ~~The examinations for South Dakota state law and ethics shall be given upon request by an applicant~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 31 SDR 101, effective January 19, 2005; 39 SDR 127, effective January 21, 2013.

~~**General Authority:** SDCL 36-7-15(1), 36-7-15.1.~~

~~**Law Implemented:** SDCL 36-7-11, 36-7-12.~~

20:50:02:02. ~~Filing of applications for examination~~ Application for licensure. ~~Applications for the right to take examinations shall be filed in the office of the secretary of the board upon forms to be furnished by the board~~ Each applicant for licensure shall apply to the board on prescribed forms. An applicant shall attest that the applicant has reviewed and agrees to comply with this state's optometry law and ethics.

An applicant for licensure must submit a set of fingerprints on a standard card provided by the board for the purpose of obtaining a state and federal criminal background check pursuant to SDCL 36-7-12.2. The applicant must sign and submit a form authorizing the release of the applicant's criminal history to the board.

An application must be completed within one year from the date the application is received by the board.

Source: SL 1975, ch 16, § 1; SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 36-7-11, ~~36-7-12~~ 36-7-12.2, 36-7-15(5).

20:50:02:03.01. ~~Examination fees~~ Fees. The application fee for ~~taking the~~ initial ~~examination, which includes the state law and ethics examination,~~ licensure is $175. ~~An additional amount of $25 shall be paid upon the issuance of a certificate.~~ The application fee is non-refundable and must be paid before the board will issue a license.

Source: 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986; 31 SDR 101, effective January 19, 2005; 39 SDR 127, effective January 21, 2013.

General Authority: SDCL ~~36-7-12~~ 36-7-11(2).

Law Implemented: SDCL ~~36-7-12~~ 36-7-11(2), 36-7-13.

20:50:02:04. Examination subjects -- Admission to practice. ~~The examination for admission to practice, which may be either written or oral, or both, shall cover subjects including but not limited to theoretical optics; visual science I; visual science II; ocular anatomy; ocular pathology; theory and practice of optometry; opthalmic optics; public health, community optometry, and optometric jurisprudence; ocular pharmacology and treatment; practical examination, diagnosis, and treatment; and South Dakota optometry law and ethics~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986.

~~**General Authority:** SDCL 36-7-15.~~

~~**Law Implemented:** SDCL 36-7-11.~~

20:50:02:04.03. ~~Endorsement certification~~ Licensure by endorsement. An applicant for licensure by endorsement shall submit the application ~~form and fee of $175 and meet all of the following conditions~~ and fingerprints required by § 20:50:02:02 and pay the application fee for initial licensure pursuant to § 20:50:02:03.01. The application must be supported by written evidence satisfactory to the board that the applicant:

(1) ~~Be~~ Is licensed in good standing to practice optometry in a state or territory under U.S. jurisdiction that required passage of a written, entry-level examination at the time of initial licensure;

(2) ~~Be licensed at a level of prescriptive authority that, in the judgment of the board, is equal to or higher than the requirement in this state as provided in SDCL 36-7-15.3 for therapeutic drugs~~ Has either passed the Treatment and Management of Ocular Disease (TMOD) portion of the national examinations or has therapeutic pharmaceutical privileges; and

(3) ~~Have~~ Has been actively and routinely engaged in the practice of optometry, including the use of therapeutic pharmaceutical agents, for at least five consecutive years immediately preceding ~~making~~ application under this section~~;~~

~~(4) Have submitted directly to the board all transcripts, reports, or other information the board requires; and~~

~~(5) Have passed the written examination regarding the optometry laws and administrative rules governing optometrists in this state~~.

The applicant shall request any optometry licensing agency of any U.S. jurisdiction in which the applicant is licensed, or has ever been licensed to practice optometry, to provide reports directly

to the board describing the applicant's current standing and any past or pending actions taken with respect to the applicant's authority to practice optometry in those jurisdictions, including any investigations, entrances into consent agreements, suspensions, revocations, ~~and~~ or refusals to issue or renew a license. ~~Any~~ The board shall review, on a case-by-case basis, any application received from an optometrist who has ~~been sanctioned by revocation of~~ had a license revoked by another optometric licensing jurisdiction ~~must be reviewed on a case-by-case basis by the board~~.

The board ~~retains the authority to~~ may require additional education, testing, or training ~~prior to~~ before granting licensure under SDCL 36-7-13 if the competency of any applicant is in question. Any applicant who has previously been denied a license by the board shall apply for and meet all initial licensure requirements.

Source: 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994; 31 SDR 101, effective January 19, 2005; 32 SDR 225, effective July 5, 2006; 34 SDR 323, effective July 2, 2008; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-13(1), ~~36-7-15(3), 36-7-15.1, 36-7-15.2, 36-7-15.3~~ 36-7-15(2).

Law Implemented: SDCL 36-7-12.2, 36-7-13~~, 36-7-15.1, 36-7-15.2, 36-7-15.3~~.

~~**Cross-Reference:** Passing grade, § 20:50:02:06.01.~~

20:50:02:04.04. Minimum educational requirements -- Pharmaceutical agents. ~~For the purpose of fulfilling the minimum educational requirements set forth in SDCL 36-7-15.1 the board may approve prior classroom and clinical experience hours dealing with diagnosis and treatment of ocular disease. Clinical experience must be hours in the office or clinic of a licensed ophthalmologist~~

~~or an optometrist certified to prescribe and administer diagnostic and therapeutic pharmaceutical agents in South Dakota~~ Repealed.

Source: 13 SDR 44, effective October 20, 1986; 31 SDR 101, effective January 19, 2005.

~~**General Authority:** SDCL 36-7-15.1.~~

~~**Law Implemented:** SDCL 36-7-15.1.~~

20:50:02:06. National board ~~examination~~ examinations required. An applicant ~~is required to~~ must pass ~~an~~ the following examinations certified by the National Board of Examiners in Optometry: ~~or other national board examination approved by the board in any of the subjects required by § 20:50:02:04 and~~

(1) Part I (Applied Basic Science)~~,~~;

(2) Part II (Patient Assessment and Management)~~,~~;

(3) Part III (Clinical Skills)~~,~~; and ~~the~~

(4) Treatment and Management of Ocular Disease (TMOD).

~~The board may require an applicant to take additional tests on any subjects listed in § 20:50:02:04, including the National Board of Clinical Skills examination.~~ The application ~~shall~~ must indicate when the applicant took the national board examinations and the subjects covered. The applicant must have passed the examinations within the five years before the date of licensure in this state unless licensed pursuant to § 20:50:02:04.03.

The board may require additional education, testing, or training before granting a new application for licensure if the competency of any applicant is in question.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 17 SDR 199, effective June 30, 1991; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-12,~~ 36-7-11(6), 36-7-12.1, 36-7-15(5).

20:50:02:06.01. Passing grade. ~~The board may accept certification of a passing examination grade of an examination administered by a national board as evidence of an applicant having satisfied the requirements of § 20:50:02:06. On any examination administered by the board, a minimum grade of 75 percent in each subject must be achieved~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; transferred from § 20:50:02:05, 17 SDR 199, effective June 30, 1991.

~~**General Authority:** SDCL 36-7-15, 36-7-15.1.~~

~~**Law Implemented:** SDCL 36-7-11, 36-7-12, 36-7-12.1, 36-7-15.2, 36-7-15.3.~~

20:50:02:07. ~~Certificate of registration~~ Issuance of license. ~~After a candidate has successfully passed the examination, the certificate of registration for admission to practice shall not be issued until the candidate~~ The Board may not issue a license to a successful applicant until the applicant has secured and equipped an office ~~within the~~ in this state ~~of South Dakota meeting~~ that meets the ~~minimum~~ requirements of § 20:50:06:01 or has arranged a bona fide association with a ~~registered~~ licensed optometrist ~~licensed under the laws of the~~ in this state ~~of South Dakota~~ who has an office ~~meeting~~ that meets those requirements. ~~The certificate of registration shall not be issued as a result of the examination unless the requirements of all sections of this article are met within one~~

~~year from the date the candidate was notified of passing the examination.~~ This section does not apply when the ~~candidate~~ applicant is in or entering the military or other governmental service.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-12~~ 36-7-11, 36-7-15(5).

Cross-Reference: Inspection of office, § 20:50:06:02.

CHAPTER 20:50:03

OPTOMETRIC SCHOOLS

20:50:03:01. Recognized optometric schools or colleges. ~~The~~ A recognized optometric ~~schools or colleges referred to in SDCL 36-7-11(4) (5) are those optometric schools or colleges certified~~ school or college is a school or college approved by the Accreditation Council on Optometric Education of the American Optometric Association ~~as approved optometric schools or colleges as of June, 1985. Any schools or colleges certified after that date which meet the standards of certification in existence on June, 1985, may apply to the board for approval. Upon request, the board will provide a current list of approved institutions and curriculum as defined in SDCL 36-7-11(4) and 36-7-15.2~~.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2), ~~36-7-15.2~~.

Law Implemented: SDCL 36-7-11(5), ~~36-7-15.2~~ 36-7-15(6).

~~**References:** List of Accredited Optometric Educational Programs, June, 1985, Council on Optometric Education, American Optometric Association. Copies may be obtained free of charge from the Council on Optometric Education, American Optometric Association, 243 North Lindbergh Blvd., St. Louis, Missouri 63141; no cost for list https://www.aoa.org~~.

CHAPTER 20:50:04

CODE OF ETHICS

Section

20:50:04:12 Scope of practice -- Procedural codes, Repealed.

Appendix A Procedural Code List, Repealed.

20:50:04:01. Confidential communications. All information received from the patient in the course of treatment ~~shall~~ must be treated as a privileged communication and held inviolate.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:02. Advising patient. ~~If~~ An optometrist shall advise a patient if, during the course of an examination ~~of a patient~~, ~~an~~ the optometrist discovers a health condition that ~~should have care by persons outside the field of optometry, the optometrist shall so advise the patient~~ is outside the optometrist's scope of practice.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:03. Serving as optician prohibited. ~~Optometrists shall~~ An optometrist may not in any manner publicize ~~themselves~~ as or ~~hold themselves forth~~ serve as ~~opticians~~ an optician.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:04. Maintenance of office. An office maintained for the practice of optometry must be clean and sanitary. The office must be exclusive of any other business and must be physically disconnected from any commercial business or influence in the same building by use of floor-to-ceiling wall separations and a separate front entrance to the outside or to common hallways.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994.

General Authority: SDCL 36-7-15(2), ~~36-7-17~~ 36-7-25(8).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:05. Use of word "doctor." No optometrist, when using the title of "doctor" in advertising, may qualify it in any way other than by the use of the word "optometrist." When not using the title, ~~optometrists~~ an optometrist may use ~~after their names~~ the letters "O.D." after the optometrist's name, or the word "optometrist," or both. ~~Approved listings include Dr. John Doe, Optometrist; John Doe, O.D., Optometrist; John Doe, Optometrist; and John Doe, O.D~~.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:06. Optometrist to write and release prescription -- Requests for medical records. Upon the request of a patient for whom an optometrist has prescribed spectacle lenses, the optometrist shall issue the prescription and deliver a copy ~~of it~~ to the patient. A spectacle lens prescription expires on the date specified by the ~~prescriber~~ optometrist, based upon the medical judgment of the ~~prescriber~~ optometrist with respect to the ocular health of the patient. If a prescription expires in less than one year, the reasons for the expiration date must be documented in the patient's medical record. ~~No prescriber~~ An optometrist may not specify a prescription expiration date that is earlier than the date on which reexamination of the patient is medically necessary. Requests for medical records are governed by SDCL 36-2-16.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 44 SDR 99, effective December 11, 2017; ~~46~~ 46 SDR 119, effective May 4, 2020.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 36-7-1, ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:07. Claims of superiority. ~~Optometrists~~ An optometrist may not claim to have superior qualifications, ~~or to be~~ superior ~~to other similarly certified optometrists as to the~~ equipment available for use in ~~their~~ the optometrist's practice, or ~~as to the~~ a superior quality of service ~~they are able~~ to ~~render to their~~ patients, to other similarly licensed optometrists. An optometrist certified to prescribe and administer pharmaceutical agents may, however, indicate such qualifications.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 31 SDR 101, effective January 19, 2005.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:09. Division of fees -- Payments to employees. An optometrist may not directly or indirectly divide, share, split, or allocate a fee for optometric services or materials with a layperson, firm, or corporation, or another optometrist or licensed medical practitioner, except on the basis of a division of service or responsibility. This section does not prohibit ~~any of the following~~:

(1) An optometrist from paying an employee in the regular course of employment;

(2) A practice established under the terms of SDCL chapter 47-11B; or

(3) An optometrist from being employed on a salary, with or without a bonus arrangement, by an optometrist or licensed medical practitioner, regardless of the amount of supervision exerted by the employer over the office in which the employee works. However, this bonus arrangement may not be based on the business or income of an optical company.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 32 SDR 129, effective January 31, 2006.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2).

20:50:04:11. Improper business relationships. ~~To ensure that the services provided by an optometrist to a patient are based solely on the optometrist's professional judgment and not influenced by other business considerations,~~ The following business relationships are prohibited:

(1) An office rental, lease, or office space-sharing arrangement ~~which~~ that, by virtue of location, causes the optometrist to be in violation of SDCL 36-7-17 by being directly employed by or connected with another person or entity other than an optometrist, ophthalmologist, or other licensed healing arts professional, or in which the optometrist's office, location, or place of practice is owned, operated, supervised, staffed, directed, or attended by any other person, corporation, or entity not licensed to practice optometry, ophthalmology, or other healing arts in ~~the~~ this state ~~of South Dakota~~; and

(2) An arrangement or agreement, express or implied, with any firm, business, corporation, person, or other entity not licensed to practice optometry in this state ~~which~~ that would interfere with the optometrist's independent ability to provide professional care for patients without outside influence.

Nothing in this section ~~shall~~ may be construed to prohibit a practice established under the terms of SDCL chapter 47-11B or affect referrals between persons authorized to practice medicine or optometry in ~~the~~ this state ~~of South Dakota~~.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994; 32 SDR 129, effective January 31, 2006.

General Authority: SDCL 36-7-15(2), 36-7-17, 36-7-25.

Law Implemented: SDCL ~~36-7-15(3)~~ 36-7-15(2), 36-7-17, 36-7-25(8).

20:50:04:12. Scope of practice -- Procedural codes. ~~A licensed optometrist may perform the optometric clinical procedures listed in Appendix A~~ Repealed.

Source: 32 SDR 225, effective July 5, 2006.

~~**General Authority:** SDCL 36-7-15(3).~~

~~**Law Implemented:** SDCL 36-7-1, 36-7-15.~~

DEPARTMENT OF HEALTH

OPTOMETRY

PROCEDURAL CODES LIST

Chapter 20:50:04

APPENDIX A

SEE: § 20:50:04:12

(Repealed)

Source: 32 SDR 225, effective July 5, 2006; 34 SDR 101, effective October 18, 2007; 36 SDR 44, effective September 30, 2009; 39 SDR 127, effective January 21, 2013; 41 SDR 109, effective January 12, 2015; 43 SDR 61, effective October 24, 2016; 46 SDR 119, effective May 4, 2020.

APPENDIX A

Optometric Clinical Procedures Approved by South Dakota Board of Optometry

(Within this Appendix, the word "Physician(s)" refers to Optometrist(s))

CPT Code	Description of Clinical Procedure	Notes/Comments
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions.	
11201	Each additional ten lesions (list separately in addition to code for primary procedure).	
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula).	
65205	Removal of foreign body, external eye; conjunctival superficial.	
65210	Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating.	
65220	Removal of foreign body, external eye; corneal, without slit lamp.	
65222	Removal of foreign body, external eye; corneal, with slit lamp.	
65275	Repair of laceration; cornea, nonperforating, with or without removal foreign body.	
65430	Scraping of cornea, diagnostic, for smear and/or culture.	
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage).	
65600	Multiple punctures of anterior cornea (e.g., for corneal erosion, tattoo).	
65778	Placement of amniotic membrane on the ocular surface; without sutures.	

CPT Code	Description of Clinical Procedure	Notes/Comments
66999	Unlisted procedure, anterior segment of eye.	
67820	Correction of trichiasis; epilation, by forceps only.	
67850	Destruction of lesion of lid margin (up to 1 cm).	
67938	Removal of embedded foreign body, eyelid.	
68020	Incision of conjunctiva, drainage of cyst.	
68136	Destruction of lesion, conjunctiva.	
68040	Expression of conjunctival follicles (e.g., for trachoma).	
68761	Closure of the lacrimal punctum; by plug, each.	
68801	Dilation of lacrimal punctum, with or without irrigation.	
68810	Probing of nasolacrimal duct, with or without irrigation.	
68840	Probing of lacrimal canaliculi, with or without irrigation.	
76511	Ophthalmic ultrasound, echography, diagnostic; A-scan only, with amplitude quantification.	
76512	Ophthalmic ultrasound, echography, diagnostic; contact B-scan (with or without simultaneous A-scan).	
76514	Ophthalmic ultrasound, echography, diagnostic; corneal pachymetry unilateral or bilateral (determination of corneal thickness).	
76516	Ophthalmic biometry by ultrasound echography, A-scan.	
76519	Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation.	
76529	Ophthalmic ultrasonic foreign body localization.	

CPT Code	Description of Clinical Procedure	Notes/Comments
82785	Ige (allergy) tear film test.	
83520	Unlisted tear immunoassay, e.g., lactoferrin.	
83861	Microfluidic analysis utilizing integrated collection and analysis device, tear osmolarity.	
92002	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient.	
92004	Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, one or more visits.	
92012	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient.	
92014	Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, one or more visits.	
92015	Determination of refractive state.	
92018	Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete.	
92020	Gonioscopy (separate procedure).	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~92025~~	~~Computerized corneal topography, unilateral or bilateral, with interpretation and report.~~	
~~92060~~	~~Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure).~~	
~~92065~~	~~Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.~~	
~~92071~~	~~Fitting of a contact lens for treatment of ocular surface disease.~~	
~~92072~~	~~Fitting contact lens for management of keratoconus, initial fitting.~~	
~~92081~~	~~Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent).~~	
~~92082~~	~~Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33).~~	
~~92083~~	~~Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2).~~	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~92100~~	~~Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure).~~	
~~92120~~	~~Tonography with interpretation and report, recording indentation tonometer method or perilimbal suction method.~~	
~~92130~~	~~Tonography with water provocation.~~	
~~92133~~	~~Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve.~~	
~~92134~~	~~Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina.~~	
~~92136~~	~~Ophthalmic biometry.~~	
~~92140~~	~~Provocative tests for glaucoma, with interpretation and report, without tonography.~~	
~~92225~~	~~Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; initial.~~	
~~92226~~	~~Ophthalmoscopy, extended, with retinal drawing (e.g., for retinal detachment, melanoma), with interpretation and report; subsequent.~~	
~~92250~~	~~Fundus photography with interpretation and report.~~	
~~92260~~	~~Ophthalmodynamometry.~~	
~~92270~~	~~Electro-oculography, with interpretation and report.~~	
~~92275~~	~~Electroretinography, with interpretation and report.~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
92283	Color vision examination, extended, e.g., anomaloscope or equivalent.	
92284	Dark adaptation examination, with interpretation and report.	
92285	External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography).	
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count.	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes except for aphakia.	
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye.	
92312	Corneal lens for aphakia, both eyes.	
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens.	
92314	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~92315~~	~~Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, one eye.~~	
~~92316~~	~~Corneal lens for aphakia, both eyes.~~	
~~92317~~	~~Corneoscleral lens.~~	
~~92325~~	~~Modification of contact lens (separate procedure), with medical supervision of adaptation.~~	
~~92326~~	~~Replacement of contact lens.~~	
~~92340~~	~~Fitting of spectacles, except for aphakia, monofocal.~~	
~~92341~~	~~Bifocal.~~	
~~92342~~	~~Multifocal, other than bifocal.~~	
~~92352~~	~~Fitting of spectacle prosthesis for aphakia; monofocal.~~	
~~92353~~	~~Multifocal.~~	
~~92354~~	~~Fitting of spectacle mounted low vision aid; single element system.~~	
~~92355~~	~~Telescopic or other compound lens system.~~	
~~92358~~	~~Prosthesis service for aphakia, temporary (disposable loan, including materials).~~	
~~92370~~	~~Repair and refitting spectacles; except aphakia.~~	
~~92371~~	~~Spectacle prosthesis for aphakia.~~	
~~92499~~	~~Unlisted ophthalmological service or procedure.~~	~~e.g., corneal topography~~
~~95930~~	~~Visual evoked potential (VEP) testing central nervous system, checkerboard or flash.~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
97003	Occupational therapy evaluation.	
97004	Occupational re-evaluation.	
97530	Therapeutic activities, direct (one on one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 minutes.	
97532	Development of cognitive skills to improve attention, memory, problem solving, (includes compensatory training), direct (one-on-one) patient contact by the provider, each 15 minutes.	Low Vision
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes.	Low Vision
97535	Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training meal preparation safety procedures and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact by provider, each 15 minutes.	Low Vision
97537	Community/work reintegration training (e.g., shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis), direct one-on-one contact by provider, each 15 minutes.	Low Vision
99050	Services provided in the office at times other than regularly scheduled office hours, or days when the office is normally closed (e.g., holidays, Saturday or Sunday), in addition to basic service.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~99051~~	~~Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service.~~	
~~99053~~	~~Services provided between 10 p.m. and 8 a.m. at 24 hour facility, in addition to basic service.~~	
~~99070~~	~~Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided).~~	
~~99172~~	~~Visual function screening, automated or semi-automated bilateral quantitative determination of visual acuity, ocular alignment, color vision by pseudiosochromatic plates, and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare).~~ ~~(This service must employ graduated visual acuity stimuli that allow a quantitative determination of visual acuity (e.g., Snellen chart). This service may not be used in addition to a general ophthalmological service or an E/M service.)~~	
~~99173~~	~~Screening test of visual acuity, quantitative, bilateral.~~ ~~(The screening test used must employ graduated visual acuity stimuli that allow a quantitative estimate of visual acuity (e.g., Snellen chart). Other identifiable services unrelated to this screening test provided at the same time may be reported separately (e.g., preventive medicine services). When acuity is measured as part of a general ophthalmological service or of an E/M service of the eye, it is a diagnostic examination and not a screening test.)~~	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~99201~~	~~Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problems are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.~~	
~~99202~~	~~Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.~~	
~~99203~~	~~Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually, the presenting problem(s) are minimal. Typically, 5 minutes are spent performing or supervising these services.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~99212~~	~~Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.~~	
~~99213~~	~~Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.~~	
~~99214~~	~~Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
99241	Office consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family' needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
99242	Office consultation for a new or established patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
	~~Usually, the presenting problem(s) are of low severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.~~	
~~99243~~	~~Office consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.~~	
~~99244~~	~~Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family' needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.~~	
~~99245~~	~~Office consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes face-to-face with the patient and/or family.	
99307	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving.	
99308	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication.	
99309	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate	

CPT Code	Description of Clinical Procedure	Notes/Comments
	complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem.	
99310	Subsequent nursing facility care, per day, for the evaluation and management of a new or established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention.	
99324	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes with the patient and/or family or caregiver.	
99325	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: an	

CPT Code	Description of Clinical Procedure	Notes/Comments
	expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes with the patient and/or family or caregiver.	
99326	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes with the patient and/or family or caregiver.	
99327	Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~99328~~	~~Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.~~	
~~99334~~	~~Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes with the patient and/or family or caregiver.~~	
~~99335~~	~~Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes with the patient and/or family or caregiver.	
99336	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes with the patient and/or family or caregiver.	
99337	Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes with the patient and/or family or caregiver.	
99341	Home visit for the evaluation and management of a new patient, which requires these three key components: a problem focused	

CPT Code	Description of Clinical Procedure	Notes/Comments
	history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.	
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.	
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~99344~~	~~Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.~~	
~~99345~~	~~Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to face with the patient and/or family.~~	
~~99347~~	~~Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.	
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.	
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.	
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity. Counseling and/or coordination of care with other providers or	

CPT Code	Description of Clinical Procedure	Notes/Comments
	agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Physicians typically spend 60 minutes face-to-face with the patient and/or family.	
99354	Prolonged physician service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service (e.g., prolonged care and treatment of an acute asthmatic patient in an outpatient setting); first hour. (List separately in addition to code for office or other outpatient Evaluation and Management service).	
99355	Each additional 30 minutes. (List separately in addition to code for prolonged physician service).	
99499	Other Unlisted Evaluation and Management Services.	
0207T	Evacuation of Meibomian glands, automated, using heat and intermittent pressure, unilateral.	
A4263	Permanent, long-term, non-dissolvable lacrimal duct implant, each.	
GO117	Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist.	
GO118	Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist or ophthalmologist.	
XXXXX-55	Ophthalmic surgery co-management/postoperative care.	
S0500	Disposable contact lens, per lens.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~S0504~~	~~Single vision prescription lens (safety, athletic, or sunglass), per lens.~~	
~~S0506~~	~~Bifocal vision prescription lens (safety, athletic, or sunglass), per lens.~~	
~~S0508~~	~~Trifocal vision prescription lens (safety, athletic, or sunglass) per lens.~~	
~~S0510~~	~~Non-prescription lens (safety, athletic, or sunglass), per lens.~~	
~~S0512~~	~~Daily wear specialty contact lens, per lens.~~	
~~S0514~~	~~Color contact lens, per lens.~~	
~~S0516~~	~~Safety eyeglass frames.~~	
~~S0518~~	~~Sunglasses frames.~~	
~~S0580~~	~~Polycarbonate lens.~~	
~~S0581~~	~~Nonstandard lens.~~	
~~S0590~~	~~Integral lens service, miscellaneous services reported separately.~~	
~~S0592~~	~~Comprehensive contact lens evaluation.~~	
~~S0620~~	~~Routine ophthalmological examination including refraction; new patient.~~	
~~S0621~~	~~Routine ophthalmological examination including refraction; established patient.~~	
~~S0820~~	~~Computerized corneal topography, unilateral.~~	
~~S0830~~	~~Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral.~~	

Optometric Clinical Procedures Approved by South Dakota Board of Optometry

(these codes require hospital privileges)

CPT Code	Description of Clinical Procedure	Notes/Comments
99221	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problems(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of low severity. Physicians typically spend 30 minutes at the bedside and on the patient's hospital floor or unit.	
99222	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of moderate severity. Physicians typically spend 50 minutes at the bedside and on the patient's hospital floor or unit.	
99223	Initial hospital care, per day, for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination	

CPT Code	Description of Clinical Procedure	Notes/Comments
	of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problems requiring admission are of high severity. Physicians typically spend 70 minutes at the bedside and on the patient's hospital floor or unit.	
99231	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Physicians typically spend 15 minutes at the bedside and on the patient's hospital floor or unit.	
99232	Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Physicians typically spend 25 minutes at the bedside and on the patient's hospital floor or unit.	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
~~99233~~	~~Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.~~	
~~99234~~	~~Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity.~~	
~~99235~~	~~Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.	
99238	Hospital discharge day management; 30 minutes or less.	
99239	Hospital discharge day management; more than 30 minutes.	
99251	Initial inpatient consultation for a new or established patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 20 minutes at the bedside and on the patient's hospital floor or unit.	
99252	Initial inpatient consultation for a new or established patient, which requires these three key components: an expanded problem focused history, an expanded problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Physicians typically spend 40 minutes at the bedside and on the patient's hospital floor or unit.	
99253	Initial inpatient consultation for a new or established patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or	

CPT Code	Description of Clinical Procedure	Notes/Comments
	agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 55 minutes at the bedside and on the patient's hospital floor or unit.	
99254	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 80 minutes at the bedside and on the patient's hospital floor or unit.	
99255	Initial inpatient consultation for a new or established patient, which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 110 minutes at the bedside and on the patient's hospital floor or unit.	
99281	Emergency department visit for the evaluation and management of a patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward	

~~CPT Code~~	~~Description of Clinical Procedure~~	~~Notes/Comments~~
	~~medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor.~~	
~~99282~~	~~Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low or moderate severity.~~	
~~99283~~	~~Emergency department visit for the evaluation and management of a patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity.~~	
~~99284~~	~~Emergency department visit for the evaluation and management of a patient, which requires these three key components: a detailed history; a detailed examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature~~	

CPT Code	Description of Clinical Procedure	Notes/Comments
	of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician but do not pose an immediate significant threat to life or physiologic function.	
99285	Emergency department visit for the evaluation and management of a patient, which requires these three key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and pose an immediate significant threat to life or physiologic function.	
99356	Prolonged physician service in the inpatient setting, requiring direct (face-to-face) patient contact beyond the usual service (e.g.), maernal fetal monitoring for high risk delivery or other physiological monitoring, prolonged care of an acutely ill inpatient), first hour (List separately in addition to code for inpatient Evaluation and Management service).	
99357	Each additional 30 minutes (List separately in addition to code for prolonged physician service).	

CHAPTER 20:50:05

ADVERTISING

Cross Reference: It is a violation of the Federal Trade Commission Act for any state agency to enforce any prohibition on the dissemination of information concerning ophthalmic goods and services or eye examinations, 16 C.F.R. chapter 1, subchapter D, § 456.3.

20:50:05:01. Advertising. False, fraudulent, deceptive, misleading, or sensational advertising is prohibited. Advertising, whether paid for or not, is considered prohibited under this section if it meets any of the following criteria:

(1) Contains a misrepresentation of fact or omits a material fact necessary to prevent deception or misrepresentation;

(2) Promises relief or recovery unobtainable by the average patient by the methods publicized;

(3) Contains a testimonial pertaining to quality or efficacy of optometric care of services that does not represent typical experiences of other patients;

(4) Is intended or is likely to create false or unjustified expectations of favorable results;

(5) Contains a claim that the optometrist possesses skills, provides services, or uses procedures superior to those of other optometrists with similar training, unless the claim can be factually substantiated by scientific and accepted evidence;

(6) Takes advantage of a person's fears, vanity, anxiety, or similar emotions;

(7) Contains a claim that is likely to deceive or mislead the average member of the public to whom it is directed;

(8) Contains a false or misleading prediction or implication that a satisfactory result or cure will result from performance of professional services;

(9) Contains a claim that the optometrist uses or provides products ~~which~~ that are superior to other similarly licensed optometrists unless claims can be factually substantiated by scientific and accepted evidence;

(10) Describes availability of products, ~~procedure~~ procedures, or services ~~which~~ that are not permitted by law;

(11) Is likely to attract patients by use of exaggerated claims;

(12) Contains a statement of uninvited direct solicitation of patients who, because of their particular circumstances, are vulnerable to undue influences;

(13) Fails to be identified as a paid announcement or solicitation when it is not apparent from the context that ~~it~~ the advertisement is a paid announcement or solicitation, including ~~but not limited to~~ advertising giving the impression it is a news story or an informational article; or

(14) Contains a statement of fees charged for specific professional services but fails to indicate whether additional fees may be required for related services ~~which~~ that may also be required.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986; 39 SDR 127, effective January 21, 2013.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL ~~36-7-19~~ 36-7-15(2).

CHAPTER 20:50:06

OFFICE AND EQUIPMENT REQUIREMENTS

20:50:06:01. Minimum office equipment. ~~The minimum equipment with which licensed optometrists shall operate their offices and engage in the practice of optometry consists of the following items, all of which shall~~ A licensed optometrist's office must include the following equipment, which must be kept in good condition:

(1) Ophthalmic chair and instrument unit;

(2) Retinoscope;

(3) Ophthalmoscope;

(4) Phoropter;

(5) Keratometer;

(6) Trial lens set;

(7) Trial frame;

(8) Transilluminator;

(9) Projector chart or other luminous acuity chart;

(10) Biomicroscope;

(11) Instrument to evaluate intraocular pressure;

(12) Permanent patient record system;

(13) Visual fields instrument;

(14) Color vision test equipment; and

(15) Sanitary lavatory basin.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 34 SDR 101, effective October 18, 2007.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-15(2).

20:50:06:02. Inspection of office. ~~Within~~ A licensee shall inform the board within 60 days following the establishment of a new practice of optometry in this state~~, a new licensee shall inform the secretary of the board. At least one member of the~~. The board ~~shall~~ may conduct an inspection of the office facility and procedures. ~~This section and § 20:50:06:01 also apply to an optometrist admitted under endorsement provisions or a licensed optometrist who changes location or opens an additional office. The inspection of the office of an optometrist previously licensed in this state is at the option of the board.~~

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 21 SDR 35, effective August 30, 1994; 34 SDR 101, effective October 18, 2007.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL ~~36-7-13, 36-7-15(3)~~ 36-7-15(2).

Cross-Reference: ~~Certificate of registration~~ Issuance of license, § 20:50:02:07.

CHAPTER 20:50:08

CONTINUING EDUCATION REQUIREMENTS

Section

20:50:08:02.02 Limits on self-directed learning for continuing pharmaceutical education. Repealed.

20:50:08:02.03 Limits on continuing education courses in practice management and patient protection and compliance issues.

20:50:08:03 Repealed.

20:50:08:04 Obtaining evidence of compliance.

20:50:08:05 Repealed.

20:50:08:01. Continuing education requirements. ~~To be eligible for the renewal of the initial license to practice in this state and for each annual renewal thereafter, an~~ An optometrist must complete 45 hours of continuing education ~~as defined in SDCL 36-7-20.1 and 36-7-20.4~~ within each three-year period after the date of initial licensure. ~~The board shall make at least 12 hours of continuing education courses available each year.~~ Of the 45 hours of continuing education required each cycle, 30 hours must be live, where the lecturer and learner are physically present at the same location. The remaining 15 continuing education hours may be completed live or by self-directed learning as specified in § 20:50:08:02.01.

An optometrist ~~Those optometrists certified to use pharmaceutical agents for diagnostic or therapeutic purposes~~ must complete ~~5~~ five hours annually of continuing pharmaceutical education in the area of diagnosis and treatment of ocular disease. ~~to be eligible for renewal of certification.~~ The ~~5~~ five hours of annual pharmaceutical education count toward the 45 hours required each three years.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 13 SDR 44, effective October 20, 1986; 15 SDR 40, effective September 13, 1988; 17 SDR 199, effective June 30, 1991; 21 SDR 35, effective August 30, 1994; 31 SDR 101, effective January 19, 2005; 37 SDR 133, effective January 18, 2011.

General Authority: SDCL ~~36-7-15(4), 36-7-15.1~~ 36-7-20.2.

Law Implemented: SDCL ~~36-7-15.1~~ 36-7-15(7), 36-7-20, ~~36-7-20.1,~~ 36-7-20.2~~, 36-7-20.4~~.

20:50:08:02. Acceptable courses of study. ~~The board shall determine acceptable continuing education courses. The board may approve courses on the following subjects or similar suitable subjects as determined by the board:~~

~~(1) Binocular vision and perception;~~

~~(2) Pathology;~~

~~(3) Contact lenses;~~

~~(4) Pharmacology;~~

~~(5) Low vision;~~

~~(6) Vision training or vision therapy;~~

~~(7) Pediatric vision care;~~

~~(8) Geriatric vision care;~~

~~(9) New instrumentation and techniques;~~

~~(10) Public health and optometric care;~~

~~(11) Optometric examinations, diagnosis, and treatment; and~~

~~(12) Patient protection and compliance issues~~ Repealed.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 24 SDR 91, effective January 6, 1998; 43 SDR 61, effective October 24, 2016; 46 SDR 119, effective May 4, 2020.

~~**General Authority:** SDCL 36-7-15(4).~~

~~**Law Implemented:** SDCL 36-7-20.1, 36-7-20.2.~~

20:50:08:02.01. Limits on self-directed learning. No more than ~~nine~~ 15 hours of self-directed learning may be credited to ~~a licensee~~ an optometrist in a three-year period to fulfill continuing education requirements~~. The number of credit hours is limited for each self-directed learning category~~ as follows:

(1) Surgical/ophthalmologist observation -- one hour credit for every two hours of observation, up to four hours credit. If the location of the observation being submitted for credit is the optometrist's regular office, the optometrist must provide evidence ~~must be provided~~ to the board that the subject of the observation is other than the optometrist's regular practice expertise. The optometrist must provide the board ~~must be provided~~ with documentation signed by the ophthalmologist evidencing the observation, including a summary detailing the type of observation and the educational goal and outcome of the observation on a form provided by the board;

(2) Video, recorded webinars, live webinars, and teleconferences -- ~~up to two hours credit. The course must be proctored to receive credit~~ the optometrist must provide the board with a certificate of attendance indicating the learning format. In the event of an emergency or situation not within the control of the optometrist, and for good cause shown, the optometrist may petition the board to approve a live webinar for credit as a live presentation; and;

(3) Correspondence courses from colleges or occupational journals ~~-- up to four hours credit. The course~~ that must have self-testing ~~to receive credit; and~~

~~(4) Live webinars -- up to four hours credit. A certificate of attendance stating it is a live webinar must be provided to the board in order to receive live webinar credit~~.

In the event of an emergency or situation not within the control of the ~~licensee~~ optometrist, and for good cause shown, a live stream presentation may receive credit as a live presentation.

Source: 24 SDR 91, effective January 6, 1998; 37 SDR 133, effective January 18, 2011; 44 SDR 99, effective December 11, 2017; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL ~~36-7-15(4)~~ 36-7-20.2.

Law Implemented: SDCL ~~36-7-20.1~~ 36-7-15(7), 36-7-20.2.

20:50:08:02.02. Limits on self-directed learning for continuing pharmaceutical education. ~~Subject to § 20:50:08:02.01, those optometrists certified to use pharmaceutical agents for diagnostic or therapeutic purposes may not use more than two hours of instruction obtained through self-directed learning, to fulfill the annual requirement of five hours of continuing pharmaceutical education~~ Repealed.

Source: 24 SDR 91, effective January 6, 1998; 31 SDR 101, effective January 19, 2005; 37 SDR 133, effective January 18, 2011.

~~**General Authority:** SDCL 36-7-15.1.~~

~~**Law Implemented:** SDCL 36-7-15.1.~~

20:50:08:02.03. Limits on continuing education courses in practice management and patient protection and compliance issues. In a three-year period, up to eight hours of instruction in the management of an optometric practice, including patient protection and compliance issues, may be used to fulfill continuing education requirements.

Source: 24 SDR 91, effective January 6, 1998; 43 SDR 61, effective October 24, 2016.

General Authority: SDCL ~~36-7-15(4)~~ 36-7-20.2.

Law Implemented: SDCL ~~36-7-20.1~~ 36-7-15(7), 36-7-20.2.

20:50:08:04. Obtaining evidence of compliance. To show compliance with ~~educational~~ continuing education requirements, each ~~licensee~~ optometrist shall obtain evidence of attendance or

completion from the sponsoring organization for each course. Documentation must show the name of the licensee, the title of the course, the ~~COPE~~ Council on Optometric Practitioner Education (COPE) identification number, if applicable, the date of attendance or completion of the course, the location of the course or the medium used for instruction, and the hours in attendance or required for completion. The evidence of compliance must accompany the ~~licensee's~~ optometrist's application for renewal of license.

Source: SL 1975, ch 16, § 1; 6 SDR 66, effective January 8, 1980; 12 SDR 151, 12 SDR 155, effective July 1, 1986; 24 SDR 91, effective January 6, 1998; 43 SDR 61, effective October 24, 2016; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL ~~36-7-15(4)~~ 36-7-20.2.

Law Implemented: SDCL ~~36-7-20.1~~ 36-7-15(7), 36-7-20.2.

CHAPTER 20:50:10

PRESCRIBING OF CONTACT LENSES

20:50:10:02. Provision of contact lens prescription. A ~~person~~ licensed ~~under SDCL chapter 36-7 may not issue a validated contact lens prescription until a licensed~~ optometrist ~~has completed~~ must complete a follow-up evaluation of the contact lens design on the patient's eye to assure the compatibility of the lens to the eye and the patient's ocular health.

After the completion of the follow-up evaluation by the licensed optometrist, ~~if the patient requests, in writing, a copy of the contact lens specifications pursuant to SDCL 36-2-16,~~ the prescribing optometrist ~~shall~~ must provide a copy of the validated prescription in compliance with state and federal law. The optometrist shall clearly state the expiration date on the prescription.

If a patient refuses to permit the prescribing optometrist to complete a follow-up evaluation, the prescribing optometrist shall deliver a nonvalidated prescription to the patient that includes a statement that the prescription cannot be validated without follow-up evaluation.

Source: 21 SDR 35, 21 SDR 50, effective January 1, 1995.

General Authority: SDCL 36-7-15(2).

Law Implemented: SDCL 36-7-1.

20:50:10:03. Expiration of contact lens prescription. A contact lens prescription expires:

(1) Not less than one year after the issue date of the prescription; or

(2) On the date specified by the ~~prescriber~~ prescribing optometrist, based upon the medical judgment of the ~~prescriber~~ prescribing optometrist with respect to the ocular health of the patient.

If a prescription expires in less than one year, the ~~prescriber~~ prescribing optometrist shall document the reasons for that expiration date in the patient's medical record. ~~No prescriber~~ A prescribing optometrist may not specify a prescription expiration date that is earlier than the date on which a reexamination of the patient is medically necessary.

Source: 44 SDR 99, effective December 11, 2017; 46 SDR 119, effective May 4, 2020.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-1.

CHAPTER 20:50:12

COMPLAINT INVESTIGATION

20:50:12:01. Complaints. Upon receipt of a written complaint, the board may initiate an investigation pursuant to SDCL chapter 36-1C. Any person filing a complaint shall submit the complaint in writing to the executive secretary, on a form provided by the executive secretary. A complaint is not a public record. ~~Any complaint that concerns matters over which the board does not have jurisdiction will be dismissed, and the complainant will be notified of that action, an~~ An investigation may also be initiated upon receipt by the executive secretary of information sufficient to create a reasonable suspicion that a licensee is in violation of any applicable standard for professional conduct, or that the health or welfare of the public is endangered.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-41B-15.

20:50:12:02. Investigations. If the complaint alleges a violation of a matter within the board's authority or compliance with licensing standards and requirements, the executive secretary shall promptly investigate the complaint or provide the complaint to the board investigator for investigation pursuant to SDCL chapter 36-1C. The ~~executive secretary~~ board shall give written notice to the ~~license, permit, or certificate holder~~ licensee of the complaint, along with a statement that the licensee is entitled to due process rights, including the right to notice and an opportunity to be heard and to be represented by counsel. The licensee ~~will be requested to~~ shall provide a written response to the complaint, which the licensee must provide to the executive secretary within twenty days of receipt of the request~~,~~. The board must notify the licensee ~~and will be notified~~ that a copy of that response may be provided to the complainant. Upon completion of a complaint investigation, the investigator shall prepare a report to present to the executive secretary of the investigator's

findings and conclusions for review. Upon review of the investigator's report, the executive secretary may direct further investigation of the matter.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15.

20:50:12:03. Completion of complaint investigation. Upon completion of a complaint investigation, the board may impose the following sanctions ~~may be imposed~~ after a determination ~~by the board~~ that a violation exists:

(1) A letter of concern, which ~~shall~~ must be placed in the licensee's permanent records~~; a.~~ A letter of concern is not a public record;

(2) Formal reprimand;

(3) Require that the licensee comply with specified terms and conditions;

(4) Probation of license to practice optometry in ~~the~~ this state ~~of South Dakota~~;

(5) Suspension of license to practice optometry in ~~the~~ this state ~~of South Dakota~~;

(6) Revocation of license to practice optometry in ~~the~~ this state ~~of South Dakota~~; or

(7) Restitution and payment of all costs and expenses of the investigation and proceedings, including attorney fees.

If the licensee disputes the determination, a contested case hearing ~~shall~~ must be held pursuant to SDCL ~~ch.~~ chapters 1-26 and 36-1C. Pursuant to SDCL 1-26-20, informal disposition may be made by stipulation, agreed settlement, consent order, or default. A final action taken in disposition of a complaint matter is public unless otherwise provided for by law.

If the board questions the competency of a licensee, the board may require a licensee to demonstrate competency by completing the National Board of Clinical Skills examination or retake

any portion of the national board examinations. Failure to comply with the board's request may be grounds for further disciplinary action.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15.

20:50:12:04. Status of complainant. The complainant is not a party to any contested case hearing resulting from the investigation of a complaint, although the complainant may be called as a witness in the hearing. ~~A~~ The board shall notify a complainant ~~shall be notified~~ of any public final action taken by the board as a result of a complaint.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15.

20:50:12:05. Failure to renew during investigation. ~~An optometrist may choose not to renew the license after a complaint has been initiated. A failure~~ If an optometrist fails to renew the license after ~~the licensee has been notified~~ notification that the board has initiated an investigation ~~has been initiated shall be reported~~, the board shall report the license as "withdrawn under investigation" in the board's permanent license file and in any national databases to which the board is required to report licensure action.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 36-7-24, 36-7-25, 36-7-26, 47-11B-7, 47-11B-14, 47-11B-15.

20:50:12:06. Costs of disciplinary actions. The board may assess against a licensee or applicant all or part of its expenses, including investigator and attorney fees, associated with a contested case proceeding ~~which~~ that results in ~~discipline~~ disciplinary action. If assessing such expenses, a statement of expenses ~~shall~~ must be presented to the board or hearing examiner at the time proposed findings of fact and conclusions of law are submitted.

Source: 41 SDR 109, effective January 12, 2015.

General Authority: SDCL ~~36-7-15(3)~~ 36-7-15(2).

Law Implemented: SDCL 1-26-29.1.