



Board of Examiners in Optometry
PO Box 513
Wall, SD 57790
sdoptboard@goldenwest.net
Telephone: (605) 279-2244
Website: <http://optometry.sd.gov>

AGENDA

August 25, 2021
Zoom Meeting
Call In: 1-253-215-8782
Meeting ID: 673 963 1412
8:00 a.m. (CST)

1. Approval of Agenda
2. Board Member Request for Conflict Waiver
3. Approve minutes from the regular meeting on March 26, 2021, and telephonic meetings on June 24, 2021, and July 20, 2021.
4. Treasurer's Report
 - a. Database/Renewal Software Update
5. Board Review and Approve CE Courses
 - a. Non-Cope CE Approval
6. Old Business
 - a. National and State Issues Monitored
7. New Business
 - a. Licensing
 - Application 22-2
 - b. Board Member Seat Updates
 - c. Legal Counsel Update
 - d. Statute and Administrative Rule Review
8. Public Comment
9. Time and place of next meeting
10. Adjournment

The public may listen to and participate in the teleconference by calling 1-253-215-8782 (Meeting ID: 673 963 1412) or 2000 E 52nd St, North, Sioux Falls, SD 57104.

Individuals needing assistance, pursuant to the Americans with Disabilities Act, should contact the in Board of Examiners in Optometry (605-279-2244) or sdoptboard@goldenwest.net at least 24 hours advance of the meeting to make any necessary arrangements.



South Dakota Board of Examiners in Optometry

Meeting Minutes

March 26, 2021
 8:00 AM (CST)
 Telephonic/Zoom Meeting

DRAFT MINUTES
 HAVE NOT BEEN
 APPROVED BY THE
 BOARD

Board Members		Board Staff Present	
Craig Dockter, OD, President	Present	Deni Amundson, Executive Secretary	
Jamie Farnen, Consumer Member	Present	Naomi Cromwell, Board Attorney	
Allen Haiar, OD, Vice President	Present	Megan Borchert, DOH Board Attorney	
Angela Hase, OD	Present	Guests	
Scott Schirber, OD	Present	Deb Mortenson, South Dakota Optometric Society	

Attendance: President Dockter called the meeting to order at 8:02 AM on March 26, 2021.

1. Approval of Agenda:

Board Action: S Schirber moved to approve the agenda, seconded by J Farnen. Vote:

Dockter	YES	Hase	YES
Farnen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

2. Conflict of Interest: All board members reported no conflict with agenda items.

3. Approval Minutes:

Board Action: J Farnen moved to approve the minutes from the regular meeting on August 21, 2020, and the telephonic meetings on October 29, 2020 and December 10, 2020, seconded by A Haiar. Vote:

Dockter	YES	Hase	YES
Farnen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

4. Financial Reports:

Deni Amundson presented the treasurer's report found on pages 9-13 of the agenda packet. S Schirber moved to accept treasurer's report, seconded by A Hase. Vote:

Dockter	YES	Hase	YES
Farnen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

The board also discussed the need to update the current Access database to a more robust system that allows for online license renewal and credit card payments. Deni Amundson will research options and present these options to the board at the next meeting. Tabled until next meeting.

5. Board Review and Approve CE Courses:

In response to the COVID-19 pandemic, the board discussed ARSD 20:50:08:02, and the challenges of the board approving individual continuing education courses through a digital meeting format.

Board Action: During the August 21, 2020, meeting, the board authorized the board's Executive Secretary, Deni Amundson, to approve continuing education courses submitted to the board from March 1, 2020, through March 31, 2021. A Hase moved to extend this authorization until December 31, 2021, seconded by J Farmen. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

Also, in response to the COVID-19 pandemic, the board discussed their previous motion, from the April 3, 2020 meeting, to allow licensees to obtain more online continuing education. This waiver was also extended during the August 21, 2020, meeting to extend it to March 31, 2021. Previous approved motion read:

Board Action: A Hase moved that any continuing education attended from March 1, 2020-September 30, 2020, that would originally fall under categories 2, 3, or 4 of ARSD 20:50:08:02.01 would automatically be classified as "live" CE to meet the continuing education requirements as outlined in 20:50:08:01, 20:50:08:02, and 20:50:08:02.02. CE must be COPE approved and the 9-hour maximum of self-directed learning shall be waived for this time period, seconded by S Schirber.

Board Action: S Schirber moved to extend this waiver until December 31, 2021, and it will be continued to be monitored, seconded by A Haiar. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

7. Old Business

A. National and State Issues Monitored: No new information or action taken.

8. New Business:

A. Licensing:

No discussion or action taken.

B. Procedural Codes: No action taken.

C. Department of Health and Human Services: COVID Vaccines

Letters from the American Optometric Association and United States Department of Health & Human Services were presented on pages 14-16 of the agenda packet regarding federal authority for optometrists to administer COVID-19 vaccines. Discussion was had regarding the need for this board to support this federal mandate, but it was unclear what the procedures would be for this board to create the proper policies and procedures in response. The board's South Dakota Department of Health Attorney was going to research. Tabled until next meeting.

D. Board Member Resignation

The board discussed A Haiar's resignation from the board. He was commended and thanked for his years of service. Governor Noem has been notified of his resignation and we are awaiting notification of a reappointment. No action taken.

E. Contracts:

Board Action: J Farmen moved to approve the FY22 contract for the South Dakota Optometric Society using the same terms as FY21, seconded by A Hase. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

Board Action: A Hase moved to approve two contracts for Codewise Technology at an hourly rate of \$85.00 per hour, not to exceed \$4000.00 per year. The first contract would be to cover the remainder of FY21 from March 26, 2021 through May 31, 2021. The second would be for FY22, seconded by J Farmen, Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

Board Action: S Schirber moved to approve the FY22 contract for Scott Kennedy using the same terms as FY21, seconded by A Hase. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

Board Action: J Farmen moved to approve the FY22 contract for Lisa Kollis-Young using the same terms as FY21, seconded by A Haiar. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

Board Action: S Schirber moved to approve the contract for Deni Amundson for FY22 with a 2.4% salary and office rent increase, other terms to remain the same as FY21, seconded by A Hase. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	

F. Statute and Administrative Rule Review:

Pages 18-43 of the agenda packet reflect legal counsel recommendations for amendments to the current statutes and administrative rules contained in South Dakota Codified Laws chapters 37-7 and Administrative Rules and Regulations chapter 20:50. The board was favorable of all recommendations, but discussed edits to 36-7-20.2, 20:50:04:11, 20:50:10:02, and 20:50:10:03. Tabled until next meeting.

9. Public Comment: No public comment

10. Time and Place of Next Regular Meeting:

Next Meeting: Wednesday, August 25, 2021, 8:00AM (CST), Zoom Meeting.

11. Adjournment:

Board Action: J Farmen moved to adjourn meeting at 10:53 AM, seconded by S Schirber. Vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	YES
Haiar	YES	5 YES, MOTION CARRIED	



South Dakota Board of Examiners in Optometry

Telephonic Meeting Minutes

June 24, 2021
6:00 PM (CST)

DRAFT MINUTES
HAVE NOT BEEN
APPROVED BY THE
BOARD

Board Members		Board Staff Present	
Craig Dockter, OD, President	Present	Deni Amundson, Executive Secretary	
Ashley Crouch, OD	Present	Megan Borchert, Board Attorney	
Angela Hase, OD	Present		
Scott Schirber, OD	Absent		
Jamie Farmen, Consumer Member	Present		
		Public Attendance	
		None	

* A call-in number and physical location were noticed as available for public access to listen to and participate in the meeting.

1. Attendance: President Dockter called the meeting to order at 6:00 PM on June 24, 2021.

2. Approval of Agenda

Board Action: A Crouch moved to approve the agenda, seconded by A Hase. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

3. Conflict of Interest: All board members reported no conflict with agenda items.

4. Board Member Terms: Welcome to new board member, Ashley Crouch, OD. President Dockter's term is also expiring and he has served the maximum of three, three year terms. Dr. Dockter was thanked for his dedication and service to this board. We are waiting for the Governor to reappoint someone to fill this position. C Dockter moved that A Hase become the new board president, seconded by J Farmen. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

5. New Business

A. Licensing:

Board reviewed application 21-1.

Board Action: J Farmen moved to approved application 21-1, seconded by A Hase. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

New Licensee:

- Kelsey Fitzgerald

Board reviewed application 21-2.

Board Action: A Crouch moved to provisionally approved application 21-2 and allow her to begin practicing July 1, 2021, pending background check. If the background check had any issues, the license may be suspended or rescinded immediately. Seconded by A Hase. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

New Licensee:

- Alex Kneeland

Board reviewed application 21-3.

Board Action: A Hase moved to provisionally approved application 21-2 and allow her to begin practicing July 1, 2021, pending background check. If the background check had any issues, the license may be suspended or rescinded immediately. Seconded by A Crouch. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

New Licensee:

- Sara Serfoss

Board reviewed application 21-4

Board Action: A Crouch moved to provisionally approved application 21-2 and allow her to begin practicing July 1, 2021, pending background check. If the background check had any issues, the license may be suspended or rescinded immediately. Seconded by J Farmen. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

New Licensee:

- Sara Stockwell

5. Public Comment:

None

6. Time and Place of Next Meeting:

Next Meeting: Wednesday, August 25, 2021, 8:00AM (CST): Via Zoom

7. Adjournment:

Board Action: At 6:17pm, A Hase moved to adjourn meeting, seconded by A Crouch. Roll call vote:

Dockter	YES	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	4 YES, MOTION CARRIED	

DRAFT



South Dakota Board of Examiners in Optometry

Telephonic Meeting Minutes

**July 20, 2021
6:00 PM (CST)**

DRAFT MINUTES
HAVE NOT BEEN
APPROVED BY THE
BOARD

Board Members		Board Staff Present	
Angela Hase, OD, President	Present	Deni Amundson, Executive Secretary	
Ashley Crouch, OD	Present	Megan Borchert, Board Attorney	
Craig Dockter, OD	Absent		
Scott Schirber, OD	Absent		
Jamie Farmen, Consumer Member	Present		
		Public Attendance	
		None	

* A call-in number and physical location were noticed as available for public access to listen to and participate in the meeting.

1. Attendance: President Hase called the meeting to order at 6:00 PM on July 20, 2021.

2. Approval of Agenda

Board Action: A Crouch moved to approve the agenda, seconded by J Farmen. Roll call vote:

Dockter	Absent	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	3 YES, MOTION CARRIED	

3. Conflict of Interest: All board members reported no conflict with agenda items.

4. New Business

A. Licensing:

Board reviewed application 22-1.

Board Action: A Crouch moved to provisionally approved application 22-1 and allow him to begin practicing July 26, 2021, pending background check. If the background check had any issues, the license may be suspended or rescinded immediately. Seconded by J Farmen.

Roll call vote:

Dockter	Absent	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	3 YES, MOTION CARRIED	

New Licensee:

- Salvador Gonzalez

5. Public Comment:

None

6. Time and Place of Next Meeting:

Next Meeting: Wednesday, August 25, 2021, 8:00AM (CST): Via Zoom

7. Adjournment:

Board Action: At 6:10pm, J Farmen moved to adjourn meeting, seconded by A Crouch. Roll call vote:

Dockter	Absent	Hase	YES
Farmen	YES	Schirber	Absent
Crouch	YES	3 YES, MOTION CARRIED	

DRAFT

Subsubject	Description	Year End									
		FY12 Actual	FY13 Actual	FY14 Actual	FY15 Actual	FY16 Actual	FY17 Actual	FY18 Actual	FY19 Actual	FY20 Actual	FY21 Actual
	Salaries										
5101030	Board & Comm Members	960	720	720	660	780	900	660	600	1,020	180
5102010	OASI-Employer's	76	56	55	51	61	69	50	46	81	14
5203010	Auto-State										
	Board Member Travel	1,004	1,268	996	855	1,229	1,002	1,467	1,482	2,131	-
	*Includes: Auto, Meals, Lodging										
5204020	Dues & Memberships	750	750	750	750	750	750	750	750	850	850
5204060	Ed & Training	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000
5204050	Computer Consultant (database)		3,799	2,813	406	1,595	175	350	315	128	765
5204100	Medical Consultant (investigator)		2,375	-	-	360	2,140	-	753	-	248
5204080	Legal Consultant	7,218	25,953	25,482	16,949	12,623	30,665	26,376	15,388	21,202	7,150
5204090	Management Consultant	24,390	28,974	25,960	28,588	31,703	33,924	34,541	35,214	35,251	34,366
5204180	Computer Services- State						213	158	62	76	84
5204200	Central Services	636	681	778	802	828	1,125	1,115	1,195	1,262	1,069
5204204	Central Services	128	199	261	233	192	192	199	245	286	274
5204207	Central Services	220	111	319	208	242	293	230	205	360	44
5204960	Other Contractual	88							75		
5205310	Printing-State			483		1048	0	0	385	626	482
5204590	Ins Premiums & Surety Bds	975	470	750	740	380	335	815	900	880	245
5205350	Postage	9				36	0	0	9		13
5207905	Computer				1868	0	0	0	0		
5207451	Office Furniture and Fixtures	850				0	0	0	0		
5207491	Telephone Equipment										25
5207901	Computer Hardware										157
52053901	Food Stuffs									24	
	TOTAL EXPENSES	41,304.00	69,356.00	63,367.00	56,110.00	55,827.00	75,783.00	70,711.00	61,624.00	68,177.00	49,966.00
	TOTAL REVENUE	53,104.77	52,660.58	54,109.40	54,491.16	71,403.85	72,734.74	73,801.78	75,524.55	75,454.24	76,015.09
	REVENUE - EXPENSES	11,801.00	-16,695.00	-9,258.00	-1,618.84	15,576.85	-3,048.26	3,090.78	13,900.55	7,277.24	26,049.09
	CASH CENTER BALANCE	63,977.43	47,283.03	38,025.23	36,406.28	51,986.12	48,935.18	52,025.36	65,925.77	73,202.49	94,237.52

Remaining Authority by Object/Subobject

Expenditures current through 07/31/2021 01:50:13 PM

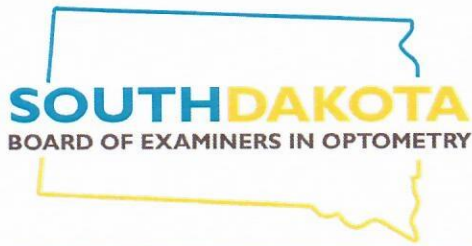
HEALTH -- Summary

FY 2022 Version -- AS -- Budgeted and Informational

FY Remaining: 91.8%

09208 Board of Optometry - Info						PCT
Subobject	Operating	Expenditures	Encumbrances	Commitments	Remaining	AVL
EMPLOYEE SALARIES						
5101030 Board & Comm Mbrs Fees	1,444	0	0	0	1,444	100.0
Subtotal	1,444	0	0	0	1,444	100.0
EMPLOYEE BENEFITS						
5102010 Oasi-employer's Share	164	0	0	0	164	100.0
Subtotal	164	0	0	0	164	100.0
51 Personal Services						
Subtotal	1,608	0	0	0	1,608	100.0
TRAVEL						
5203020 Auto Priv (in-st.) L/rte	200	0	0	0	200	100.0
5203030 Auto-priv (in-st.) H/rte	1,000	0	0	0	1,000	100.0
5203100 Lodging/in-state	380	0	0	0	380	100.0
5203140 Meals/taxable/in-state	258	0	0	0	258	100.0
5203150 Non-taxable Meals/in-st	200	0	0	0	200	100.0
Subtotal	2,038	0	0	0	2,038	100.0
CONTRACTUAL SERVICES						
5204020 Dues & Membership Fees	850	0	0	0	850	100.0
5204050 Computer Consultant	1,000	0	0	0	1,000	100.0
5204060 Ed & Training Consultant	4,000	0	0	0	4,000	100.0
5204080 Legal Consultant	22,000	0	0	0	22,000	100.0
5204090 Management Consultant	38,700	5,971	33,347	0	-618	0.0
5204100 Medical Consultant	2,000	0	10,000	0	-8,000	0.0
5204180 Computer Services-state	278	0	0	0	278	100.0
5204200 Central Services	1,380	243	0	0	1,137	82.4
5204204 Central Services	305	67	0	0	238	78.0
5204207 Central Services	306	0	0	0	306	100.0
5204590 Ins Premiums & Surety Bds	600	0	0	0	600	100.0
Subtotal	71,419	6,281	43,347	0	21,791	30.5
SUPPLIES & MATERIALS						
5205310 Printing-state	800	0	0	0	800	100.0
Subtotal	800	0	0	0	800	100.0
52 Operating						
Subtotal	74,257	6,281	43,347	0	24,629	33.2

Total	75,865	6,281	43,347	0	26,237	34.6
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Board of Examiners in Optometry
PO Box 513
Wall, SD 57790
sdoptboard@goldenwest.net
Telephone: (605) 279-2244
Website: http://optometry.sd.gov

Continuing Education Approval

Sponsor: Dawn Wattenhofer: Transcript Request

Date(s): Winter/Spring/Summer 2021

Name(s): Enclosed

Location: Enclosed

COPE ID: [] Yes [x] No

Optometrist(s) Attending:
[] []
[] []
[] []
[] []
[] []

Date of Board Meeting: August 25, 2021

Education Approval:
Angela Hase, OD
Scott Schirber, OD
Ashely Crouch, OD
Jamie Farmen
Craig Dockter, OD

Clear Form

Office of the Registrar
8000 NE Tillamook Street
Portland, OR 97213-6655

Name: Dr. Dawn Wattenhofer

Program/Degree/Curriculum:
Graduate/Non Degree/Non Degree

Degree Awarded:
No Degree Yet Awarded

Date Granted:

Honors:
Cumulative GPA: 3.50

Course Id	Title	Grade	Hrs	Credits	QPnts		
Winter 2021							
MSN6305	Whole Food Nutrition and Supplementation	A	44.00	4.00	16.00		
	Attempt	Earned	Total	GPACrd	QPnts	GPA	
	Term	4.00	4.00	4.00	4.00	16.00	4.00
	Cum	4.00	4.00	4.00	4.00	16.00	4.00
	Term Clock Hours:	44.00					
	Cum Clock Hours:	44.00					
Spring 2021							
MSN6204	GastroIntestinal Imbalances	B	44.00	4.00	12.00		
	Attempt	Earned	Total	GPACrd	QPnts	GPA	
	Term	4.00	4.00	4.00	4.00	12.00	3.00
	Cum	8.00	8.00	8.00	8.00	28.00	3.50
	Term Clock Hours:	44.00					
	Cum Clock Hours:	88.00					
Summer 2021							
MSN6300	Detox & Biotransform Pathways & Imbal		33.00	3.00	0.00		
End of Transcript							



Authorized Signature

Date Processed

IN ACCORDANCE WITH THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974, AS AMENDED, TRANSCRIPTS
MAY NOT BE RELEASED TO A THIRD PARTY WITHOUT THE WRITTEN CONSENT OF THE STUDENT

University of Western States

ACCREDITATION

University of Western States is regionally accredited by the Northwest Commission on Colleges and Universities. The doctor of chiropractic degree program is awarded programmatic accreditation by the Council on Chiropractic Education.

NAMES

University of Western States (2010-present), Western States Chiropractic College (1932-2010), Pacific Chiropractic College (1913-1932), Peerless College of Chiropractic and Neuropathy (1910-1913), D.D. Palmer College of Chiropractic (1907-1910), The Marsh School (1904-1909).

ORGANIZATION

The University of Western States is organized into three academic units:

College of Chiropractic
College of Graduate and Professional
Studies College of Undergraduate Studies

GRADUATION REQUIREMENTS

Bachelor of Science:

Minimum standards for graduation include satisfactory completion of at least 180 quarter credits and a minimum cumulative grade point average of 2.0.

Master of Science:

Minimum standards for graduation include completion of all required courses, lectures, labs, practicums, and seminars with a minimum cumulative grade point average of 3.0. (MS Sports Medicine has a minimum cumulative grade point average of 2.75)

Doctor of Chiropractic:

Minimum standards for graduation include completion of all twelve quarters of required course work, a minimum cumulative grade point average of 2.0, and successful completion of the Clinical Skills Assessment.

Doctor of Education:

Minimum standards for graduation include completion of all required courses, lectures, labs, practicums, and seminars with a minimum cumulative grade point average of 3.0.

MASSAGE THERAPY

The Massage Therapy program is a certificate program in clinical massage therapy, and is a member of the American Massage Therapy Association Council of Schools. Clock hours are based on a 60-minute block of time; credit hours are calculated as follows: 50 minutes of lecture is equal to one credit hour, and two hours of laboratory is equal to one credit hour. The massage therapy program was accredited by the Commission on Massage Therapy Accreditation. *Discontinued after March 2018.*

CONTINUING EDUCATION

The Division of Continuing Education and Postgraduate Studies provides educational offerings through seminars, certifications, and diplomate programs for D.C. graduates of all accredited chiropractic colleges. The Continuing Education abbreviation for course listings is CE. A Continuing Education transcript is official only if it bears the embossed seal of University of Western States and the signature of the Director or Dean of the department.

Office of the Registrar Transcript Key

ACADEMIC STANDING

The basic criteria for good academic standing are maintaining a 2.0, 2.75, or 3.0 grade point average, based on program (both term and cumulative) and satisfactory completion of all required core curriculum courses.

GRADING SYSTEM

<u>Grade</u>	<u>Points</u>	<u>Definition</u>
A	4	Excellent
H	4	Honors (prior to 2012)
B	3	Above Average
C	2	Average
D	1	Below Average
F	0	Failing (no credit)
WF	0	Withdraw Failing (no credit)

Other Marks (disregarded in GPA calculation)

I	Incomplete
IP	In Progress
P	Pass
N, NP	No Pass
W	Withdrawal
WA	Administrative Withdrawal
E, X, EX	Credit by examination
AS	Advanced Standing
R	Remediation Required
T	Transfer Credit
TC	Transfer of Exemption
AU	Credit Audit (not for credit)
*	Course repeated later (prior to 2007)
[]	Repeated Course (included in GPA calculation)

Calculation Explanations

Repeated Course (included in GPA calculation)
Elective Course (disregarded in GPA calculation)
Directed Study (included in GPA calculation)

Academic honors are based only on UWS credits. Transfer, exemption, and advanced standing credits are not used when computing grade point average. All courses are included in the total clock hours, except repeated courses, elective courses, or those marked "AU," "W," "F," "N," or "NP."

CERTIFICATION

This transcript is official only if it bears the embossed seal of University of Western States and the signature of the Registrar.

ARTICLE 20:50

OPTOMETRY

Chapter	
20:50:01	Definitions, <u>Repealed</u> .
20:50:02	<u>Examinations of applicants</u> <u>Licensing and registration</u> .
20:50:03	Optometric schools.
20:50:04	Code of ethics.
20:50:05	Advertising.
20:50:06	Office and equipment requirements.
20:50:07	Minimum examination.
20:50:08	Continuing education requirements.
20:50:09	Petitions for rules, Superseded or repealed.
20:50:10	Prescribing of contact lenses.
20:50:11	Corporate practice.
20:50:12	Complaint investigation.

CHAPTER 20:50:01

DEFINITIONS

(Repealed)

Section

~~20:50:01:01 — Definitions.~~

~~**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

- 20:50:02:01 ~~Time of examinations, Repealed.~~
- 20:50:02:02 ~~Filing of applications for examination~~ Application for licensure.
- 20:50:02:03 ~~Repealed.~~
- 20:50:02:03.01 ~~Examination fees~~ Fees.
- 20:50:02:04 ~~Examination subjects—Admission to practice, Repealed.~~
- 20:50:02:04.01 ~~Repealed.~~
- 20:50:02:04.02 ~~Repealed.~~
- 20:50:02:04.03 ~~Endorsement certification~~ Licensure by endorsement.
- 20:50:02:04.04 ~~Minimum educational requirements—Pharmaceutical agents, Repealed.~~
- 20:50:02:04.05 ~~Repealed.~~
- 20:50:02:04.06 ~~Repealed.~~
- 20:50:02:05 ~~Transferred.~~
- 20:50:02:06 ~~National board examination required.~~
- 20:50:02:06.01 ~~Passing grade, Repealed.~~
- 20:50:02:07 ~~Certificate of registration.~~
- 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. Applicants shall attest that they have reviewed and agree to comply with South Dakota optometry law and ethics.

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.

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

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.~~

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.

Law Implemented: SDCL 36-7-12.

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; ophthalmic 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 required by § 20:50:02:02 and pay the required fee 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~~ Is 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; and~~ 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 refusals to issue or renew a license. The reports must be provided directly from the licensing jurisdiction to the board. Any application received from an optometrist who has been sanctioned by revocation of license by another optometric licensing jurisdiction must be reviewed on a case-by-case basis by the board.

The applicant for licensure by endorsement shall also 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 release form authorizing the release of the criminal history to the board.

The board retains the authority to require additional education, testing, or training prior to 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, 36-7-15(3), 36-7-15.1, 36-7-15.2, 36-7-15.3.

Law Implemented: SDCL 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 required. ~~An applicant is required to~~ must pass an examination 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 Part I (Applied Basic Science), Part II (Patient Assessment and Management), Part III (Clinical Skills), and the Treatment and Management of Ocular Disease (TMOD) of the examination certified by the National Board of Examiners in Optometry. 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 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.

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.

Law Implemented: SDCL 36-7-12, 36-7-12.1.

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.

CHAPTER 20:50:03

OPTOMETRIC SCHOOLS

Section

20:50:03:01 Recognized optometric schools or colleges.

20:50:03:01. Recognized optometric schools or colleges. The optometric schools or colleges referred to in SDCL 36-7-11(4)(3) are those optometric schools or colleges certified by the 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, 36-7-15.2.

Law Implemented: SDCL 36-7-11, 36-7-15.2.

References: List of Accredited Optometric Educational Programs, ~~June, 1985,~~ Council on Optometric Education, American Optometric Association. Copies may be obtained 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

20:50:04:01 Confidential communications.

20:50:04:02 Advising patient.

20:50:04:03 Serving as optician prohibited.

20:50:04:04 Maintenance of office.

20:50:04:05 Use of word "doctor."

20:50:04:05.01 Repealed.

20:50:04:06 Optometrist to write and release prescription – Requests for medical records.

20:50:04:07 Claims of superiority.

20:50:04:08 Repealed.

20:50:04:09 Division of fees – Payments to employees.

20:50:04:10 Repealed.

20:50:04:11 Improper business relationships.

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

~~Appendix A – Procedural Code List, Repealed.~~

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 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 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 would interfere with the optometrist's independent ability to provide professional care for patients without outside influence.

Nothing in this section shall 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 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, 36-7-17, 36-7-25.

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

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.	
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).	

CPT Code	Description of Clinical Procedure	Notes/Comments
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.	
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).	
92025	Computerized corneal topography, unilateral or bilateral, with interpretation and report.	
92060	Sensorimotor examination with multiple measurements of ocular deviation (e.g., restrictive or parietic 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, Autoplots, 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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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).	
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.	
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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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.	
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.	
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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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.	
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.)	
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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 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.	
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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 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. 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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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'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.	
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 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 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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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 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.	
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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 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 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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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.	
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 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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 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.	
G0117	Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist.	
G0118	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.	
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens.	
S0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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 problem(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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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 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.	
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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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) 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 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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 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 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., maternal 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).	

CPT Code	Description of Clinical Procedure	Notes/Comments
99357	Each additional 30 minutes (List separately in addition to code for prolonged physician service).	

CHAPTER 20:50:06

OFFICE AND EQUIPMENT REQUIREMENTS

Section

- 20:50:06:01 Minimum office equipment.
20:50:06:02 Inspection of office.

20:50:06:02. Inspection of office. 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 board shall~~ who 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).

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

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

CHAPTER 20:50:08

CONTINUING EDUCATION REQUIREMENTS

Section

- 20:50:08:01 Continuing education requirements.
20:50:08:02 Acceptable courses of study.
20:50:08:02.01 ~~Limits on self directed learning.~~ Repealed.
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.~~

Those optometrists certified to use pharmaceutical agents for diagnostic or therapeutic purposes must complete 5 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 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.

Law Implemented: SDCL 36-7-15.1, 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~~ All continuing education courses must be accredited by the Council on Optometric Practitioner Education (COPE) or approved by the board.

An optometrist may receive one hour credit for every two hours of surgical/ophthalmic observation, up to four hours credit. If the location of the observation being submitted for credit is the optometrist's regular office, evidence must be provided to the board that the subject of the observation is other than the optometrist's regular practice expertise. 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.

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 hours of self-directed learning may be credited to a licensee 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, evidence must be provided to the board that the subject of the observation is other than the optometrist's regular practice expertise. 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, and teleconferences—— up to two hours credit. The course must be proctored to receive credit;~~

~~——(3) Correspondence courses from colleges or occupational journals—— up to four hours credit. The course 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, and for good cause shown, a live stream presentation may receive credit as a live presentation Repealed.~~

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).

Law Implemented: SDCL 36-7-20.1, 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.

CHAPTER 20:50:10

PRESCRIBING OF CONTACT LENSES

Section

20:50:10:01 Acts constituting prescribing of contact lenses.

20:50:10:02 Provision of contact lens prescription.

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

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 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 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.

Law Implemented: SDCL 36-7-1.

CHAPTER 20:50:12

COMPLAINT INVESTIGATION

Section

- 20:50:12:01 Complaints.
- 20:50:12:02 Investigations.
- 20:50:12:03 Completion of complaint investigation.
- 20:50:12:04 Status of complainant.
- 20:50:12:05 Failure to renew during investigation.
- 20:50:12:06 Costs of disciplinary actions.

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).

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 shall give written notice to the license, permit, or certificate holder 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, 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).

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 following sanctions may be imposed after a determination by the board that a violation exists:

- (1) A letter of concern, which shall be placed in the licensee's permanent records; 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 state of South Dakota;
- (5) Suspension of license to practice optometry in the state of South Dakota;
- (6) Revocation of license to practice optometry in the 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 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.

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

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

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