

20:50:02:03.01. Examination fees. The application fee for taking the initial examination, which includes the state law and ethics examination, 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.

20:50:02:04.03. Endorsement certification An applicant for licensure by endorsement ~~must~~ shall submit the application form and fee of \$175 and meet all of the following conditions:

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

(2) Be licensed at ~~the highest~~ 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 possible level in that jurisdiction;

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

The ~~candidate must~~ 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 ~~such actions as~~ any investigations, ~~entering~~ entrances into consent agreements, suspensions, revocations, and refusals to issue or renew a license. Any application received from an optometrist who has been sanctioned by revocation of license by another optometric licensing jurisdiction ~~shall~~ must be reviewed on a case-by-case basis by the board.

The board retains the authority to require additional education, testing, or training prior to granting licensure under SDCL 36-7-13 ~~when~~ 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.

General Authority: SDCL 36-7-13, 36-7-15(3), 36-7-15.1, 36-7-15.2, 36-7-15.3, ~~36-7-31~~.

Law Implemented: SDCL 36-7-13, 36-7-15.1, 36-7-15.2, 36-7-15.3, ~~36-7-31~~.

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

CHAPTER 20:50:02

EXAMINATIONS OF ~~CANDIDATES~~ APPLICANTS

Section

- 20:50:02:01 Time of examinations.
- 20:50:02:02 Filing of applications for examination.
- 20:50:02:03 Repealed.
- 20:50:02:03.01 Examination fees.
- 20:50:02:04 Examination subjects -- Admission to practice.
- 20:50:02:04.01 Repealed.
- 20:50:02:04.02 Repealed.
- 20:50:02:04.03 Endorsement certification.
- 20:50:02:04.04 Minimum educational requirements -- Pharmaceutical agents.
- 20:50:02:04.05 Repealed.
- 20:50:02:04.06 Repealed.
- 20:50:02:05 Transferred.
- 20:50:02:06 National ~~Board of Examiners-board~~ test required.
- 20:50:02:06.01 Passing grade.
- 20:50:02:07 Certificate of registration.
- 20:50:02:07.01 Initial review.
- 20:50:02:07.02 Processing applications.
- 20:50:02:07.03 Investigation of application.
- 20:50:02:08 Annual renewal fees.

20:50:02:06. National Board of Examiners board test examination required. ~~Satisfactory passing of examinations as~~ An applicant is required to 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 satisfactory passing of the national pharmacology test Part I (Applied Basic Science), Part II (Patient Assessment and Management), Part III (Clinical Skills), and the Treatment and Management of Ocular Disease (TMOD) is required. The board may require ~~all candidates~~ an applicant to take additional tests on any subjects listed in § 20:50:02:04, including the National Board of Clinical Skills examination. ~~Candidates' applications~~ The application shall show indicate when they the applicant took the national board examinations and the subjects covered. The ~~examinations~~ applicant must have ~~been passed~~ the examinations within the five years before the date of ~~South Dakota~~ licensure in this state.

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.

General Authority: SDCL 36-7-15.

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

20:50:02:07.01. Initial review. Upon receipt of an application for an initial certificate of registration or for endorsement, the executive secretary shall determine if the applicant has submitted all required documents, information, fees, and other materials. The executive secretary shall notify the applicant of any materials missing from the application. The applicant has 180 days from the date of notice to provide the information necessary to complete the application. If an applicant fails to submit required materials within 180 days of the date of

notice, the application will be withdrawn. The executive secretary shall notify the applicant if an application is withdrawn. The applicant may reapply at the expiration of the 180-day period, but all required documents, information, fees, and other materials must be resubmitted with the reapplication.

Source:

General Authority: SDCL 36-7-15(1).

Law Implemented: SDCL 36-7-11, 36-7-12 ,36-7-12.1, 36-7-12.2, 36-7-13.

20:50:02:07.02. Processing applications. The executive secretary shall initiate the processing of a complete application after receiving documentation from primary sources to verify that the applicant has met the requirements of applicable statutes and rules.

Source:

General Authority: SDCL 36-7-15(1), 36-7-15(3).

Law Implemented: SDCL 36-7-11, 36-7-12 ,36-7-12.1, 36-7-12.2, 36-7-13, 36-7-24, 36-7-25.

20:50:02:07.03. Investigation of application. The executive secretary may determine that the information disclosed in an application or primary source documentation requires an inquiry to determine whether the applicant meets the qualifications or standards for issuance of a license. The executive secretary may conduct the inquiry, or may refer the matter to the board investigator for investigation.

Source:

General Authority: SDCL 36-7-15(1), 36-7-15(3).

Law Implemented: SDCL 36-7-11, 36-7-12 ,36-7-12.1, 36-7-12.2, 36-7-13, 36-7-24, 36-7-25.

20:50:02:08. Annual renewal fees. The annual renewal fee for licensed optometrists is \$300 if paid by the first day of October of each year. The additional fee for reinstatement after a default, pursuant to SDCL 36-7-20, is \$100 for each calendar month the fee is late, up to a maximum of twelve months, after which a licensee may be renewed only if, in the discretion of the board, good cause is shown for the delinquency.

An optometrist who has not actively and routinely practiced for a period of greater than one year, but not more than three years, may, at the discretion of the board, be reinstated upon a showing of good cause, payment of the annual renewal fee for each year of absence, payment of the late fee for each month of absence as provided in this section, and upon providing proof of being current on all continuing education requirements.

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; 32 SDR 225, effective July 5, 2006; 41 SDR 109, effective January 12, 2015.

General Authority: SDCL 36-7-20.

Law Implemented: SDCL 36-7-20.

20:50:04:06. Optometrist to write and release prescription -- Requests for medical records. ~~If~~ Upon the request of a patient for whom an optometrist has prescribed spectacle lenses ~~so requests~~, the optometrist shall ~~write out~~ issue the prescription and deliver a copy of it to the patient. A spectacle lens prescription expires on the date specified by the prescriber, based upon the medical judgment of the prescriber with respect to the ocular health of the patient. If a prescription expires in less than one year, the reasons for the expiration date must be documented in the patient's medical record. No prescriber may specify a prescription expiration date that is earlier than the date on which reexamination of the patient that occurs prior to the time

~~recommended by the prescriber for a reexamination of the patient that is medically necessary. Requests for medical records are governed by SDCL 36-2-16.~~

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

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

Law Implemented: SDCL 36-7-1.

20:50:08:02. Acceptable courses of study. The board shall determine acceptable continuing education courses ~~approve, at each annual meeting, a list of acceptable out-of-state courses of study that may be taken in lieu of courses provided within the state. In addition, other meetings and seminars either within or without the state may be approved in advance by the board. A request for approval must be made at least 15 days before the meeting or seminar. The board may approve out-of-state courses if they are substantially equivalent to those offered in the state.~~ 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.

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.

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.

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

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

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

20:50:08:04. Obtaining evidence of compliance. To show compliance with educational requirements, each ~~registered optometrist~~ licensee shall obtain evidence of attendance or completion from the sponsoring organization for each course. Documentation must show the name of the licensee, the title of the course, the COPE identification number, if applicable, the date of attendance or completion of the course, the speaker or instructor the location of the course or the medium used for instruction, and the hours in attendance or required for completion. The evidence of compliance must accompany the ~~registrant's~~ licensee's application for renewal of license.

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

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

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

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

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

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

If a prescription expires in less than one year, the prescriber shall document the reasons for that expiration date in the patient's medical record. No prescriber may specify a prescription expiration date that is earlier than the date on which a reexamination of the patient occurs prior to the time recommended by the prescriber for a reexamination of the patient that is medically necessary.

Source: 44 SDR 99, effective December 11, 2017.

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

Law Implemented: SDCL 36-7-1.

20:50:11:02. Professional corporation -- Admitting shareholder. ~~At least~~ No later than 30 days before admitting a new shareholder or member after a change in membership or shareholders, the corporation shall notify the board in writing of ~~its intention~~ the change, indicating the identity, licensure status, and residence address of ~~the~~ any new shareholder or member.

Source: 12 SDR 78, effective November 10, 1985; 12 SDR 151, 12 SDR 155, effective July 1, 1986.

General Authority: SDCL 47-11B-23.

Law Implemented: SDCL 47-11B-3.

DEPARTMENT OF HEALTH
OPTOMETRY

PROCEDURAL CODES LIST

Chapter 20:50:04

APPENDIX A

SEE: § 20:50:04:12

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.

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).	

CPT Code	Description of Clinical Procedure	Notes/Comments
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,	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 paretic muscle with diplopia) with interpretation and report (separate procedure).	
92065	Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.	
92071	Fitting of a contact lens for treatment of ocular surface disease.	
92072	Fitting contact lens for management of keratoconus, initial fitting.	
92081	Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent).	

CPT Code	Description of Clinical Procedure	Notes/Comments
92082	Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (e.g., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33).	
92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (e.g., Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2).	
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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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,	

CPT Code	Description of Clinical Procedure	Notes/Comments
	slit lamp photography, gonioscopy, stereo-photography).	
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count.	
92310	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes except for aphakia.	
92311	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, one eye.	
92312	Corneal lens for aphakia, both eyes.	
92313	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens.	
92314	Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia.	
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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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.	

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

CPT Code	Description of Clinical Procedure	Notes/Comments
99051	Services provided in the office during regularly scheduled evening, weekend, or holiday office hours, in addition to basic service.	
99053	Services provided between 10 p.m. and 8 a.m. at 24 hour facility, in addition to basic service.	
99070	Supplies and materials (except spectacles) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided).	
99172	<p>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).</p> <p>(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.)</p>	
99173	<p>Screening test of visual acuity, quantitative, bilateral.</p> <p>(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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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 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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99211	<p>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.</p>	
99212	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p>	
99213	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99214	<p>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.</p>	
99215	<p>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,</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>the presenting problem(s) are of moderate to high severity.</p> <p>Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p>	
99241	<p>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.</p> <p>Usually, the presenting problem(s) are self-limited or minor.</p> <p>Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p>	
99242	<p>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.</p>	
99243	<p>Office consultation for a new or established patient, which requires these three key components: a detailed history; a</p>	

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

CPT Code	Description of Clinical Procedure	Notes/Comments
	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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99310	<p>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.</p>	
99324	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	patient and/or family or caregiver.	
99325	<p>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.</p> <p>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.</p>	
99326	<p>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.</p>	
99327	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99328	<p>Domiciliary or rest home visit for the evaluation and management of a new patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes with the patient and/or family or caregiver.</p>	
99334	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p> <p>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.</p> <p>Physicians typically spend 60 minutes with the patient and/or family or caregiver.</p>	
99341	<p>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.</p> <p>Usually, the presenting problem(s) are of low severity. Physicians typically spend 20 minutes face-to-face with the patient and/or family.</p>	
99342	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99343	<p>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.</p> <p>Physicians typically spend 45 minutes face-to-face with the patient and/or family.</p>	
99344	<p>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.</p> <p>Physicians typically spend 60 minutes face-to-face with the patient and/or family.</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
99345	<p>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.</p>	
99347	<p>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.</p>	
99348	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p>	
99349	<p>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.</p>	
99350	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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.	
<u>0207T</u>	<u>Evacuation of Meibomian glands, automated, using heat and intermittent pressure, unilateral.</u>	
A4263	Permanent, long-term, non-dissolvable lacrimal duct implant, each.	
GO117	Glaucoma screening for high-risk patients furnished by an optometrist or ophthalmologist.	
GO118	Glaucoma screening for high-risk patients furnished under the direct supervision of an optometrist or ophthalmologist.	

CPT Code	Description of Clinical Procedure	Notes/Comments
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.	
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.	

CPT Code	Description of Clinical Procedure	Notes/Comments
S0621	Routine ophthalmological examination including refraction; established patient.	
S0820	Computerized corneal topography, unilateral.	
S0830	Ultrasound pachymetry to determine corneal thickness, with interpretation and report, unilateral.	

Optometric Clinical Procedures Approved by South Dakota Board of Optometry

(these codes require hospital privileges)

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

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99223	<p>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.</p>	
99231	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	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	

CPT Code	Description of Clinical Procedure	Notes/Comments
	the bedside and on the patient's hospital floor or unit.	
99234	<p>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.</p>	
99235	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity.</p>	
99238	Hospital discharge day management; 30 minutes or less.	
99239	Hospital discharge day management; more than 30 minutes.	

CPT Code	Description of Clinical Procedure	Notes/Comments
99251	<p>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.</p>	
99252	<p>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.</p>	
99253	<p>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</p>	

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

CPT Code	Description of Clinical Procedure	Notes/Comments
	<p>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.</p>	
99282	<p>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.</p>	
99283	<p>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.</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
99284	<p>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.</p>	
99285	<p>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.</p>	
99356	<p>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</p>	

CPT Code	Description of Clinical Procedure	Notes/Comments
	inpatient), first hour (List separately in addition to code for inpatient Evaluation and Management service).	
99357	Each additional 30 minutes (List separately in addition to code for prolonged physician service).	