

South Carolina Department of Labor, Licensing and Regulation (LLR)
Board of Examiners in Optometry
Board Meeting Minutes
February 8, 2017
Synergy Business Park
110 Centerview Drive, Kingtree Building, Room 204
Columbia, South Carolina

Public notice of this meeting was properly posted at the South Carolina Board of Examiners in Optometry, Synergy Business Park, Kingtree Building and provided to all requesting persons, organizations, and news media in compliance with section 30-4-80 of the South Carolina Freedom of Information Act.

BOARD MEMBERS PRESENT:

Dr. James Vaught, President
Dr. Michelle Cooper, Vice President
Dr. Derek Van Veen
Dr. Thomas E. Tucker
Charles Hill, Public Member
Jesse W. Price, III, Public Member

BOARD MEMBERS ABSENCE:

Dr. Peter Candela

SCLLR STAFF PRESENT:

Stacey Hewson, Esquire, Office of Advice Counsel - *Sam. F. Hill*
Missy L. Jones, Administrative Assistant
For IRC Report:
David Love, Chief Investigator, Office of Investigations and Enforcement
For ODC Report:
Tina Brown, Esquire, Office of Disciplinary Counsel

PRESENT:

Jackie Rivers, Executive Director, SCOPA

CALL TO ORDER: At *3:00pm* p.m. the meeting was called to order by *3:00pm*

APPROVAL OF AGENDA: A **motion** was made by *Cooper* to accept the October 11, 2017, Agenda. The motion was seconded by *Tucker* and carried unanimously.

APPROVAL OF ABSENT BOARD MEMBER(S): A **motion** was made by *Tucker* to approve Dr. Peter Candela's absence. The motion was seconded by *Cooper* and carried unanimously.

APPROVAL OF MAY 24, 2017 MEETING MINUTES: A **motion** was made by *Cooper* to accept the ~~October 12, 2016~~ *may 2017* minutes as written. The motion was seconded by *Tucker* and carried unanimously.

OFFICE OF INVESTIGATIONS AND ENFORCEMENT (OIE) REPORT: *Serenne Swartz* ~~Mr. Love~~ presented the OIE Statistical Report. The Board accepted this report as information.

^{Sweritz}
✓ **INVESTIGATIVE REVIEW COMMITTEE (IRC) REPORT:** Mr. ~~Love~~ provided the IRC Report. It was recommended to dismiss case # . A **motion** was made by ^{Tucker} to accept the IRC dismissal recommendations. The motion was seconded by ^{Price} and carried unanimously.

2017-2

^{ms. Brown}
✓ **OFFICE OF DISCIPLINARY COUNSEL (ODC) REPORT:** Ms. ~~B~~ reported that there is pending case in the Office of Disciplinary Counsel.

1 case pending. heard today

DISCIPLINARY HEARINGS: CASE 2013-11 STIPULATION OF FACTS: Shanika presented ~~the~~ facts of case. Stephen Powell opt. → Atty. Fleming. Alyssa
Exec. in: Tucker / Van Veen
Exec. out: Price / Cooper

motion: Dismiss ~~Action~~ Complaint

Cooper / Tucker

↳ word of caution from Cooper

REPORTS / INFORMATION

- **Licensee Totals Report and Endorsement Applicant Report** – S.C. 891 licensed optometrists; 583 practice in S.C.; 308 practice out-of-state.
- **Endorsement Applicant Report** – 3 Optometrists were licensed in S.C. since July 13, 2017 through October 5, 2017
- **Financial Report** - provided and accepted as information
- **COPE Accreditation substantially equivalent to ACCME CME Accreditation**–

Stacey arrived ✓
4:13pm

Sub Committee
4 members

NEW BUSINESS

REGULATORY REVIEW PURSUANT TO EXECUTIVE ORDER 2017-09.:

95-1 - ✓ motion - Yankeen / Price as written ✓

95-2 - motion: Cooper / Tucker - as written ✓

Carry over

← 95-3 motion: ~~A passing score~~ needs to be amended - motion - Cooper / Tucker ✓

Carry over

← 95-4 - motion: C. Strike f E. All ~~but~~ E. Strike last 2 sentences // H. Strike
↳ strike both & rewrite Amending Reg. 95-4 - Cooper / Price ✓

Carry over

95-5 - motion: ~~Strike~~ Amending Reg. 95-5 - Cooper / Price

95-6 - motion - As written - Cooper / Price

REVISION TO OPTOMETRIC PROCEDURE CPT CODES POLICY:

Delete - Each of these procedure - Cooper / Price

NATIONAL BOARD OF EXAMINERS IN OPTOMETRY (NBOE) EXAM PART III:

Carry over - Feb. 2018

BOE TRACKER OPTOMETRIC EDUCATION AUDIT:

Dr. Vaught met w/ Dylan

→ telemedicine
SC OPTOMETRIC PHYSICIANS ASSOCIATION: Jackie Rivers - Rthly reviewed
law - The Assoc. will monitor

APPROVAL OF PAIN MANAGEMENT CONTINUING EDUCATION: Jackie send slides

THE PROFESSIONAL SOCIETY OF OPTOMETRIST: Tucker ✓ Jimmons Approved
Cooper / Price
motion: Approved } Both
SC MEDICAL ASSOCIATION: ✓ Contact for approval

Put on website under Edu.

APPROVE 2018 BOARD MEETING DATES:

✓ Feb. 21 Oct. 10
May 30
July 25

PUBLIC COMMENTS

There were no public comments.

ANNOUNCEMENTS

The next Board meeting is to be scheduled.

ADJOURNMENT

A motion was made by H. 11, seconded by H. 11 Cooper, and unanimously carried to adjourn the meeting. Dr. Candela adjourned the meeting at 5:08 p.m.

These minutes are a record of the official actions taken by the Board and a summary of the meeting provided by April Koon, Administrator. Minutes are presented to the Board for final approval.

**SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY
AGENDA**

**Board Meeting, October 11, 2017, 3:00 P.M.
Synergy Business Park, Kingstree Building, Room 204
110 Centerview Drive, Columbia, South Carolina**

Public Notice of this meeting was properly posted at the Optometry Board's Office, Synergy Business Park, Kingstree Building, and provided to all requesting persons, organizations, and news media in compliance with the South Carolina Freedom of Information Act, Section 30-4-80.

A. Call to Order

B. Approval of Agenda

C. Approval / Disapproval of Absent Board Member(s) Dr. Peter Candela

D. Introduction of Advice Attorney for the Board – Stacey Hewson, OAC

E. Approval of May 24, 2017 Board Meeting Minutes

F. Office of Investigations and Enforcement (OIE) Statistical Report – David Love, Chief Investigator

G. Investigative Review Committee (IRC) Report – David Love, Chief Investigator

H. Office of Disciplinary Counsel (ODC) Report– Tina Brown, Attorney, ODC

I. Disciplinary Hearings

1. Case 2013-11 Stipulation of Facts

J. Reports / Information Administrative Information – April Koon

1. Licensee Totals
2. Endorsement Applicant Report
3. Financial Report
4. COPE Accreditation substantially equivalent to ACCME CME Accreditation

K. New Business

1. Regulatory Review Pursuant to Executive Order 2017-09
2. Revision to Optometric Procedure CPT Codes Policy
3. National Board of Examiners in Optometry (NBEO) Exam Part III
4. OE Tracker Optometric Education Audit
5. SC Optometric Physicians Association - Telemedicine
6. Approval of Pain Management Continuing Education
 - The Professional Society of Optometrist
 - SC Medical Association
7. Approve 2018 Board Meeting Dates

Public Comments

Adjournment

E. An unlimited number of CE hours can be from courses sponsored by national, regional, and state optometric organizations, optometry schools, or medical schools. Council on Optometric Practitioner Education (COPE) approved courses are not automatically approved. All laser surgery education is considered general hours, not pharmacology. Hours obtained for CPR certification or CPR recertification are limited to the number of hours above (D) and qualify as unlimited CE.

F. No more than eight (8) of the forty (40) hours required can be from courses, live or online, sponsored by local optometric society groups and private businesses/organizations such as, physicians, optometrists, and optical industry shows. Four (4) hours, of this eight may be for courses that are not limited to the practice of optometry but which are directly related to health care programs such as HIPAA, Medicare and Medicaid, Ethics, and Jurisprudence. Additional hours of CE credit from this category of sponsors may be approved if the sponsor can demonstrate the course is COPE approved and a member of the State Board of Examiners of Optometry from the state wherein the course is offered is present to attest to the enforcement of attendance. The Board will accept COPE approved online CE courses without further review. Online CE courses lacking a COPE approval number must be pre-approved by the Board. Licensees are strongly urged to obtain this approval prior to registering and paying tuition for any such course.

G. General business, marketing, and management course are not approved for continuing education.

H. Correspondence and video/audio presentation are not approved for continuing education.

HISTORY: Added by State Register Volume 31, Issue No. 6, eff June 22, 2007.

95-5. Licensure By Endorsement.

A. To demonstrate that he or she is currently licensed and practicing at the therapeutic level in another jurisdiction, an endorsement candidate should provide evidence of active practice for the twelve (12) month period immediately preceding application or in the alternative evidence of active practice during twenty four (24) of the last thirty six (36) months.

B. To demonstrate that he or she has practiced at the therapeutic level in another jurisdiction, an endorsement candidate should provide evidence that he or she was authorized by law to treat glaucoma in the other jurisdiction.

C. The Board recognizes satisfactory completion of the examination by the National Board of Examiners in Optometry offered at the time of first licensure (if 1985 or later), or satisfactory completion of the TMOD and satisfactory completion of the South Carolina Optometric Jurisprudence Examination as appropriate prerequisites for licensure by endorsement.

HISTORY: Added by State Register Volume 31, Issue No. 6, eff June 22, 2007.

95-6. Professional Standards For Patient Records.

A. Licensees of this Board must comply with the South Carolina Physicians' Patient Records Act, S.C. Code 44-115-10, et seq., except for 44-115-130.

B. A licensee who contracts with the owners of the optometric practice in which he or she provides professional services so that the owner agrees to manage the records in compliance with the Act will be considered in compliance with this regulation.

HISTORY: Added by State Register Volume 31, Issue No. 6, eff June 22, 2007.

South Carolina Department of Labor, Licensing and Regulation (LLR)
Board of Examiners in Optometry
Board Meeting Minutes
May 24, 2017
Synergy Business Park
110 Centerview Drive, Kingstree Building, Room 204
Columbia, South Carolina

Public notice of this meeting was properly posted at the South Carolina Board of Examiners in Optometry, Synergy Business Park, Kingstree Building and provided to all requesting persons, organizations, and news media in compliance with section 30-4-80 of the South Carolina Freedom of Information Act.

BOARD MEMBERS PRESENT:

Dr. James Vaught, President
Dr. Michelle Cooper, Vice President
Dr. Peter V. Candela
Dr. Derek Van Veen
Dr. Thomas E. Tucker
Charles Hill, Public Member
Jesse W. Price, III, Public Member

SCLLR STAFF PRESENT:

Mary League, Esquire, Office of Advice Counsel
April Koon, Administrator
Missy L. Jones, Administrative Assistant
Darra Coleman, Chief Advice Counsel of Office of Advice Counsel
Rebecca Leach, Office of Governmental Affairs
Holly Beeson, Office of Governmental Affairs
Dottie Buchanan, Office of Communications
Lesia Kudelka, Media Relations, Office of Communications
Sym Sigh, Office of Governmental Affairs
For IRC Report:
David Love, Chief Investigator, Office of Investigations and Enforcement
For ODC Report:
Shanika Johnson, Esquire, Office of Disciplinary Counsel

PRESENT:

Gary Haywood, Nationally Certified Court Reporter
Jackie Rivers, Executive Director, SCOPA
Anna Balderson, SCOPA

CALL TO ORDER: At 3:00 p.m. the meeting was called to order by Dr. Vaught.

APPROVAL OF AGENDA: A **motion** was made by Dr. Candela to accept the May 24, 2017, Agenda. The motion was seconded by Dr. Cooper and carried unanimously.

APPROVAL OF ABSENT BOARD MEMBER(S): No members were absent.

APPROVAL OF FEBRUARY 8, 2017 MEETING MINUTES: A **motion** was made by Dr. Candela to accept the February 8, 2017 minutes as written. The motion was seconded by Mr. Price and carried unanimously.

OFFICE OF INVESTIGATIONS AND ENFORCEMENT (OIE) REPORT: Mr. Love presented the OIE Statistical Report. The Board accepted this report as information.

INVESTIGATIVE REVIEW COMMITTEE (IRC) REPORT: Mr. Love provided the IRC Report. It was recommended to dismiss case #2016-10 and case #2016-11. A **motion** was made by Dr. Candela to accept the IRC dismissal recommendations. The motion was seconded by Dr. VanVeen and carried unanimously.

OFFICE OF DISCIPLINARY COUNSEL (ODC) REPORT: Ms. Johnson reported that there is one case pending case in the Office of Disciplinary Counsel. A **motion** was made by Dr. Cooper to accept the Office Disciplinary Counsel report. The motion was seconded by Dr. VanVeen and carried unanimously.

LEGISLATIVE UPDATE: Ms. Leach reported on Bill H.3824 effective May 19, 2017 amending Section 40-37-240 (D) (2) regarding the Prescription Monitoring Program. The Prescription Monitoring Program requires Optometrists to reference the program prior to prescribing controlled substances with exceptions. The Bill also changes the continuing education requirements for Optometrists in South Carolina who are authorized to prescribe controlled substances. Two (2) of the requisite hours of continuing education must be related to approved procedures of prescribing and monitoring controlled substances listed in Schedules II, III, and IV of the schedules provided for in Sections 44-53-210, 44-53-230, and 44-53-250. The Bill also allows pharmacies to fill prescriptions on an emergency basis for 10 days, once every 12 months without a current prescription. Ms. Leach also reported that there is a bill that is in progress but has not passed which is the Prescription Monitoring Report Card. This Bill would direct SC DHEC to generate a report stating whether or not Optometrists in SC are using the Prescription Monitoring Program. Ms. Leach reported the Bill for the Criminal Background Checks for licensees did not pass this Legislative Session.

REPORTS / INFORMATION

- **Licensee Totals Report and Endorsement Applicant Report** – S.C. 852 licensed optometrists; 557263 practice in S.C.; 280 practice out-of-state.
- **Endorsement Applicant Report** – No Endorsement Applicant licenses issued
- **Financial Report** - provided and accepted as information
- **Election of Board Member Processes** – A **motion** was made by Dr. Cooper to go into executive session. The motion was seconded by Mr. Hill and carried unanimously. A **motion** was made by Mr. Hill to come out of executive session. The motion was seconded by Dr. Tucker and carried unanimously. A **motion** was made by Dr. Tucker to conduct the election of Board Members at the annual SCOPA meeting in August. Notice of elections are to be mailed to all licensed Optometrists in SC and the Board Administrator will be present at the annual meeting to handle election processes. The motion was seconded by Mr. Price and carried unanimously.

UNFINISHED BUSINESS

TELEMEDICINE: The Board asked SCOPA to research Telemedicine and report to the Board at the next Board Meeting. This item is carried over to the next Board Meeting.

NEW BUSINESS

CONTINUING EDUCATION AUDIT DISCUSSION: This item is carried over to the next Board Meeting.

SCOPE OF PRACTICE INQUIRY CONCERNING 40-37-310 (D): Dr. Mazhari submitted a question pertaining to Section 40-37-310 (D) which prohibits optometrists in South Carolina from performing surgery. Dr. Mazhari asked if removal of foreign bodies with the use of an Alger Brush is considered performing surgery or is this within the scope of practice for optometrists. A **motion** was made by Dr. Candela that it was within the scope of practice for optometrist. The motion was seconded by Dr. Tucker and carried unanimously.

PUBLIC COMMENTS

There were no public comments.

ADJOURNMENT

A **motion** was made by Dr. Candela, seconded by Dr. Tucker, and unanimously carried to adjourn the meeting. Dr. Candela adjourned the meeting at 4:47 p.m.

These minutes are a record of the official actions taken by the Board and a summary of the meeting provided by April Koon, Administrator. Minutes are presented to the Board for final approval.

Date: October 11, 2017

South Carolina Board of Examiners in Optometry

Statistical Board Report

Case Status (Optometry cases received from 1/1/2016 thru 6/28/2017)	Total
Active Investigation (Avg days: 59) (OPTOMETRY)	2
Closed (Avg days: 101) (OPTOMETRY)	8
Do Not Open Case (Avg days: 29) (OPTOMETRY)	6
Pending Board Action (Avg days: 202) (OPTOMETRY)	1
	Total 17

Date: October 11, 2017

South Carolina Board of Examiners in Optometry

Statistical Board Report

Case Status (Optometry cases received from 1/1/2016 thru 10/4/2017)	Total
Closed (Avg days: 129) (OPTOMETRY)	10
Do Not Open Case (Avg days: 22) (OPTOMETRY)	8
Pending Board Action (Avg days: 200) (OPTOMETRY)	2
Pending IRC (Avg days: 144) (OPTOMETRY)	1
	Total 21

Date: October 11, 2017

South Carolina Board of Examiners in Optometry

IRC held on June 28, 2017

Dismissal – 1

IRC Members

**Tina Brown– Attorney
Dr. Wayne Cannon - IRC Advisor
Dr. Timothy Stafford – IRC Advisor
April Koon– Administrator
Adrian Rivera – Investigator
David Love – Chief Investigator**

DISMISS

Case #	Investigator	Initial Complaint Allegations	IRC Logic
2017-2	Adrian Rivera	The complaint alleges Respondent (OD) of Discriminating, Misleading, False, and Deceptive Advertising by advertising himself as an Ophthalmologist on Facebook.	IRC met on 06/28/2016 and recommended dismissal. Facebook page displays a disclaimer that page is not affiliated or approved by Respondent. Respondent has made attempts to get the page removed.
Total Cases: 1			

Date: October 11, 2017

South Carolina Board of Examiners in Optometry

IRC Board Report

Dismissals – 2

Dr. Wayne Cannon -IRC Advisor

Dr. Timothy Stafford – IRC Advisor

Tina Brown – Attorney

April Koon – Board Administrator

Adrian Rivera - Investigator

David Love – Chief Investigator

DISMISS

Case #	Investigator	Initial Complaint Allegations	IRC Logic
2017-4	Adrian Rivera	Complaint alleges Respondent (OD) of substandard care and abandonment by failing to diagnose a reduction in acuity for patient after three examinations and numerous fittings. In addition, Respondent refused treatment after the third examination	The IRC members submitted their decision via e-mail for the 10/04/2017 scheduled IRC and recommended a dismissal. No evidence found to support the allegations.
2017-6	Adrian Rivera	Complaint alleges (OD) is practicing while under the influence of alcohol.	The IRC members submitted their decision via e-mail for the 10/04/2017 scheduled IRC and recommended a dismissal. No evidence found to support the allegations.
Total Cases: 2			

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION BEFORE
THE SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY**

IN THE MATTER OF:

STEPHEN R. POWELL, O.D.

License No. OPT.643

Respondent.

OIE Case No. 2013-11

NOTICE OF HEARING

TO THE ABOVE NAMED RESPONDENT AND RESPONDENT'S ATTORNEY:

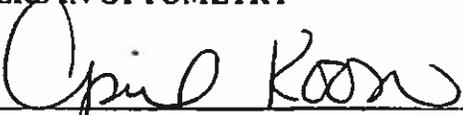
YOU ARE HEREBY NOTIFIED THAT:

1. A hearing in the above-captioned matter is scheduled before the South Carolina Board of Examiners in Optometry ("Board") for **October 11, 2017, at 3:00 p.m.*** in Room 204 of the Kingstree Building, 110 Centerview Drive, Columbia, South Carolina.
2. The hearing has been set to consider the charges in the Stipulation of Facts against you. Hearings are held in accordance with the South Carolina Administrative Procedures Act, S.C. Code Ann. § 1-23-310, *et seq.* (1976, as amended), which describes your procedural rights, including, but not limited to, the right to respond and present evidence and testimony on all issues involved and cross-examine witnesses against you. You may also have legal counsel to represent you in this matter to more fully understand, protect, and assert your legal rights.
3. If the Board finds that you have violated the statutes, standards, or regulations of the Board, the Board may reprimand, suspend, revoke, or otherwise restrict your license in this State, in accordance with S.C. Code Ann. § 40-1-110 (1976, as amended), or impose an appropriate civil penalty in conformance with the provisions of S.C. Code Ann. § 40-1-120 (1976, as amended).
4. **IF YOU DO NOT APPEAR AT THE HEARING, THE BOARD WILL CONDUCT THE HEARING IN YOUR ABSENCE. AFTERWARDS, THE BOARD MAY TAKE SUCH DISCIPLINARY ACTION AS IS APPROPRIATE FOR THE CHARGES DESCRIBED AND AS IS ALLOWED BY LAW.**

SOUTH CAROLINA DEPARTMENT OF
LABOR, LICENSING AND REGULATION

SOUTH CAROLINA BOARD OF
EXAMINERS IN OPTOMETRY

BY:


April Koon, Administrator

10-4-17

Date

Shanika Johnson, Assistant Disciplinary Counsel
LLR - Office of Disciplinary Counsel
P.O. Box 11329
Columbia, SC 29211

*Hearing times are subject to change

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF EXAMINERS IN OPTOMETRY**

IN THE MATTER OF:

STEPHEN R. POWELL, O.D.
License No. OP1.643

STIPULATION OF FACTS

Case No.: 2013-11

Respondent.

WHEREAS, the State Board of Examiners in Optometry (hereinafter "the Board") has received an initial complaint with respect to Stephen R. Powell, O.D., Respondent; and

WHEREAS, the State is prepared to file a Formal Complaint alleging that, among other things, Respondent has committed misconduct in violation of S.C. Code Ann. § 40-1-110(l)(f) (1976, as amended); and

WHEREAS, Respondent has advised that he wishes to waive formal hearing procedures and dispose of this matter pursuant to S.C. Code Ann. § 1-23-320(F) (1976, as amended); and

WHEREAS, Respondent will participate in a Final Order Hearing, at such time as the Board shall require, to determine whether he has committed misconduct in violation of S.C. Code Ann. § 40-1-110(l)(f) (1976, as amended).

THEREFORE, RESPONDENT STIPULATES to the following facts, along with the exhibits and other material referenced herein, to be considered by the Board in determining whether he has committed misconduct in violation of § 40-1-110(l)(f) (1976, as amended) in connection with the disciplinary matter pending against Respondent:

1. Respondent is licensed to practice optometry in the State of South Carolina under license number OP1.643, and he was first licensed by the Board on July 17, 1979. Respondent was so licensed at all times relevant to the matters asserted in this case and is subject to the jurisdiction of this Board.
2. In approximately 2006, Respondent began treating patients who were residents of long-term care (LTC) facilities throughout the State of South Carolina. From approximately January 1, 2013 until December 1, 2013, Respondent provided optometric care to patients located at long term care facilities throughout the State of South Carolina.
3. In reviews dated September 9, 2015 and February 10, 2016, an expert on behalf of the South Carolina Department of Labor, Licensing, and Regulation reviewed patient records from January 2, 2013 until December 1, 2013 and found that Respondent's treatment of his patients did not meet the standard of care. A copy

of the patient records is attached hereto and incorporated herein as Exhibit 1. A copy of the expert reviews is attached hereto and incorporated by reference as Exhibit 2. The expert's findings include the following statements, which Respondent contests:

- a. At least ten of the patient records reviewed shows punctal plug insertion of upper punctal which is not standard of care.
- b. The documentation fails to meet the standard of care in that the records for patients who received punctal plugs does not contain current dry eye treatment, the type and brand of the punctal plugs, demonstrate that the risks were explained to the patient, and document how the patient tolerated the treatment. Respondent failed to document that he obtained written consent in patients who received punctal plugs.

4. Respondent waives any further findings of fact in this matter.

RESPONDENT AGREES that at the Final Order Hearing, Respondent shall appear and under oath, answer questions, if any, by members of the Board or its counsel, and be subject to cross-examination regarding this matter and Respondent's optometry practice. The Board in rendering its decision will consider Respondent's answers and all of the information presented in formulation of an appropriate sanction, if any.

IN WITNESS WHEREOF, the parties hereto, having agreed to the matters related above, have executed this Stipulations of Facts, to be effective the latter date appearing below.

AND IT SO AGREED.

Oct 3, 2017



STEPHEN R. POWELL, O.D.
Respondent

Oct 3, 2017



ALISSA D. FLEMING
Respondent's Attorney

Oct. 3, 2017



SHANIKA JOHNSON
Assistant Disciplinary Counsel
South Carolina Department of
Labor, Licensing and Regulation

Administrative Information – April Koon

a. Licensee Totals

Total of all licensees – 891

Instate licensee total – 583

Out-of-state licensee total – 308

b. Endorsement Applicant Report

Total of licensees since July 13, 2017 – October 5, 2017 – 3

Name	State(s) Licensed	Parts of National Exam Taken & Passed	Approval Reason
Dr. James Trimble	SD, ND, CO, IL, MO, TX	Parts I, IIA, & IIB	Taking of therapeutic course & passing exam equivalent to the TMOD
Dr. Stephen Gaal	WV	Basic Science, Part II & TMOD	Passed TMOD exam and practice as a therapeutic optometrist
Dr. John Seymour	PA	Parts I, IIA, IIB, & TMOD	Passage of Parts I, II, & TMOD of NBEO Exam

Optometry Board DB0019		June 2016 Cash Balance FY16	June 2017 Cash Balance FY17	August 2017 Cash Balance FY18
Beginning Cash Balance		\$ 64,843.90	\$ (39,698.10)	\$ 58,025.90
Total Revenue		\$ 29,055.00	\$ 243,200.00	\$ 5,360.00
Direct Expenditures		\$ (57,954.08)	\$ (75,033.55)	\$ (14,128.67)
Indirect Expenditures (Overhead):				
Admin/Dir/Adv Cou - Based on Previous Yr Exp	0.816%	\$ (32,007.70)	\$ (26,590.00)	\$ (2,415.72)
POL Admin - Based on Previous Yr Exp	0.816%	\$ (9,543.50)	\$ (7,118.70)	\$ (1,198.98)
OIE - Based on No. of Investigations	0.239%	\$ (17,623.39)	\$ (15,913.42)	\$ (854.34)
Legal - Based on No. of Investigations	0.239%	\$ (6,166.08)	\$ (5,293.81)	\$ (394.57)
Remittance to General Fund - Proviso 81.3	10.000%	\$ (5,795.41)	\$ (7,503.36)	\$ -
Communications - Based on Previous Yr Exp	0.816%	\$ (2,243.48)	\$ (2,766.32)	\$ -
Immigration - Proviso 81.8 - Based on Prev Yr Exp	0.816%	\$ (1,848.74)	\$ (1,511.19)	\$ -
OSHA - Proviso 81.7 - Based on Prev Yr Exp	0.816%	\$ (1,584.56)	\$ (3,745.65)	\$ -
Total Indirect Expenditures (Overhead)		\$ (76,812.86)	\$ (70,442.45)	\$ (4,863.61)
NET		\$ (105,711.94)	\$ 97,724.00	\$ (13,632.28)
Fines Draw		\$ 1,169.94	\$ -	\$ -
Year End Balance		\$ (39,698.10)	\$ 58,025.90	\$ 44,393.62

COPE ACHIEVES SUBSTANTIAL EQUIVANCY WITH ACCME

Charlotte, NC – The Council on Optometric Practitioner Education (COPE[®]) CE accreditation system has been deemed **Substantially Equivalent** to the Accreditation Council for Continuing Medical Education (ACCME[®]) CME accreditation system. To achieve this status, COPE submitted to an extensive, voluntary, review process and was deemed substantially equivalent to the ACCME's accreditation requirements, criteria, policies, and decision-making process. The process also included an accreditation interview and verification of the successful implementation of the COPE provider accreditation program.

CE/CME Accreditors are considered substantially equivalent by the ACCME if they support CE/CME that: enhances physician performance; is based on data describing physicians' educational needs; has effectiveness assessed as it relates to physician performance or health status improvements; and is developed with the control of the content, quality and scientific integrity being the responsibility of the CE/CME provider.

To meet the needs of a continuously changing environment, COPE has adapted over time to be consistent with the CE/CME accreditation community. In 2010, COPE implemented Standards for Commercial Support (SCS) and later adopted the ACCME SCS aligning with other healthcare professions. Uniformity in the principles and outcomes of accredited CE/CME is valuable and physician learners are assured their educational programs meet consistent and high standards regardless of profession.

COPE has historically accredited individual CE activities. In January, an option was introduced for accreditation of CE providers, thus allowing greater freedom and flexibility. "We've modernized the COPE accreditation system to align with other health professions. CE/CME is no longer simply about getting hours because you need them for license renewal. Research shows that CE/CME is most effective when it's based upon practice-based needs assessment and focused on outcomes. With these changes, we're able to demonstrate that COPE accredited CE has positive effects on optometrists' knowledge, performance, and patient outcomes," says Dr. James Campbell, COPE Committee Chair.

Dr. Richard Orgain, ARBO President, commented, "We're very excited that COPE has achieved substantial equivalency with ACCME. With healthcare moving towards a team-based approach, CE/CME now often requires collaborative education efforts. With COPE's accreditation process

recognized as equivalent to the other healthcare professions, the door is open for optometrists to participate in interprofessional continuing education.”

COPE was established in 1993 to accredit continuing education on behalf of optometric licensing boards for the public welfare. Over 52,000 activities have been accredited since the inception of the program. ARBO is a non-profit organization based in Charlotte, North Carolina, and serves 66 regulatory agencies in the United States, Canada, Australia, and New Zealand. For more information on ARBO, please contact Lisa Fennell, ARBO Executive Director, 200 South College Street, Suite 2030, Charlotte, NC 28202 ph: (704) 970-2710 or e-mail: lfennell@arbo.org.

From: Lisa Fennell
To: [Lisa Fennell](#)
Subject: ARBO News
Date: Monday, August 28, 2017 3:50:23 PM
Attachments: [COPE Substantial Equivalency-8.22.18.pdf](#)

*** SCDLLR NOTICE ***

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ARBO Member Boards:

We're excited to announce that the COPE CE accreditation program has been ***formally recognized as substantially equivalent*** to the ACCME CME accreditation program. To earn this status, ARBO engaged in an ***extensive, voluntary, external review*** of the COPE criteria, policies, and decision-making processes. This process also required an accreditation interview.

The determination that COPE accreditation is ***substantially equivalent*** to ACCME's accreditation program was made based on the following:

1. COPE maintains standards that require accredited CE providers to: use educational needs data as the basis for educational planning; measure effectiveness of their educational activities; ensure content meets accepted standards of scientific integrity; ensure that activities are free of commercial bias.
2. COPE accreditation decision-making is based on data and information relevant to the performance requirements itemized in #1.
3. COPE has an established mechanism allowing for collection, storage and retrieval of data necessary for the administration and evaluation of the accreditation process.

Over the past few years, COPE has made great efforts to align requirements with the other healthcare professions based on resolutions passed by the ARBO House of Delegates (2012, 2014). The COPE accreditation criteria were adapted to be equivalent to other CE/CME accreditors and now require: education planning designed to positively affect skills, strategies, or patient outcomes of learners; assessment of the outcomes of educational activities; and quality improvement measures to better future activities.

What does this mean for you as licensing agencies?

COPE is ***true accreditation*** for optometric CE activities and providers, ***deemed equivalent*** to the CME of medicine and other health professions.

Utilizing COPE accredited CE to fulfill your agency's duty assures improved quality of care and better patient outcomes.

If you have any questions or need further information, please let me know.

Regards,

Lisa

Lisa Fennell

Executive Director

Association of Regulatory Boards of Optometry

200 South College Street, Suite 2030

Charlotte, NC 28202

Main Phone: 704-970-2710

Direct Dial: 704-970-2755

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www.arbo.org



Mark your calendar for the 99th ARBO Annual Meeting!

June 17-19, 2018

Sheraton Denver Downtown Hotel

Denver, CO

CHAPTER 95

Department of Labor, Licensing and Regulation— Board of Examiners in Optometry

Statutory Authority: 1976 Code §§ 40-37-10 et seq

95-1. Prescribing Contact Lenses as Practice of Optometry.

A. Prescribing contact lenses includes, but is not limited to, fitting lenses for either cosmetic or therapeutic purposes.

HISTORY: Amended by State Register Volume 9, Issue No. 3, eff March 22, 1985; State Register Volume 31, Issue No. 6, eff June 22, 2007.

95-2. Advertisements.

A. An optometrist must identify him/herself as an optometrist or O.D. in all communications published or circulated, directly or indirectly, to the public.

B. An optometrist cannot designate him/herself as a specialist in any area of optometric practice unless he or she holds a certification from a creditable national organization recognized by the Board.

C. Assisting in obtaining fees under deceptive, false, or fraudulent circumstances includes, but is not limited to, providing optometric services to clients on behalf of, under the name of, or for wages from or in a fee splitting arrangement with a person, partnership, or corporation that is not in full compliance with South Carolina Code 40-37-390.

HISTORY: Added by State Register Volume 4, eff March 14, 1980. Amended by State Register Volume 31, Issue No. 6, eff June 22, 2007

95-3. Licensure Requirements.

A. All schools or colleges of optometry that hold accreditation from the Accreditation Council for Optometric Education are approved by the Board as the basis for licensure. Schools or colleges accredited by other bodies will be considered on a case by case basis for approval.

B. A passing score on all parts of the examination conducted by the National Board of Examiners in Optometry and a passing score on the South Carolina Optometric Jurisprudence Examination are required for initial licensure.

HISTORY: Added by State Register Volume 10, Issue No. 6, eff June 27, 1986. Amended by State Register Volume 31, Issue No. 6, eff June 22, 2007.

95-4. Continuing Education.

A. Each licensee seeking renewal of a license must certify completion of forty (40) hours of continuing education (CE) for the biennial licensure period. Continuing education instruction must be on subjects relative to optometry.

B. Each licensee shall maintain records to support credits claimed. These records must be maintained for a minimum period of three (3) years during which copies may be requested by the Board for audit verification purposes.

C. Sixteen (16) hours, of the forty (40), must be pharmacology or pathology related.

D. CPR certification courses are approved for four hours; CPR re-certification courses are approved for two hours.

OPTOMETRIC PROCEDURES

It is the current policy of the South Carolina Board of Examiners in Optometry to accept the following procedures (by definition and by CPT code number) as within the practice of optometry at the present time (August 2014). Each of these procedures must be utilized in a non-invasive manner to examine and treat disorders of the eye, vision system, and ocular adnexal as an optometrist. This manual describes the procedures that an optometrist might be expected to provide as part of patient care which is both reasonable and medically indicated. These procedures when applied to patient care as described above represent the provision of health care services consistent with South Carolina law regarding the practice of optometry. An optometrist may recommend other diagnostic tests consistent with these purposes and South Carolina law when those diagnostic tests are contributory to a complete diagnosis of the vision system.

GENERAL OPHTHALMIC SERVICES

NEW PATIENT

92002 Ophthalmic services: medical examination and evaluation with initiation of diagnosis and treatment program; intermediate, new patient

92004 Comprehensive, new patient, one or more visits

ESTABLISHED PATIENT

92012 Ophthalmic services: medical examination and evaluation with initiation or continuation of diagnostic and treatment program; intermediate, established patient

92014 Comprehensive, established patient, one or more visits

SPECIAL OPHTHALMIC SERVICES

92015 Determination of refractive state

92020 Gonioscopy with medical diagnostic evaluation

92025 Computerized corneal topography, unilateral or bilateral, with interpretation and report

92060 Sensorimotor examination with multiple measurements of ocular deviation and medical diagnostic evaluation (eg., restrictive or parietic muscle with diplopia)(separate procedure)

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation

92070 Fitting of contact lens for eyes with disease, including supply of lens

92081 Visual field examination, unilateral or bilateral, with optometric diagnosis evaluation; limited examination (eg., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)

- 92082** Intermediate examination (eg., at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)
- 92083** Extended examination (eg., 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)
(Gross visual field testing (eg., confrontation testing) is a part of general ophthalmic services and is not reported separately)
- 92100** Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with medical diagnostic evaluation, same day (eg., diurnal curve)
- 92120** Tonography with medical evaluation, recording indentation tonometer method of perilimbal suction method
- 92130** Tonography with water provocation
- 92135** Scanning computerized ophthalmic diagnostic imaging (e.g. scanning laser) with interpretation and report, unilateral
- 92136** Optical Coherence Biometry, measuring and calculating the power for a planned implantation of an intraocular lens during cataract surgery
- 92140** Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography
- 92504** Binocular Microscopy
- 99025** Initial visit when starred surgical procedure constitutes major service at that visit

OPHTHALMOSCOPY

Routine ophthalmoscopy is part of general and special ophthalmic services whenever indicated. It is a non-itemized service and is not reported separately.

- 92225** Ophthalmoscopy, extended as for retinal detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy), with medical diagnostic evaluation; initial
- 92226** Subsequent
- 92230** Ophthalmoscopy, with medical diagnostic evaluation; with fluorescein angiography (observation only)
- 92235** with fluorescein angiography (includes multiframe photograph)
- 92250** with fundus photography
- 92260** with ophthalmodynamometry

OTHER SPECIALIZED SERVICES

- 92265** Oculoelectromyography, one or more extraocular muscles, one or both eyes, with medical diagnostic evaluation
- 92270** Electro-oculography, with medical diagnostic evaluation
- 92275** Electroretinography, with medical diagnostic evaluation
- 92283** Color vision examination, extended, eg., anomaloscope or equivalent

(Color vision testing with pseudoisochromatic plates (such as HRR or Ishihara) is not reported separately. It is included in the appropriate general or medical services)

92284 Dark adaptation examination, with medical diagnostic evaluation

92285 External ocular photography with medical diagnostic evaluation for documentation of medical progress (eg., close-up photography, slit lamp photography, goniophotography, stereo-photography)

92286 Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count

92287 with fluorescein angiography

VESTIBULAR FUNCTION TESTS, WITH OBSERVATION AND EVALUATION BY PHYSICIAN/OPTOMETRIST, WITHOUT ELECTRICAL RECORDING

92531 Spontaneous nystagmus, including gaze

92532 Positional nystagmus

92533 Caloric vestibular test each irrigation (binaural, bithermal stimulation constitutes four tests)

92534 Optokinetic nystagmus

92541 Spontaneous nystagmus test, including faze and fixation nystagmus, with recording

92542 Positional nystagmus test, minimum of 4 positions, with recording

92544 Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording

92545 Oscillating tracking test, with recording

92546 Torsion swing test, with recording

92547 Use of vertical electrodes in any or all of above test counts as one additional test

OPHTHALMIC TREATMENT SERVICES (SPECTACLE SERVICES)

92340 Treatment with spectacles, except for aphakia; monofocal

92341 bifocal

92342 multifocal, other than bifocal

92352 Fitting of spectacle prothesis for aphakia, monofocal

92353 multifocal

92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials)

92370 Repair and adjusting spectacles; except for aphakia

92371 spectacle prosthesis for aphakia

CONTACT LENS TREATMENT SERVICES

92070 Fitting of contact lens for treatment of disease including supply of lens

92310 Prescription of optical and physical characteristics of contact lenses with medical

supervision of adaptation, both eyes except for aphakia (For prescription and fitting of one eye, add modifier -52 or use 09952)
92311 corneal lens for aphakia, one eye
92312 corneal lens for aphakia, two eyes
92313 corneoscleral lens
92314 Prescription of optical and physical characteristics and management of contact lens with medical supervision of adaptation and direction of fitting by independent technician, corneal lens, both eyes except for aphakia (For prescription and fitting of one eye, add modifier -52 or use 09952.)
92315 corneal lens for aphakia, one eye
92316 corneal lens for aphakia, two eyes
92317 corneoscleral lens
92325 Modification of contact lens (separate procedure), with evaluation of adaptation
92326 Replacement of contact lens

LOW VISION TREATMENT SERVICES

92354 Treatment with spectacle mounted low vision aid; single-element system
92355 telescopic or other compound lens system

VISION THERAPY SERVICES

92060 Sensorimotor examination with medical diagnostic evaluation
92065 Orthoptic and/or pleoptic training with continuing medical direction and evaluation
95999 Unlisted neurological or neuromuscular diagnostic procedure
96110 Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen) with interpretation and report
96111 Extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, eg, Bayley Scales of Infant Development) with interpretation and report, per hour
96116 Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, eg, acquired knowledge, attention, memory, visual spatial abilities, language functions, planning) with interpretation and report, per hour

ALLERGY TESTING

95004 Percutaneous tests with allergenic extracts, immediate type reaction, specify number of tests

NEUROLOGY AND NEUROMUSCULAR PROCEDURES

95930 Visual evoked potential (VEP) testing central nervous system, checkerboard or flash

LOW VISION CODES (physical medicine codes)

97110 Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility

97112-4 Neuromuscular Re-education (eccentric viewing training and visual scanning training)

97116 Neuromuscular Re-education (gait training, orientation, & mobility)

97530 Therapeutic activities (therapeutic activities to improve function)

97532 Development of cognitive skills to improve attention, memory, problem solving

97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands

97535 Training in ADLs (teaching use of devices in activities of daily living)

97537 Community re-integration training (teaching use of devices & techniques outside the home)

97750 Visual performance testing (reading testing and visual tracking)

UNLISTED SERVICE

92499 Unlisted ophthalmic service or procedure

PREVENTIVE MEDICINE

NEW

99381 Initial evaluation and management, comprehensive history and examination, identification of risk factors, and ordering of lab/diagnostic procedures; infant under 1 year

99382 early childhood (age 1 through 4 years)

99383 late childhood (age 5 through 11 years)

99384 adolescent (age 12 through 17 years)

99385 18-39 years

99386 40-64 years

99387 65 years and over

ESTABLISHED

99391 Reevaluation and management requiring comprehensive history and examination, identification of risk factors, and ordering of lab/diagnostic procedures; infant under 1 year

99392 early childhood (age 1 through 4 years)

99393 late childhood (age 5 through 11 years)

99394 adolescent (age 12 through 17 years)

99395 18-39 years
99396 40-64 years
99397 65 years and over

INDIVIDUAL

99401 Counseling and/or risk factor reduction intervention(s); approx. 15 minutes
99402 approx. 30 minutes
99403 approx. 45 minutes
99404 approx. 60 minutes

GROUP

99411 Counseling and/or risk factor reduction intervention(s) in a group setting; approx. 30 minutes
99412 approx. 60 minutes

OTHER PREVENTIVE MEDICINE SERVICES

99420 Administration and interpretation of health risk assessment instrument (e.g. health hazard appraisal)
99429 Unlisted preventive medicine service
99499 Unlisted evaluation and management service

CONSULTATIONS

OUTPATIENT

99241 Office consultation for new or established patient requiring: a problem focused history; a problem focused examination; and straightforward medical decision making
99242 requiring: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making
99243 requiring: a detailed history; a detailed examination; and medical decision making of low complexity
99244 requiring: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity
99245 requiring: a comprehensive history; a comprehensive examination; and medical decision making of high complexity

PROLONGED SERVICES

99354 Prolonged service in the office or other outpatient setting; requiring direct patient contact beyond the usual service; first hour (List separately in addition to code for office or other outpatient Evaluation and Management service).

99355 Prolonged service in the office or other outpatient setting; requiring direct patient contact beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service).

99358 Prolonged evaluation and management service; before and/or after direct patient care; first hour

99359 Prolonged evaluation and management service: before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service).

INPATIENT INITIAL

99251 Initial inpatient consultation for a new or established patient requiring: a problem focused history; a problem focused examination; and straightforward medical decision making

99252 requiring: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

99253 requiring: a detailed history; a detailed examination; and medical decision making of low complexity

99254 requiring: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity

99255 requiring: a comprehensive history; a comprehensive examination; and medical decision making of high complexity

POSTOPERATIVE CARE SERVICES (Must be submitted with Modifier 55)

65771 Post-op Radial Keratotomy

65855 Post-op Trabeculoplasty by laser surgery, one or more sessions

66821 Post-op YAG Capsulotomy

66850 Phacofragmentation technique

66982 Post-op Extracapsular cataract removal with insertion of intraocular lens, complex

66983 Post-op Intracapsular cataract extraction with insertion of intraocular lens

66984 Post-op Extracapsular cataract removal with insertion of intraocular lens

66985 Post-op, Secondary implant

66986 Exchange of intraocular lens

66940 Extracapsular, other

EXTERNAL EYE SERVICES

65205 Removal of foreign body, external eye; conjunctival superficial

65210 conjunctival embedded (included concretions)

65220 corneal, without slit lamp

65222 corneal, with slit lamp

65430 Scraping of corneal, diagnostic, for smear and/or culture

65435 Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage.)

65600 Anterior Stromal Puncture

65778 Placement of amniotic membrane on the ocular surface for wound healing; self-retaining

67700 Blepharotomy, drainage of abscess, eyelid

67820 Correction of trichiasis; epilation, by forceps only

67850 Destruction of lesion at lid margin (up to 1 cm)

67938 Removal of embedded foreign body, eyelid

67840 Excision of lesion of eyelid without closure

68020 Incision of Conjunctiva, drainage of cyst

68040 Expression of conjunctival follicles

68761 By plug, each. (This is under Lacrimal System - Repair)

68801 Dilatation of lacrimal punctum, with or without irrigation (To report a bilateral procedure, use 68801 with modifier -50 or 09950)

68820 Probing of nasolacrimal duct, with or without irrigation, unilateral or bilateral

68830 Naso-lacrimal duct probe with insertion of stent or tube

68840 Probing of lacrimal canaliculi, with or without irrigation

68899 otherwise unlisted

95060 Ophthalmic mucous membrane tests

(This code is also associated with procedure code 375.15 which is also with the scope of practice of optometry. 375.15 Tear film insufficiency, unspecified: Dry eye syndrome.)

OFFICE SERVICES

NEW PATIENT

99201 Evaluation and management requiring: a problem focused history; a problem focused examination; and straightforward medical decision making

99202 requiring: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making

99203 requiring: a detailed history; a detailed examination; and medical decision making of low complexity

99204 requiring: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity

99205 requiring: a comprehensive history; a comprehensive examination; and medical decision making of high complexity

ESTABLISHED PATIENT

99211 Evaluation and management that may not require the presence of a physician; presenting problems minimal

99212 Evaluation and management requiring: a problem focused history; a problem focused examination; straightforward medical decision making. Problems self limited or minor

99213 requiring: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity

99214 requiring: a detailed history; a detailed examination; medical decision making of moderate complexity

99215 requiring: a comprehensive history; a comprehensive examination; medical decision making of high complexity

HOME SERVICES

NEW PATIENT

99341 Home visit for evaluation and management requiring: a problem focused history; a problem focused examination; and medical decision making that is straightforward or of low complexity

99342 requiring: an expanded problem focused history; an expanded problem focused examination; and medical decision making of moderate complexity

99343 requiring: a detailed history; a detailed examination; and medical decision making of high complexity

ESTABLISHED PATIENT

99347 Home visit for evaluation and management requiring at least two of these components: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity

99348 requiring at least two of these components: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity

99349 requiring at least two of these components: a detailed interval history; a detailed examination; medical decision making of high complexity

99350 requiring at least two of these components: a comprehensive interval history; a comprehensive examination; medical decision making of moderate to high complexity

SKILLED NURSING, INTERMEDIATE CARE, AND LONG-TERM CARE FACILITIES

SUBSEQUENT CARE

NEW OR ESTABLISHED PATIENT

NURSING HOME, BOARDING HOME, DOMICILIARY, OR CUSTODIAL

CARE MEDICAL SERVICES

Domiciliary or custodial care involves periodic services, provided to a patient who is institutionalized on a long-term basis.

DIAGNOSTIC ULTRASOUND SERVICES

- 76511 Ophthalmic ultrasound, echography; A-mode, spectral analysis with amplitude quantification
- 76512 Contact B-scan (with or without simultaneous A-scan)
- 76513 Anterior segment ultrasound / Immersion B-scan / High-Resolution biomicroscopy
- 76514 Determination of corneal thickness (e.g. pachometry) with interpretation and report, bilateral
- 76516 Ophthalmic biometry by ultrasound echography, A-mode
- 76519 with intraocular lens power calculation
- 76529 Ophthalmic ultrasonic foreign body localization

BIOFEEDBACK SERVICES

90901 Biofeedback training; by electro-myogram application (eg., in tension headache, muscle spasm)

MICROBIOLOGY SERVICES

- 83861 Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity
- 87071 Microbiology, quantitative, aerobic with isolation and presumptive identification, from any source except urine, blood, or stool
- 87075 Culture, bacterial, any source; anaerobic (isolation)
- 87181 Sensitivity studies, antibiotic, agar diffusion method, per antibiotic
- 87205 Smear, primary source, with interpretation; routine stain for bacteria, fungi, or cell types

E/M CODES

HOSPITAL INPATIENT

NEW PATIENT

- 99221 Initial hospital care for evaluation and management requiring: a comprehensive history; a comprehensive examination; and medical decision making that is straightforward or of low complexity.
- 99222 requiring: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity.

99223 requiring: a comprehensive history; a comprehensive examination; and medical decision making of high complexity.

SUBSEQUENT HOSPITAL CARE

99231 Subsequent hospital care for evaluation and management requiring two of the following: a problem focused interval history; a problem focused examination; medical decision making that is straightforward or of low complexity.

99232 requiring two of the following: an expanded problem focused interval history; an expanded problem focused examination; medical decision making of moderate complexity.

99233 requiring two of the following: a detailed interval history; a detailed examination; medical decision making of high complexity.

HOSPITAL DISCHARGE SERVICES

99238 Hospital discharge day management

EMERGENCY DEPARTMENT SERVICES

99281 Emergency department visit for the evaluation and management requiring: a problem focused history; a problem focused examination; and straightforward medical decision making.

99282 requiring: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low complexity.

99283 requiring: an expanded problem focused history; an expanded problem focused examination; and medical decision making of low to moderate complexity.

99284 requiring: a detailed history; a detailed examination; and medical decision making of moderate complexity.

99285 requiring: a comprehensive history; a comprehensive examination; and medical decision making of high complexity

SPECIAL SERVICES AND REPORTS

ADMINISTRATIVE SERVICES

99000 Handling, and/or conveyance of specimen for transfer from the doctor's office to a laboratory

99001 Handling, and/or conveyance of specimen for transfer from the patient's home to a laboratory (distance may be indicated)

99002 Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (eg., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthoptics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed and are to be fitted and adjusted by the attending provider

99024 Postoperative follow-up visit, included in global service

- 99050** Services requested after office hours in addition to basic service
- 99053** Services requested between 10:00 PM and 8:00 AM at a 24 hour facility in addition to basic service
- 99056** Services provided at request of patient in a location other than optometrists's office which are normally provided in the office
- 99058** Office services provided on an emergency basis
- 99070** Supplies and materials (except spectacles) provided by the optometrists over and above those usually included with the office visit or other services rendered (list materials provided)
- 99071** Educational supplies, such as books, tapes, and pamphlets, provided by the optometrist for the patient's medical education at cost to optometrist
- 99075** Medical testimony as an optometrist
- 99078** Medical education services rendered to patients in a group setting
- 99080** Special reports as insurance forms, or the review of medical data to clarify a patient's status - more than the information conveyed in the usual medical communications or standard reporting form
- 99082** Unusual travel (eg., transportation and escort of patient)
- 99090** Analysis of information data stored in computers

TEAM CONFERENCES

- 99361** Medical conference by a physician with interdisciplinary team of health professionals or representatives of community agencies to coordinate activities of patient care (patient not present): approximately 30 minutes
- 99362** approximately 60 minutes

TELEPHONE CALLS

- 99371** Telephone call by a physician to patient or for consultation or medical management or for coordinating medical management with other health care professionals; simple or brief
- 99372** intermediate
- 99373** complex or lengthy

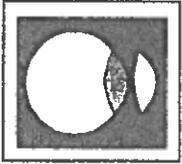
MODIFIERS

- 21 or 09921** prolonged evaluation and management services
- 22 or 09922** unusual procedural services
- 24 or 09924** unrelated E/M service/same physician/during post-op
- 25 or 09925** significant, separately identifiable evaluation and management service by the same physician on the day of a procedure
- 26 or 09926** profession component
- 32 or 09932** mandated services
- 50 or 09950** bilateral procedure
- 51 or 09951** multiple procedures
- 52 or 09952** reduced services

- 55 or 09955 post-operative management only*
- 56 or 09956 pre-operative management only
- 76 or 09976 repeat procedure/same physician
- 77 or 09977 repeat procedure/different physician
- 79 or 09979 unrelated proc/service/same phys/post-op
- 90 or 09990 reference lab (i.e., visual fields but not interpreted for another doctor)
- 99 or 09999 multiple modifiers

* "-55" or "-56" may be used with any ophthalmic surgical procedure

- 1055F** Cataracts: assessment of visual functional status
- 2019F** ARMD: Dilated Macular Examination
- 2020F** Cataracts: Pre-Surgical Dilated Fundus Evaluation
- 2021F** Diabetic retinopathy: documentation of presence or absence of macular edema and level of severity of retinopathy
- 2027F** Primary Open Angle glaucoma: Optic nerve Evaluation
- 3073F** Cataracts: documentation of pre-surgical axial length, corneal power measurement and method of intraocular lens power calculation
- 4007F** ARMD: AREDS prescribed / recommended
- 5010F** Diabetic retinopathy : communication with the physician managing ongoing diabetes care
- 0198T** Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report



Eye & Contact Lens Associates

DR. WILLIAM T. NIMMONS

SEP 18 2017

9/14/20017
Ms. April Koon
Administrator
SC Board of Examiners in Optometry
P.O. Box 11329
Columbia, SC 29211-1329

Dear Ms. Koon;

I spoke to Dr. Thomas Tucker today about the 2 hour course we have to have on prescribing pain medications for the renewal of our license for this two year cycle. He wanted me to send you the outline of a course that I took in May at a meeting in Georgia that was presented by The Professional Society of Optometrist.

He wanted it put on the agenda for the next board meeting for consideration.

Please e-mail me confirmation that you received this.

William T. Nimmons, OD
SC License number 669
E-Mail wtnimmons.dr@eyeandcontactlens.com

2017 Seminar in Optometry

Saturday May 20, 2017

- 7:00 – 8:00 a.m. REGISTRATION
- 8:00 – 10:00 **Controversies in Glaucoma**
Jim Thimons, O.D. (COPE # 51598-GL) ✓
- 10:00 – 10:30 REFRESHMENT BREAK
- 10:30 – 12:30 **Ocular Pain Management**
Jim Thimons, O.D. (COPE # 50566-OP) ✓
- 12:30 – 1:30 p.m. LUNCH (Magnolia Ballroom)
- 1:30 – 3:30 **Ocular Trauma Imaging**
Jim Thimons, O.D. (COPE # 45917-AS) ✓
- 3:30 – 4:00 REFRESHMENT BREAK
- 4:00 – 5:00 **Brand vs Generic – Are they really different**
Eric Schmidt, O.D. (COPE # 42609-PH) ✓
- 5:00 – 6:45 RECEPTION

Sunday May 21, 2017

- 7:30 – 8:00 REGISTRATION
- 8:00 – 9:45 **Anterior Segment Disease Therapy A Look Into The Future**
Eric Schmidt, O.D. (COPE # 42431-AS) ✓
- 9:45 – 10:00 REFRESHMENT BREAK
- 10:00 – 12:00 **Glaucoma for the Everyday Optometrist**
Eric Schmidt, O.D. (COPE # 48466-GL) ✓
- 12:00 – 1:00 p.m. LUNCH (Magnolia Ballroom)
- 1:00 – 2:45 **NeuroEye Disease Grand Rounds**
Eric Schmidt, O.D. (COPE # 45880-NO) ✓
- 2:45 – 3:00 REFRESHMENT BREAK
- 3:00 – 4:00 **Georgia Jurisprudence**
Kirk Gilliard, Attorney

SAVE THE DATE: WINTER SEMINAR IN OPTOMETRY, JANUARY 28, 2018

Credit Information: Attendance will be monitored with the ARBO scanning system. Proof of attendance will be available on the ARBO web site (www.ARBO.org) about two weeks after the seminar.

OCULAR PAIN MANAGEMENT

J. James Thimons, OD, FAOD
Medical Director, Ophthalmic Consultants of Connecticut
jlmthimons@gmail.com

OCULAR PAIN MANAGEMENT

- OCULAR PAIN
- NEUROLOGIC vs PSYCHOLOGIC
- ASSOCIATED WITH TISSUE DAMAGE
- ACUTE vs CHRONIC
- REASONS FOR UNDERTREATMENT
 - UNDERESTIMATION
 - INADEQUATE COMPREHENSION
 - HESITATION WITH CONTROLLED SUBSTANCES
 - FEAR OF ADDICTION

Pain is NOT a disease-It is a sign of a disorder that must be diagnosed in conjunction with the management of the pain.

Analgesia VS Inflammation

- Choose the proper agent
- Choose the proper dose
- Dosage for the management of inflammation is higher than that for analgesia
- Side-effects increase with higher dosages

Why do I Have Pain?

- Pain mechanisms are complex
- Peripheral VS Central Pain
- Direct nerve stimulation- Finger in Eye
- Inflammatory pain-Prostaglandins
- Tissue damage-Via infection or trauma

When Do I Need to Consider Pain Management?

- Listen to your patient...IF IT HURTS BE PREPARED TO DO SOMETHING!

Nociception

- Nociceptors: Free nerve endings in all tissues
- Brain: No nociceptors, but are located in the meninges
- Cell body outside the spinal column in the dorsal root ganglion
- Called the spinal-thalamic tract

Chemical stimulation of nociceptors

- Prostaglandins
- Bradykinin
- Potassium
- Serotonin
- Histamine

CLINICAL CONSEQUENCES OF PAIN

- MUSCLE SPASMS
- TACHYCARDIA
- HYPERTENSION
- TACHYPNEA
- ANXIETY
- INSOMNIA
- REDUCED COMPLIANCE

Pain Associated with Corneal Trauma

- Acute Onset
- Rapid Increase in Sx
- Associated Symptoms
 - Tearing
 - Photophobia
 - Chemosis
 - Lid edema

Corneal Trauma

- Corneal abrasion management
- Debridement?
- Antibiotic, NSAID, soft bandage CL
- Bandage CL - conventional soft CL vs. silicone hydrogel CL
- Oral analgesic

CYCLOPLEGICS

- INHIBIT CILIARY SPASMS
- BOLSTER BLOOD /AQUEOUS BARRIER
- CYCLOGEL
- HOMATROPINE
- SCOPOLAMINE
- ATROPINE

Homatropine combo
Homatropine
+
scopolamine

Patching vs Bandage Lenses

- Donnenfeld, E et al
- 165 patients randomized to BCL vs PP
- Equal clinical outcomes
- Marked difference in Quality of life scores and return to work assessment

*NSAID can cause
Subepithelial infiltrate
After 2 days*

The Case of "How Could I ever be Mad at You"

- J. James Thimons, O.D., FAAD
- Chairman, National Cornea & Anterior Segment Society

"How could I ever get mad at you"

- GS a 33 y/o Caucasian female presented with a complaint of discomfort, watering and light sensitivity following blunt trauma.
- PEX:
- VA: 20/20 OD - 20/30- OS
- SLE: 2 mm area of epithelial damage with staining at 12:00
- Occasional A/C cell
- 2+ injection

"How could I be mad at you"

- Treatment:
- BCL
- 4th Generation FQ
- Acular PF
- Symptoms resolved after 1 week of Tx
- Patient dismissed with instructions and AI's

"How could I be mad at you"

- Patient returned to office 10 weeks later with c/o AM pain and return of symptoms
- PEX:
- VA: 20/30
- SLE: As shown
- 2+ injection

Recurrent Erosions Contributing Factors

- Dry eyes
- Blepharitis
- External disease / tear film abnormalities

Resterefied omega 3 better than Doxy

Recurrent Erosions

- Surgical Management
- Epithelial debridement
- chalazion curette
- 57 Beaver Blade

Recurrent Erosions

- Anterior Basement Membrane Puncture
- 20-gauge needle

Digital heat.com müpomen gland heat TX

Post Surgical Tx Management

- 3rd/ 4th Fluoroquinolone
- Topical NSAID (2 day)
- BCL
- AT's
- Oral Pain mgt.
- Amniotic membrane
- Dry
- Cryogenic

ANALGESICS

- CNS ACTING AGENTS
- NARCOTIC AGENTS
- OXYCODONE (II) PERCOSET, PERCODAN, TYLOX
- HYDROCODONE (III) LORTAB, VICODIN
- CODEINE (III, ELIXIR V) T3, T4, EMPIRINPROPOXYPHENE(IV) DARVON, DARVON-N, DARVOCET-N
- PENTAZOCINE(IV) TALWIN, TALACEN
- MEPERIDINE(II) DEMEROL

Narcotic agents

- Directly affect opioid receptor
- Agonist, partial agonist, or mixed
- Bind to opioid receptors in brainstem, cortical areas and spinal cord
- Mimic endorphins, producing a morphine like effect whether natural or synthetic

Narcotic Agents

- Effective for severe acute pain
- Patient response variability due to individual sensitivity of opioid receptors
- No addiction likely with short term use
- Dosage varies with drug used and patient
- Adverse effects is usually the limiting factor in usage

Important notification for patients

- Drowsiness
- Dizziness
- Blurred vision
- Nausea/vomiting/constipation
- Take with food to avoid GI distress
- Avoid EtOH or other CNS agents
- Breathing distress

Contraindications

- Bronchial asthma
- COPD
- Emphysema
- Pregnancy
- Hypersensitivity
- Prior addiction
- Renal/Liver dysfunction
- H/O EtOH use, Concurrent use of CNS agents/Tricyclic antidepressants, Phenothiazines)

Narcotic Agents

- Oxycodone
- Schedule II
- Percoset, Percodan, Tylox
- 4.5-5.0 mg tid with Acetaminophen or ASA

Narcotic Agents

- 10-12 times potent than codeine
- Good retention of potency
- May cause euphoria less side effects reported

Narcotic Agents

- Hydrocodone (Schedule III) (Lortab,
- Vicodin) 2.5-10.0mg tid-qid with acetaminophen

Narcotic Agents

- 6 times more potent than codeine
- Less gastrointestinal problems
- Less sedation
- ?? euphoria

Important Clinical Points

- Narcotic agents actually safer for patients with NSAID contraindications
- Peak effect 1.5-2.0 hours after oral dose - advise patients who have acute severe pain.
- No dosing within 14 days of an MAO inhibitor

Narcotic Agents

- Additive or synergistic effect possible when combined with NSAIDs
- Increased dose of narcotic agent will increase analgesic effect but will also risk increased side effects.

Analgesics & Nonsteroidal Anti-Inflammatory Agents

- Nonsteroidal Anti-Inflammatory Agents - peripheral acting agents, prevent stimulation or discharge of nociceptors, more effective for inflammatory related conditions, may have ceiling effect
- Acetylsalicylic acid (ASA) 325-500 mg q4-6h
- Ibuprofen (Motrin, Advil, Nuprin) 400 mg q4-6h
- Naproxen sodium (Aleve) 450 mg loading dose, then 225 mg q6-8h

Analgesics & Nonsteroidal Anti-Inflammatory Agents

- Central Nervous System Agents - reduce perception of pain, effective for inflammatory or non-inflammatory conditions, typically no ceiling effect
- Non-Narcotic agents
- Acetaminophen 325-500 mg q4-6h
- Tramadol (Ultram) 50 mg q4-6h

An aspirin a day keeps the Doctor away

- Gum PA, et al
- JAMA 2001 Sept12; 286:1187-94
- ASA use and all cause mortality
- 8174 patients/ Cleveland Clinic
- Baseline 37% ASA use
- All cause mortality
- ASA use 4%
- Non ASA 8%

Managing Viral Eye Disease Pain

- HSK
- HZK
- EBV
- EKC

VARICELLA ZOSTAR- KERATITIS

- PRIMARY INFECTION
- CHICKEN POX
- VACCINATION RECOMMENDED BY AMERICAN ACAD of PEDIATRICS
- RECURRENT INFECTION
- OPHTHALMIC INVOLVEMENT 10-25%
- OPHTHALMIC ZOSTAR > OVER AGE 60
- UNDER 40 50% IMMUNOCOMPROMISED

Antivirals

- Acyclovir (*Zovirax*)
- Valacyclovir (*Valtrex*)
- Famciclovir (*Famvir*)

Acyclovir (*Zovirax*)

- Acyclovir:
- Converted to acyclovir triphosphate
- Inhibits herpes virus DNA polymerase
- Some activity against varicella-zoster, cytomegalovirus, Epstein-Barr
- Dose
- Zoster: 800mg po 5x/day
- Simplex: 400mg po 5x/day
- Suppressive: 400mg po bid x 1 yr
- How supplied:
- 400 & 800mg Tablets
- 200mg Capsules
- 200mg/5ml Oral Susp.

Valacyclovir (*Valtrex*)

- Prodrug of Acyclovir
- Inactive until metabolized
- Dose
- Zoster: 1g po q8h x 7-21 days
- Simplex: 500mg po q8h x 7-21 days
- Suppressive: 500mg po qd x 1 yr
- How Supplied:
- 500 & 1000mg tabs

Famciclovir (*Famvir*)

- Prodrug of penciclovir
- Higher bioavailability vs acyclovir
- Rapidly absorbed from GI tract
- Metabolized into active form
- Effective against simplex & zoster
- Dose
- Zoster: 500mg po q8h x 7-21 days
- Simplex: 500mg po q12h x 7-21 days
- Suppression: 250mg qd x 1 yr
- How Supplied:
- 125, 250 & 500 Tabs

Antiviral: *the differences*

- Dosing
- Acyclovir: 5 times/day
- Valacyclovir: 3 times/day
- Famvir: 2 times/day
- Cost
- Acyclovir: \$26.00
- Valacyclovir: \$125.00
- Famciclovir: \$147.00

Steroids

- Medrol Dose Pack
- Individualized Regimen
- IV Methyl Pred

HZK

- STROMAL KERATITIS
- BASIC FEATURES
- IMMUNOGENIC RESPONSE
- CLINICAL FEATURES
- DISIFORM
- SUPPURATIVE
- MIXED
- TREATMENT

Cross Linking: New Technology for and Old Disease KCN Diagnosis

- Corneal Hydrops
- Munson's sign
- Apical Scarring
- Vogt's Striae
- Irregular Mires
- Abn(anterior)Topo
- High Corne
- Epithelial thickness abnormalities
- Posterior Corneal Curvature
- Relative pachymetry

Floppy Eyelid Syndrome CXL and PRK

- Requires wavefront scan at level 4 reliability
- Predictability is less than standard PRK
- Contraindicated with apical scar
- Post-op similar to standard PRK
- CL's same algorithm

Radial Keratotomy CXL Technique

- Riboflavin drops every 2 min x 30 min
- Pachymetry checked > 400 um
- Check UV light source calibration
- UV light source applied focused onto the cornea
- Riboflavin drops instilled every 2 min while UV light application for 5/30 min
- 1 drop of fluorquinolone and steroid
- Homatropine 5% x2
- NSAID pre op x2
- Bandage contact lens

UV-A Light 370 CXL

- Post-operative Care
- 1 day, 1 week, & 1 month recommended visits
- 4th generation fluoroquinolone qid x 4 days
- Durezol or PF taper x 3 weeks
- BCL
- HA 5% tid at surgery
- Vicodin or Percoset qid po x 2-3 days

PRK Post Surgical Pain

- Normal Course vs. Pathology
- Clinical Assessment
- Oral vs. Topical Therapy

POST-OPERATIVE CARE

- TYPICAL MEDICAL THERAPY DAY ONE
- PRED FORTE qid
- OCUFLOX qid
- BCL
- Topical NSAIDS x 2 DAYS
- CYCLO AT SURGERY
- VICODIN 10/325 PO QID
- Ibuprofen 600-800 po pre op, then 600-800 x 1 or 2 before bed

Post Surgical Inflammation/ Infection

- Identify the disease
- TASS?
- Endophthalmitis
- Microbial Keratitis
- Exuberant Inflammatory response
- Smokers
- African American's / Afro-Caribbean's
- Younger patients

MRSA Infiltrate under LASIK flap Initial Treatment Treatment Ocular Pain in Infectious Disease

- Diagnosis: First & Foremost
- Topical Therapy
- Fortified vs: Scripted antibiotics
- Cycloplegics
- Steroids?
- Oral Pain Management

Application Ocular Pain in Phthisis

- Topical
- Atropine
- Steroids
- Oral
- Topamax
- Neurontin
- Lyrica

Bilateral Alkalai Burn Analgesia in Kids: What is Best?

- Friday JH; Acad Emer Med. 2009
- 66 children, aged 5-17 y/o, with acute traumatic extremity pain > 5 on a verbal numeric scale randomized to:
- Ibuprofen 10mg/kg to max/dose 400 mg
- Acetaminophen/codeine 1mg/kg to max/ dose 60 mg
- Pain rated at baseline, 20,40,60 minutes
- Both groups had significant pain relief at all time points post Tx.
- Results: Codeine poor analgesic, Ibuprofen equal with less side effects. For more severe pain hydrocodone

Superior Limbic Keratoconjunctivitis

- Treatment
- Topical silver nitrate
- Bandage Contact lens
- Conjunctival cautery
- Conjunctival resection
- Topical Cyclosporine

Rose Bengal
Lissamine Stain
NAFL will not stain

Dry Eye & Ocular Pain

- Clinical Assessment
- Symptoms vs. Signs
- Initial vs. Long Term Therapy

Possible Testing During Dry Eye Evaluation

- Evaluate Tear Meniscus
- NaFl Staining & Tear Break Up Time
- Lissamine Green Staining or Rose Bengal
- Meibomian Gland Expression
- Schirmers With Anesthetic or Quick Zone
- TearLab Osmolarity System
- Dilution & Irrigation
- Naso-lacrimal probe

Tear Break Up Time Conjunctival Staining

- Moderate / Severe lissamine green staining

Schirmer Strips

Osmolarity In the Diagnosis of Dry Eye Disease

- Osmolarity is the "gold standard" test for Dry Eye
- 45 years peer reviewed research
- Osmolarity has been added to definition of Dry Eye
- Global marker of Dry Eye, indicating a concentrated tear film

KEEP IT SIMPLE AND TAKE ADVANTAGE OF PPV

- MILD RANGE:
- 300-320 mOsmol/L
- MODERATE RANGE:
- 320-340
- SEVERE RANGE:
- > 340

Nordic

~~Re-esterified~~ ~~Artificial~~ omega 3
Re-esterified

Osmolarity & Tear Film Instability in DED Symptoms of Dry Eye Signs of Dry Eye Treatments for Chronic Dry Eye

- Modify environment, habits
- Artificial tears
- Topical cyclosporine
- Topical steroids
- Secretagogues
- Nutritional supplements/vitamins
- Punctal occlusion
- Tarsorrhaphy, moist chamber goggles
- Lacriserts

Treatment Recommendations by Severity Levels

- Level 1
 - Education and environmental/dietary modifications
 - Elimination of offending systemic medications
 - Artificial tear substitutes, gels/ointments
 - Eye lid therapy

Treatment Recommendations by Severity Levels

- Level 2:
 - *If Level 1 treatments are inadequate, add:*
 - Anti-inflammatory agents
 - Tetracyclines (for meibomianitis, rosacea)
 - Punctal plugs
 - Secretagogues
- Moisture chamber spectacles

Randomized Clinical Trial of Re-esterized Triglyceride OM3 Study Protocol

- Multi Center Randomized, Masked, Placebo Controlled study.

Analysis

- Tear Osmolarity (mOsm/L)

Analysis

- Ocular Symptom Disease Questionnaire

Persistent Epithelial Defects Treatment

- cyanoacrylate tarsorrhaphy
- Indications
 - lagophthalmos
 - exposure keratitis
 - neurotrophic keratitis
 - dry eyes
- persistent epithelial defects

Temporary Cyanoacrylate Tarsorrhaphies

- Age (27-85) 62
- Dx:
 - Persistent epithelial defects
 - Neurotrophic keratitis
 - Exposure keratitis
 - Lagophthalmos

Product Specifications

We just had our Board of Trustees meeting yesterday and we are fine offering our online drug course to other healthcare providers. On July 1st, we are going to charge \$75 per course. We are also willing to work with those other healthcare provider associations to work on obtaining appropriate continuing education accreditation. If you have any other questions or concerns, please feel free to contact me. Thanks.

JCN

JC Nicholson, III
General Counsel
South Carolina Medical Association

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2018 SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY

Date	Time	Location	Description
February 21 or 28	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
May 22 or 30	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
July 11 or 29	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting
October 10 or 17	3:00 p.m.–5:00 p.m.	Room 204	Board Meeting

SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY

SIGN IN SHEET

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