

SOUTH CAROLINA BOARD OF EXAMINERS IN OPTOMETRY

Policies and Procedures

SANCTIONING FOR FAILURE TO PROVIDE

MINIMUM EYE EXAMINATION

AFTER ADVERTISING

Effective August 15, 2001

POLICY:

Many licensees regularly advertise that they provide eye examinations and set a fee for that service. The Board continues to receive complaints that licensees do not provide consistent examinations and that consumers cannot predict what services are included in the advertised price. Licensees are prohibited by law from making any deceptive advertisement or representation concerning eye examination, ophthalmic goods, ophthalmic services or the practice of optometry. South Carolina Code Ann. §§40-37-390 and 40-1-110(d) and (e). To guide the licensees of the state and to protect the consumers of this state, the Board issues the following guidelines. Failure by a licensee to follow the guidelines may result in charges of violation of the laws of this state and sanctions against any licensee to practice optometry in South Carolina.

PROCEDURE:

The Board Administrator is authorized to:

- ⊙ Investigate any complaint that a licensee has failed to provide a minimum eye examination after advertising that he or she would do so.
- ⊙ Apply the Minimum Eye Examination Guidelines as developed by the Board and attached to this policy as an appendix.
- ⊙ Issue a cease and desist order in the name of the Board to any licensee in South Carolina found to be advertising an “examination,” “eye exam,” “exam,” “eye health exam,” “glasses exam,” “contact lens exam” or any other language implying to the public that their eyes will be examined when that licensee is not providing the components of a minimum eye examination as set out in the appendix to this policy.

The Investigation Review Committee is authorized to:

- ⊙ Recommend formal charges for violation of the practice act against any licensee who charges extra for confrontation or screening visual field, dilation or tonometry when it is done at the time of an eye examination, or if not done during the initial examination, is scheduled at that time for a subsequent visit.
- ⊙ Recommend formal charges for violation of the practice act against any licensee who fails to include all components of a minimum eye examination in an examination which is advertised as an “examination,” “eye exam,” “exam,” “eye health exam,” “glasses exam,” “contact lens exam” or any other language implying to the public that their eyes will be examined when that licensee is not providing the components of a minimum eye examination as set out in the appendix to this policy.
- ⊙ Recommend formal charges for failure to keep records documenting any refusal by the patient to allow any aspect of a minimum examination.

APPENDIX

MINIMUM EYE EXAMINATION GUIDELINES

1. Complete case history, including chief complaint, personal ocular history, personal health history, family ocular history and family general health history
2. Measure visual acuity of each eye – aided and unaided
3. Perform slit lamp examination of anterior segment of eye and eyelids
4. Perform internal ophthalmoscopic examination through a dilated pupil, including evaluation of optic nerve head, macular, and peripheral retina
5. Perform refraction
6. Perform tonometry
7. Evaluate pupils
8. Perform confrontation visual field or similar screening field
9. Perform other tests and procedures as indicated by chief complaint, case history or objective signs and symptoms discovered during the course of the eye examination
10. Make a diagnosis and formulate a treatment plan

Additional Requirements after prescription of contact lenses

1. Patient training in lens care, solutions, application and removal, a proper wearing schedule, warning signs, and recall intervals
2. Adequate follow-up visits to evaluate the fit after patient has adapted to a normal wearing schedule

Notes:

- A. These tests are components of a routine eye examination. The practice of advertising one price for an eye examination and billing the patient an additional amount for any of these items is deceptive to the public.
- B. Independent charges for tonometry or dilation can be appropriate where there is a recent comprehensive examination and a documented diagnosis, which indicates the need to repeat the procedure(s) in order to provide appropriate care for the condition. Examples of such diagnoses are glaucoma and blunt ocular trauma.
- C. The patient file or office records should document all aspects of the examination as described above. If the patient refuses any aspect of the examination, the refusal should be properly documented.