2024 TearCare® Reimbursement Guide



The TearCare System is an emerging technology. This guide offers guidance and support to assist providers with proper coding of Category III CPT® code 0563T and reimbursement policies.

Indication

The TearCare System is intended for the application of localized heat therapy in adult patients with evaporative dry eye disease due to meibomian gland dysfunction (MGD), when used in conjunction with manual expression of the meibomian glands.¹

Coding For TearCare System

СРТ	Description
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral



NOTE: CPT 0563T code description describes the TearCare System as a bilateral service for which payors may not require location modifiers. Please refer to payor policies for guidance.

MEDICARE PAYMENT FOR CPT 0563T

Payment is determined on a case-bycase basis. Since Category III codes are not assigned Relative Value Units (RVUs) or a national payment rate by

Global Period	Medicare National Average Fee Schedule Payment Rate ²	Total RVUs
Does not apply	Carrier Priced	N/A

Medicare, individual Medicare Administrative Contractors (MACs) may elect to assign pricing (called carrier pricing)² for CPT 0563T for their jurisdiction. It is recommended to review your individual Medicare contractor's website to identify if the MAC has published a payment rate for 0563T.



NOTE: Commercial and Medicare Advantage payments are based on contractual agreements or negotiated fees between the provider and the health plan. Questions regarding your contracted payment rates should be directed to your health plan's provider representative.

- U.S. Food and Drug Administration (FDA) Indications for Use [510k clearance. 510(K) Number: K213045].
- 2. Carrier/Payor determines the payment rate.

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American Medical Association. All Rights Reserved. Applicable FARS/
HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Coverage for the Procedure Using TearCare System

During this process, confirm that the patient's diagnosis code and the CPT code (0563T) meet medical necessity and payor coverage criteria. Most Medicare carriers cover the procedure on a case-by-case basis. Check with your local MAC to confirm coverage.

Common ICD-10-CM Diagnosis Coding

The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes are used to report patient diagnoses and health conditions for visits/services in all healthcare settings. Providers should consult the ICD-10-CM code set and coverage policies or other payor guidelines when determining the appropriate diagnosis code(s) to submit to health plans. Coding is a clinical decision and providers should code to the highest level of specificity.

ICD-10-CM ³	Code Description		
Diagnosis	Right Eye/Lid	Left Eye/Lid	Bilateral Eye/Lid
Meibomian Gland Dysfunction Upper Lid	H02.881	H02.884	N/A
Meibomian Gland Dysfunction Lower Lid	H02.882	H02.885	N/A
Meibomian Gland dysfunction Upper and Lower Lid	H02.88A	H02.88B	N/A
Dry Eye Syndrome	H04.121	H04.121	H04.123

Establishing Charges for CPT 0563T

Sight Sciences cannot advise on what to charge for 0563T. Each practice should use its own methodology to set appropriate charges.

Considerations for Category III CPT Codes

Below are steps to consider prior to performing the TearCare procedure:

- Check payor contracts to ensure fair reimbursement for the provider's time, work, and resources, as well as to include an allowable of non-facility practice expenses to cover the cost of the SmartLids®.
- Check payor coverage policies for medical necessity criteria, if available.
- Set appropriate billed charges.
- Conduct a benefit verification to understand patient-specific coverage.
- Prior to the procedure, submit a written authorization. For support, email sightaccess@sightsciences.com.
- Ensure that the patient has been made aware of their financial obligations.

- Utilize Sight Science's prior authorization and appeal templates to support provider payment.
- Because the TearCare System is an emerging technology, many payors have not yet established favorable coverage policies for the service.
- A written pre-determination is recommended prior to the procedure to confirm that the request is covered and considered medically necessary.
- Coverage varies by payor.
- To determine coverage for a particular patient, a benefit verification is recommended before the procedure.

Frequently Asked Questions

Can I bill an office visit the same day as I perform CPT 0563T?

No, CPT 0563T includes evaluation of the patient prior to the TearCare procedure. However, you may bill an E/M code if there was a separate and identifiable reason to examine the patient.

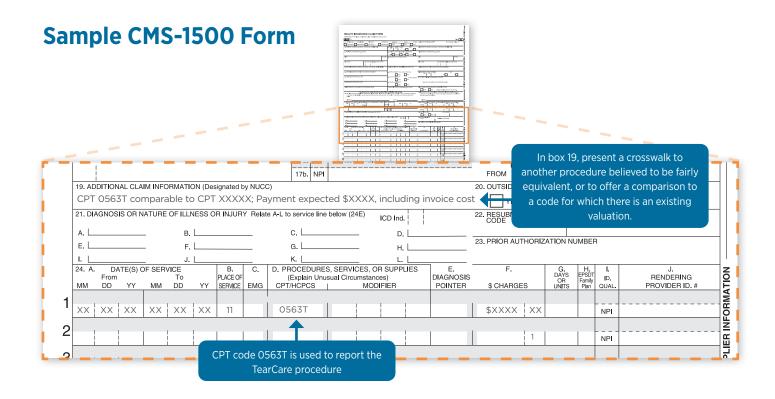
Understanding the provider time, work, and practice expense involved for using TearCare System.

Practice	Physician	Malpractice		
Expense	Work	Relative Value	Total RVU	
21.49	2.00	0.20	23.69	

What if I receive inadequate reimbursement?

If you receive an inadequate payment, please contact your patient's payor or Sight Access for additional support.

VISIT SIGHTACCESS.COM







sightaccess.com [2]

Reimbursement support is available to help answer coverage, coding, and payment questions and provide reimbursement support.

EMAIL sightaccess@sightsciences.com



Sight Access Partners

Sight Access includes a field-based Market Access Team that provides personalized reimbursement support.

Sight Access Resources



Our library of reimbursement resources to get your practice up to speed.

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