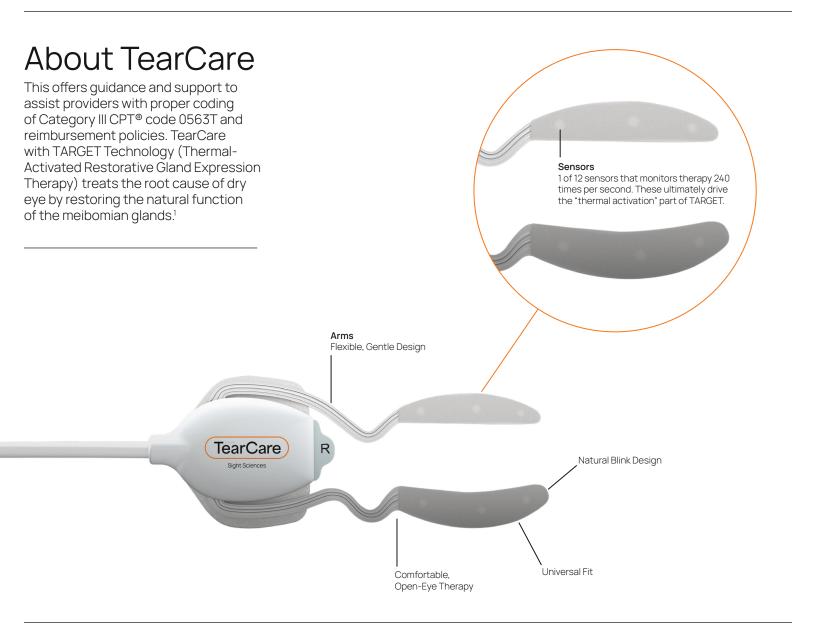




# TearCare® System



## 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.<sup>2</sup>

### Coding for the TearCare System

CPT <sup>3</sup>	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-by-case basis. Since Category III codes are not assigned Relative Value Units (RVUs) or a national payment rate by Medicare, individual Medicare Administrative Contractors (MACs) may elect to assign pricing (called carrier pricing)<sup>4</sup> 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.

Global Period	Medicare National Average Fee Schedule Payment Rate <sup>4</sup>	Total RVUS
Does not apply	Carrier Priced	N/A

**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.

## 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.

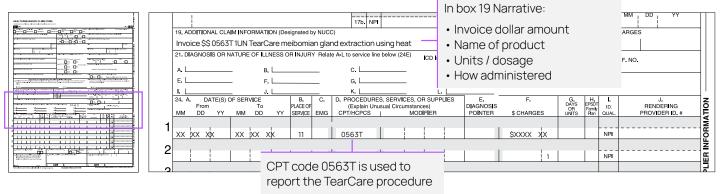
ICD-10-CM⁵	Code Description		
Diagnosis	Right Eye/Lid	Left Eye/Lid	Bilateral Eye/Lid
Meibomian Gland Dysfunction Upper Lid	H02.881	H02.884	N/A
Meibomian Gland Dysfunction Lower Lid	H02.882	H02.885	N/A
Meibomian Gland Dysfunction Upper and Lower Lid	H02.88A	H02.88B	N/A
Dry Eye Syndrome	H04.121	H04.121	H04.123

## Considerations for Category III CPT Codes

- 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.<sup>®</sup>
- Check payor coverage policies for medical necessity criteria, if available. Prior to the procedure, submit a written pre-determination or prior-authorization if needed.
- Set billed charges, each practice should use its own methodology to set appropriate charges.

- Conduct a benefit verification to understand patient-specific coverage. **Ensure the patient has been made aware of their financial obligations.**
- CPT 0563T includes evaluation of the patient prior to the procedure. However you may bill an E/M code if there was a separate and identifiable reason to examine the patient.

## Sample CMS-1500 Form



# Understanding the Provider Time for Appropriate Billing

TearCare Procedure (Evacuation of Meibomian Glands, Code 0563T)	Time (Minutes)
Pre-Service Evaluation (exam, reviewing history, documenting medications, allergies, etc.)	15
Informed consent	0-5
Lid preparation (makeup removal, contact lens removal, facial/oil removal)	5
SmartLid application	5
15-minute required heat application	15
Manual expression of the meibomian glands	10-15
Discharge instructions provided	5
Total Estimated Time	55

### The SAHARA Study: Redefining Clinical Excellence

TearCare offers superior improvements over Restasis<sup>® 6,7</sup> (cyclosporine):



TearCare is effective as a primary option for MGD therapy.<sup>7</sup>



Patients gain additional long-lasting benefits by switching from Restasis<sup>®</sup> (cyclosporine) to TearCare.<sup>6</sup>

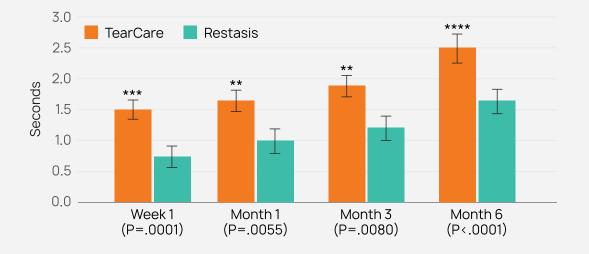


**Compliance is not a factor** with TearCare.<sup>7</sup>

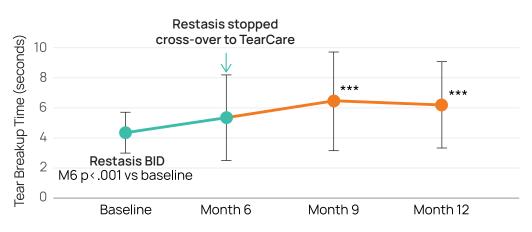


Economic models demonstrate that TearCare is **more cost-effective** than prescription eye drops.<sup>8</sup>

## TearCare superior to Restasis in TBUT change from baseline at all time points<sup>6</sup>



Superior results not reliant on patient adherence7

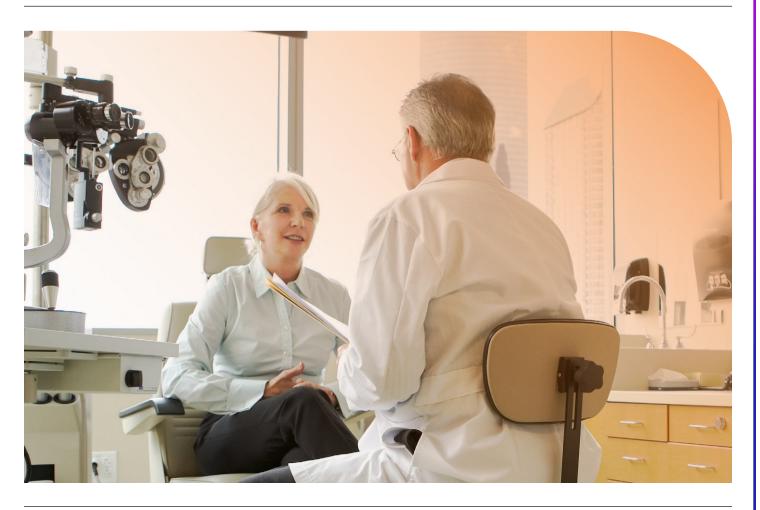


## Notes

<sup>1</sup>Blackie CA, et al. Treatment for meibomian gland dysfunction and dry eye symptoms with a single-dose vectored thermal pulsation: a review. Curr Opin Ophthalmol. 2015 Jul;26(4):306-13.

- <sup>2</sup> U.S. Food and Drug Administration (FDA) Indications for Use [510k clearance. 510(K) Number: K213045].
- <sup>3</sup> CPT codes, descriptions, and other data only are copyright 2024 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.
- <sup>4</sup> Carrier/Payor determines the payment rate.
- <sup>5</sup> https://med.noridianmedicare.com/web/jeb/topics/modifiers.
- <sup>6</sup> Ayres BD, et al. Clin Ophthalmol. 2023 Dec 18;17:3925-3940.
- <sup>7</sup> Ayres BD, et al. Clin Ophthalmol. 2024 May 28;18:1525-1534.

<sup>8</sup> TearCare Budget Impact Model published 2024 https://www.tandfonline.com/doi/full/10.1080/17469899.2024.2444930?scroll=top&needAccess=true#abstract



## TearCare

## Sight Sciences®



#### **MARKET ACCESS**

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 fieldbased team that provides reimbursement support.

### SIGHT ACCESS RESOURCES

Contact our team to access our library of resources to support your practice and increase access for your patients.

### DISCLAIMER

This document is designed for illustrative use only. Coverage policies vary and are subject to change. There is no guarantee of coverage. Sight Sciences provides this information for your convenience only. It does not constitute legal advice or a recommendation regarding clinical practice. Information provided is gathered from third-party sources and is subject to change without notice due to frequently changing laws, rules, and regulations. The provider has the responsibility to determine medical necessity and to submit appropriate codes and charges for the care provided. Sight Sciences makes no guarantee that the use of this information will prevent differences of opinion or disputes with Medicare or other payors as to the correct form of billing or the am ount that will be paid to providers of service. Please contact your Medicare contractor, other payers, reimbursement specialists and/ or legal counsel for interpretation of coding, coverage, and payment policies. This document aids with FDA approved or cleared indications. Where reimbursement is sought for use of a product that may be inconsistent with, or not expressly specified in, the FDA cleared or approved labeling (e.g., instructions for use, operator's manual or package insert), consult with your billing advisors or payers on handling such billing issues. Some payers may have policies that make it inappropriate to submit claims for such items or related service.

© 2025 Sight Sciences, Inc. Sight Sciences, the Sight Sciences logo, TearCare, and SmartLids are registered trademarks of Sight Sciences, Inc. Restasis is a registered trademark of Allergan, an AbbVie company. 03/2025 RE-1301-US. v8