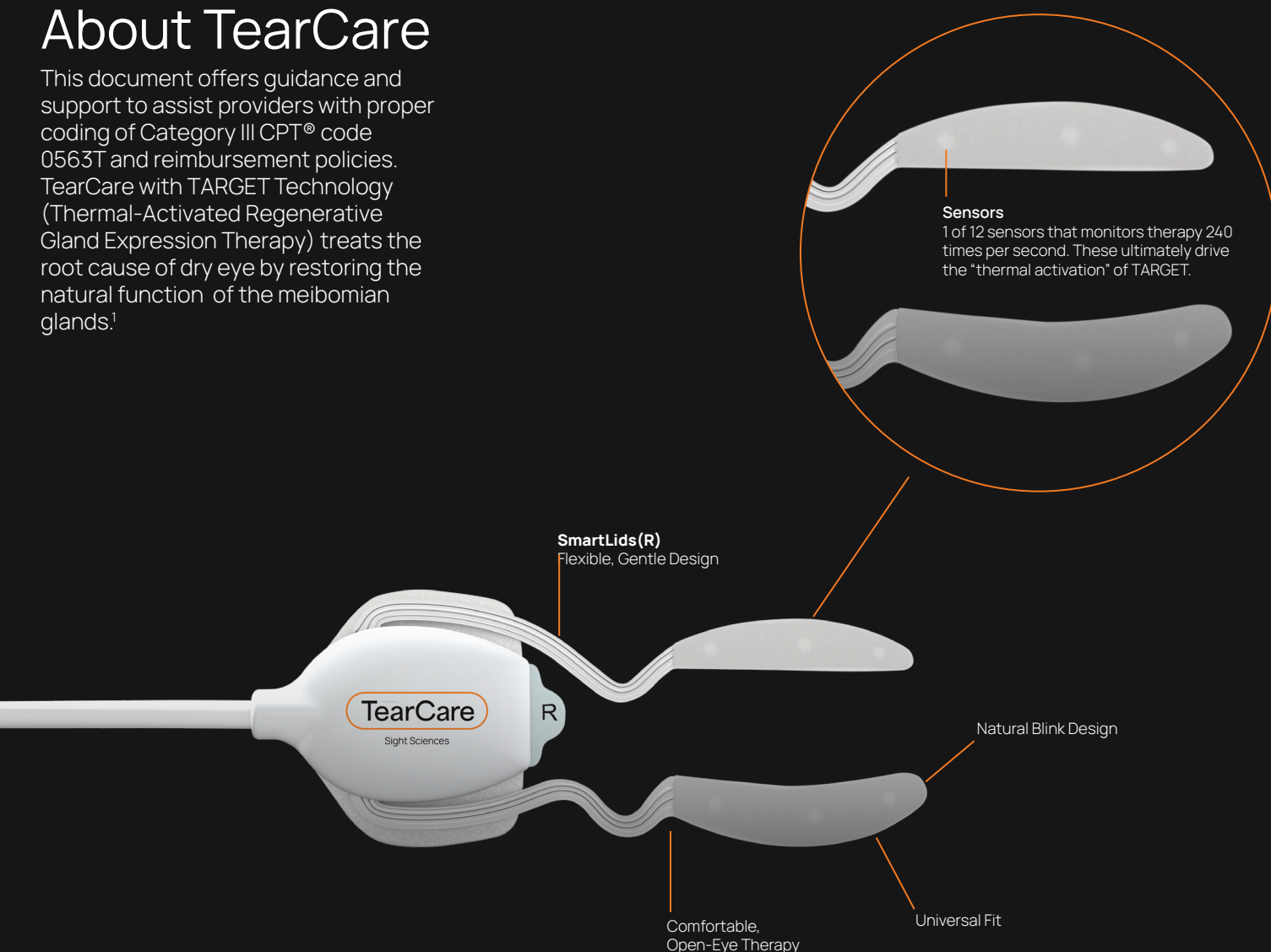


# TearCare® System

## About TearCare

This document offers guidance and support to assist providers with proper coding of Category III CPT® code 0563T and reimbursement policies. TearCare with TARGET Technology (Thermal-Activated Regenerative Gland Expression Therapy) treats the root cause of dry eye by restoring the natural function of the meibomian glands.<sup>1</sup>



# 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

CPT 0563T is reported as a bilateral service. Modifier use is determined by individual payor policy and may vary. Providers are responsible for reviewing the payor's published billing guidelines to ensure appropriate claim submission.

## Medicare Payment For CPT 0563T

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 your regional MAC has published a payment rate for 0563T.

Global Period	Medicare Jurisdiction	Medicare Administrative Contractor	Medicare National Average Fee Schedule Payment Rate <sup>4</sup>
Does not apply	JE	Noridian Healthcare Solutions	Established
Does not apply	JF	Noridian Healthcare Solutions	Established
Does not apply	JH	Novitas Solutions	Established- Based upon RVU Analysis
Does not apply	JJ	Palmetto GBA	Not Established
Does not apply	JK	National Government Services (NGS)	Not Established
Does not apply	JL	Novitas Solutions	Established- Based upon RVU Analysis
Does not apply	JM	Palmetto GBA	Not Established
Does not apply	JN	First Coast Service Options (FCSO)	Established-Based upon RVU Analysis
Does not apply	J5	Wisconsin Physicians Service Insurance Corporation (WPS)	Established
Does not apply	J6	National Government Services (NGS)	Not Established
Does not apply	J8	Wisconsin Physicians Service Insurance Corporation (WPS)	Established
Does not apply	J15	CGS Administrators, LLC (CGS)	Not Established

# Common ICD-10-CM Diagnosis Coding

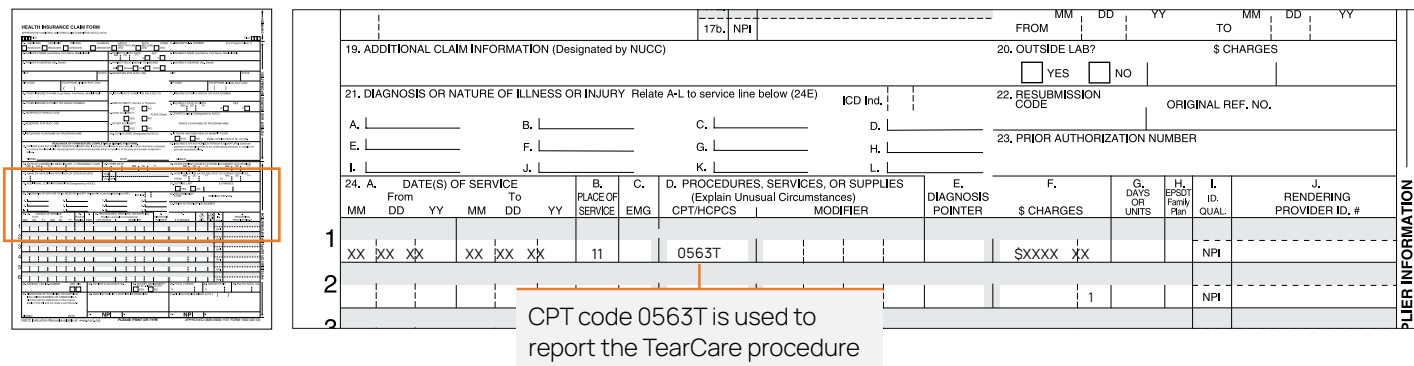
The International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes are used to report patient diagnoses and health conditions for visits/services in all healthcare settings. Providers should consult the ICD-10-CM code set and coverage policies or other payor guidelines 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 <sup>5</sup>	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	H04.122	H04.123

## Considerations for Category III CPT Codes

- Set billed charges; each practice should use its own methodology to set appropriate charges.
- CPT 0563T includes evaluation of the patient prior to the TearCare procedure. However, if a separate and medically necessary evaluation is required you may bill an E/M code.

## Sample CMS-1500 Form



The image shows a sample CMS-1500 form. On the left is a thumbnail of the full form. The main part shows a detailed view of the procedure line (line 24). A callout box points to the CPT code 0563T, stating: "CPT code 0563T is used to report the TearCare procedure".

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB?		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))		22. RESUBMISSION CODE		23. PRIOR AUTHORIZATION NUMBER		24. A. DATE(S) OF SERVICE		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS GR. UNITS		H. EPICOT Family Plan		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
1																0563T			\$XXXX	XX			NPI						
2																													
3																													



# The SAHARA Clinical Trial: Redefining Clinical Excellence

TearCare offers superior improvements over Restasis®<sup>6</sup>, (cyclosporine 0.05%):



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



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

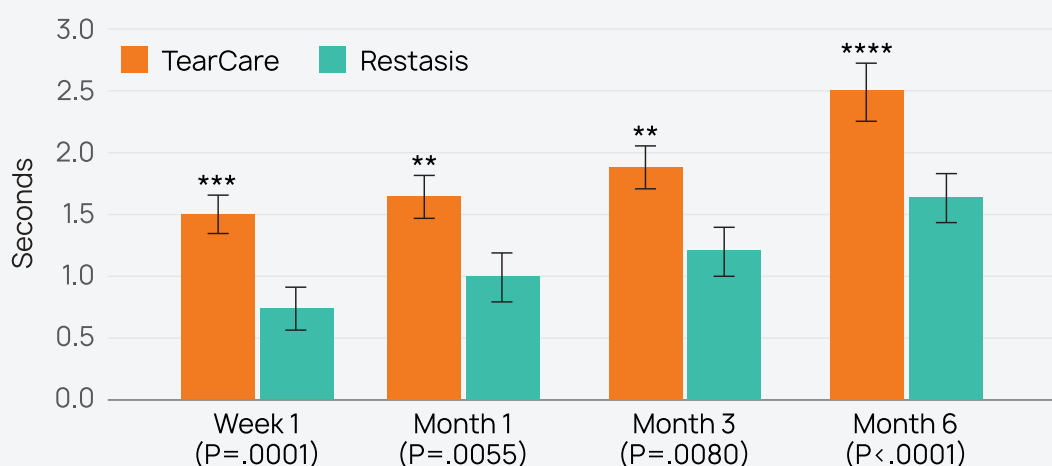


**Compliance is not a factor** with TearCare.

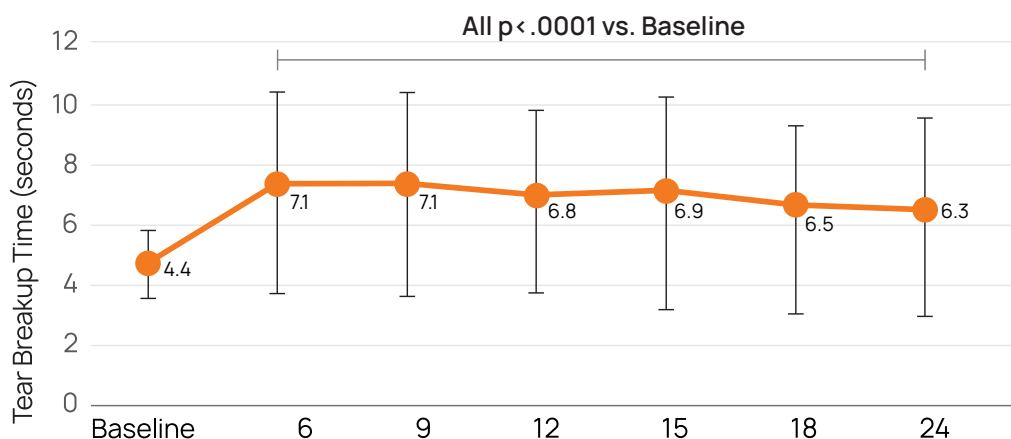


Economic models demonstrate that TearCare is **more cost-effective** than prescription eye drops.<sup>8</sup>

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

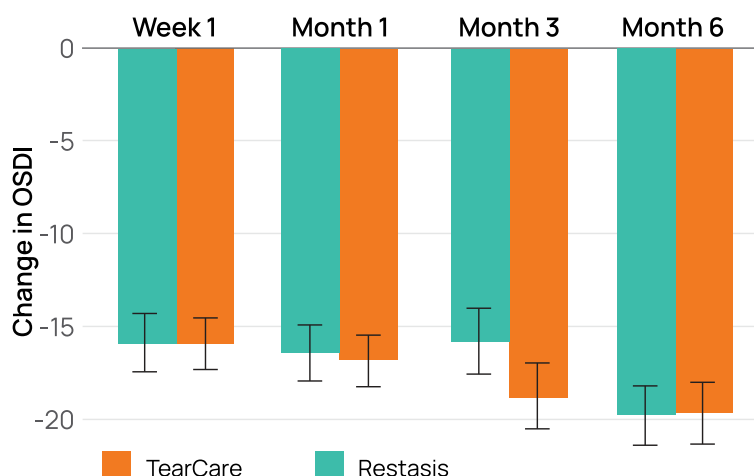


Superior improvement from baseline not reliant on patient adherence



# TearCare shown noninferior to Restasis

## Significant improvements in OSDI scores vs. baseline at all time points



At 6 months TearCare and Restasis both demonstrated comparable statistically significant improvements at all time points measured for corneal and conjunctival staining, tear production, EDS, SANDE and OSDI scores. Symptoms were statistically significant vs. baseline at every time point. Least-squares mean changes from baseline at each time point by treatment group (linear mixed effects models). Error bars are  $\pm$  one least squares standard error.

## 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



[sightsciences.com](https://sightsciences.com)

## MARKET ACCESS

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

**email:**

[sightaccess@sightsciences.com](mailto:sightaccess@sightsciences.com)

## SIGHT ACCESS PORTAL

- HIPAA-compliant Portal - created to support providers and their staff with coverage and reimbursement support.
- Reimbursement experts are available nationwide to support with coverage, coding, and payment questions.

We support all on-label requests for our products (TearCare, OMNI, and SION).

Navigate to [SightAccess.com](https://SightAccess.com) to enroll in the portal.

To connect with our field team, ask your sales rep or contact us directly.

Call: (844) SIGHT12 or (844) 744-4812

Fax: (866) 993-3421

Email: [SightAccessSupport@sightsciences.com](mailto:SightAccessSupport@sightsciences.com)

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