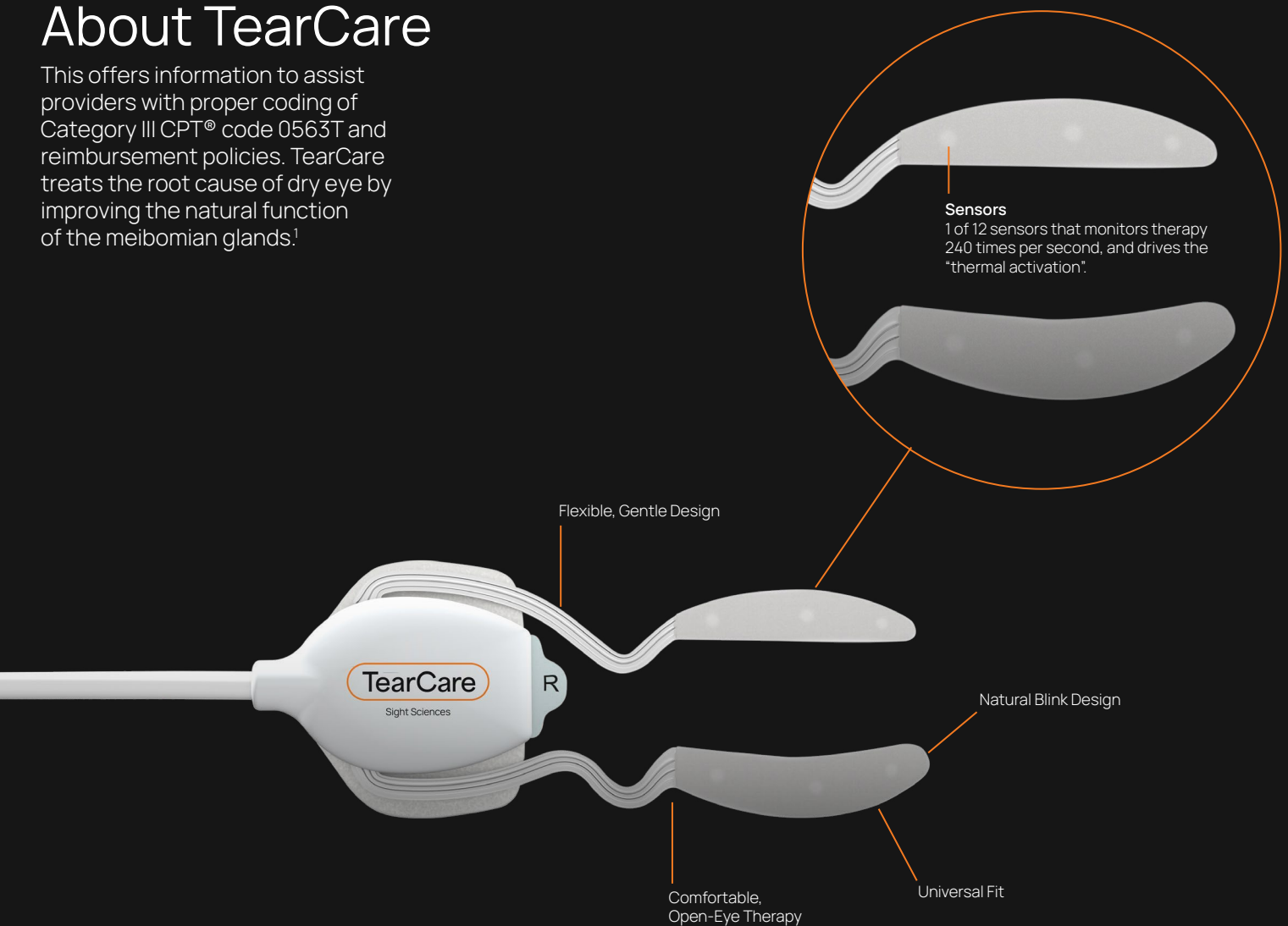


TearCare[®] System

About TearCare

This offers information to assist providers with proper coding of Category III CPT[®] code 0563T and reimbursement policies. TearCare treats the root cause of dry eye by improving the natural function of the meibomian glands.¹



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.²

Coding for the TearCare System

CPT ³	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)⁴ 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 Jurisdiction	Medicare Administrative Contractor	Medicare National Average Fee Schedule Payment Rate ⁴
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 ⁵	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, you may bill an E/M code if there was a separate and identifiable reason to examine the patient.
- CPT 0563T does not require a routine or mandatory modifier when reported as a standalone service.
- When clinically indicated, additional procedures such as punctal occlusion (e.g., CPT 68761) may be reported on the same date of service as CPT 0563T.

These services must:

- Be medically necessary
- Be distinct from the evacuation of the meibomian glands
- Not be integral to the performance of CPT 0563T
- Providers should comply with applicable NCCI procedure-to-procedure edits

Sample CMS-1500 Form

17b. NPI		FROM MM DD YY TO MM DD YY		20. OUTSIDE LAB? \$ CHARGES	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)				22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. _____	B. _____	C. _____	D. _____	23. PRIOR AUTHORIZATION NUMBER	
E. _____	F. _____	G. _____	H. _____		
I. _____	J. _____	K. _____	L. _____		
24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS	F. \$ CHARGES	J. RENDERING PROVIDER ID. #
From To	EMG	(Explain Unusual Circumstances)	POINTER		
MM DD YY MM DD YY		CPT/HCPCS MODIFIER			
1 XX XX XX XX XX XX	11	0563T		SXXXX XX	NPI
2				1	NPI
3					

CPT code 0563T is used to report the TearCare procedure

The SAHARA Clinical Trial: Redefining Clinical Excellence

TearCare offers superior improvements over Restasis^{®6} (cyclosporine):



TearCare is effective as a **primary option** for MGD therapy.⁶



Patients gain additional **lasting** benefits by switching from Restasis to one TearCare treatment.⁷

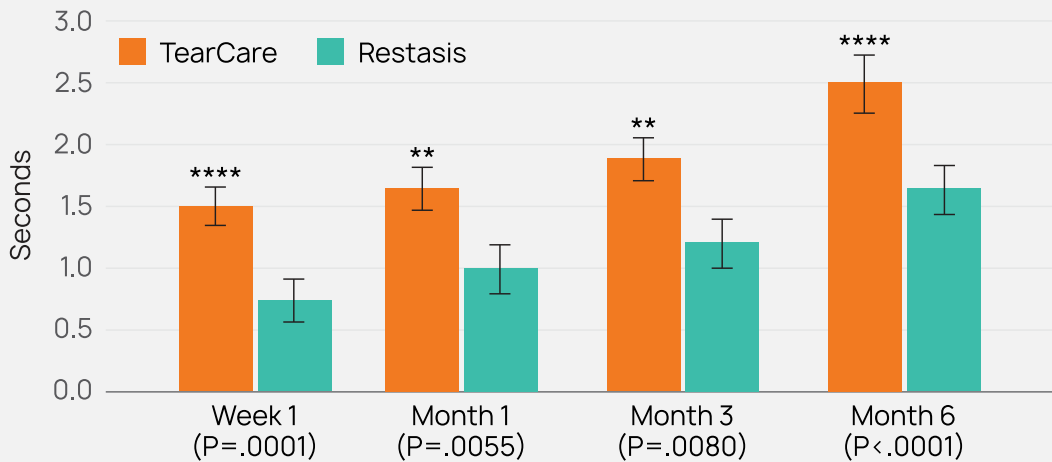


Compliance is not a factor with TearCare.⁷



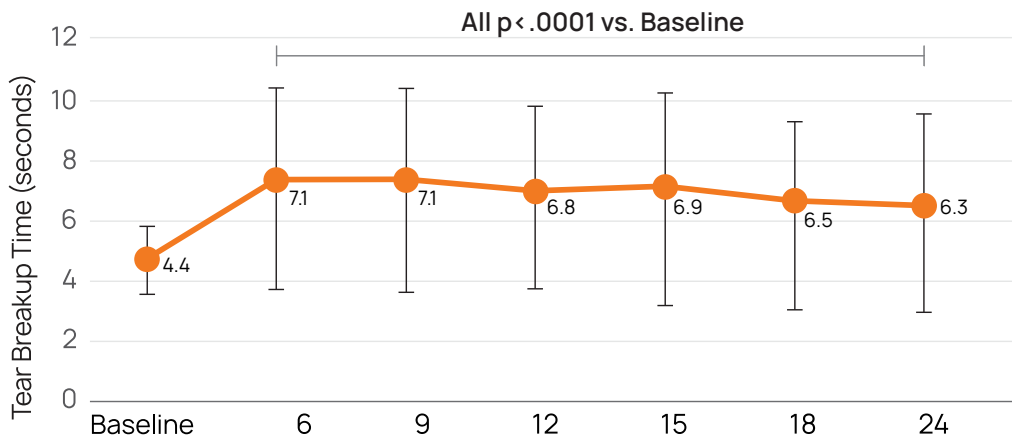
Economic models demonstrate that TearCare is **more cost-effective** than Restasis^{®.9}

TearCare superior to Restasis in TBUT change from baseline at all time points⁶

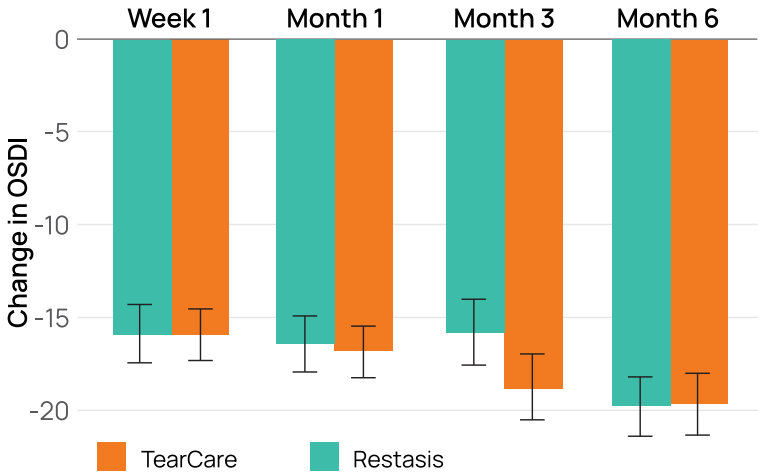


Results not reliant on patient adherence¹⁰

Subjects randomized to TearCare from the SAHARA study. TearCare therapy at Baseline and Month 5 with additional therapy as needed month 9 onward shown.



TearCare shown noninferior to Restasis in DED symptom improvement. 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, and OSDI scores. TearCare was noninferior to Restasis in OSDI & Corneal Staining. OSDI – Ocular Surface Disease Index. Least-squares mean changes from baseline at each time point by treatment group (linear mixed effects models). Error bars are ± one least squares standard error. Symptoms were statistically significant vs. baseline at every time point. Two TearCare therapies in the first 5 months provided 2 years of relief for a majority of study patients.¹⁰

Notes

¹Blackie 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.

²U.S. Food and Drug Administration (FDA) Indications for Use [510k clearance. 510(K) Number: K213045].

³CPT 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.

⁴Carrier/Payor determines the payment rate.

⁵<https://med.noridianmedicare.com/web/jeb/topics/modifiers>

⁶Ayres BD, et al. *Clin Ophthalmol.* 2023 Dec 18;17:3925-3940.

⁷Ayres BD, et al. *Clin Ophthalmol.* 2024 May 28;18:1525-1534.

⁸Chester T., Longo R., Masseria, C., Riley, P., Patel, C., & Mody, L. (2025). Budget impact analysis (BIA) of the TearCare System for the treatment of meibomian gland dysfunction (MGD)-associated dry eye disease (DED) in the United States (US). *Expert Review of Ophthalmology*, 20(1),55-61. <https://doi.org/10.1080/17469899.2024.2444930>

⁹Lighthizer N, Schwartz BK, Chester T, Longo R, Riley P, Mody L, Patel C. TearCare system versus cyclosporine ophthalmic emulsion for the treatment of moderate-to-severe meibomian gland disease associated dry eye disease in the United States: a cost-utility analysis. *Expert Rev Pharmacoecon Outcomes Res.* 2025 Oct;25(8):1239-1247. doi: 10.1080/14737167.2025.2537850. Epub 2025 Jul 31. PMID: 40703018

¹⁰Hovanesian J, et al. *Optom Vis Sci.* 2025 Jul 28; doi:10.1097/OPX.0000000000002278.



TearCare



sightsciences.com

MARKET ACCESS

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

email:
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 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

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 amount 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.

Indication for Use:

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.

The TearCare® System may not be right for everyone. Please see instructions for Use or visit TearCare.com for Contraindications, Warnings, Precautions and Adverse Events.