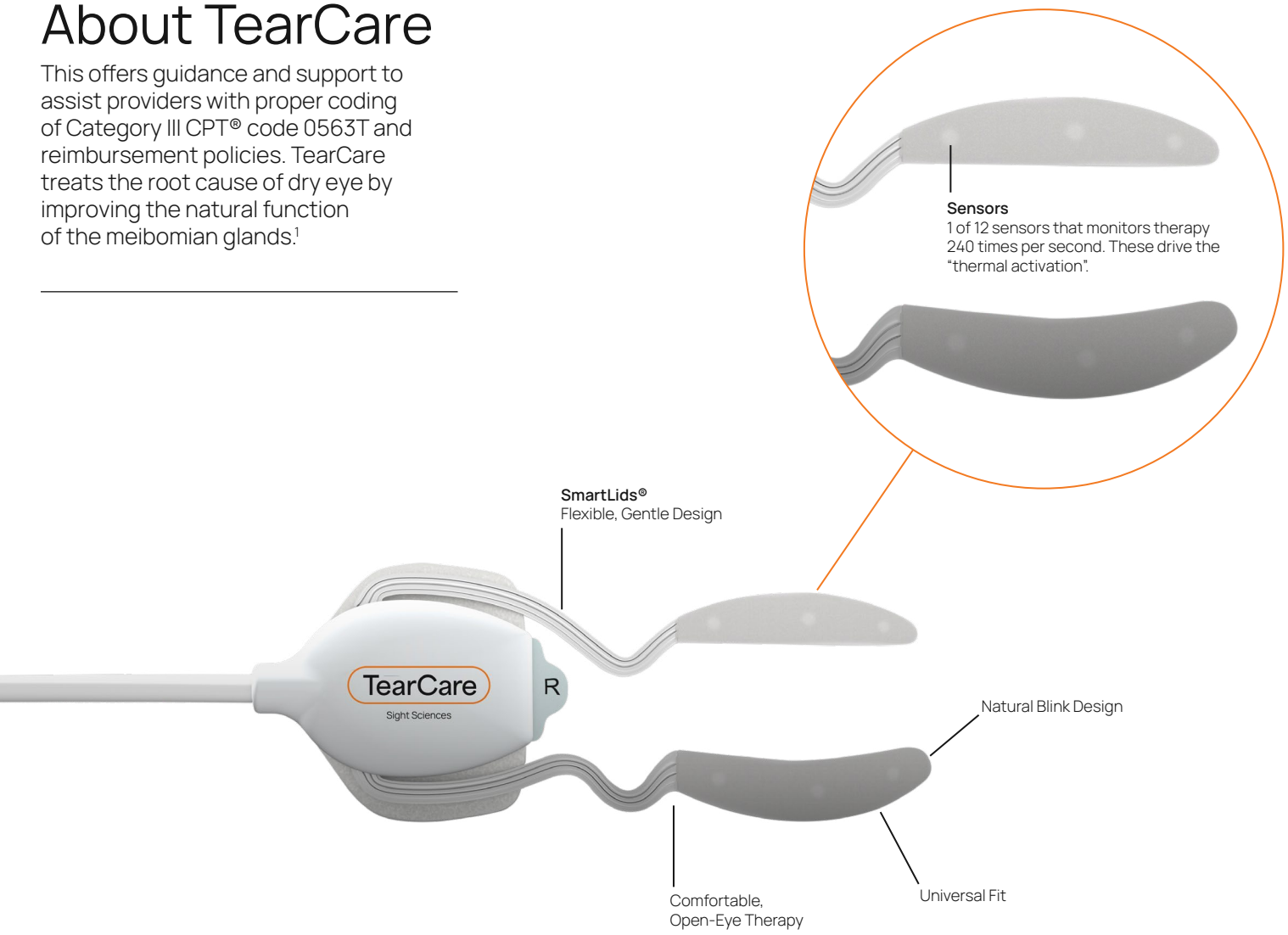
TearCare® System

About TearCare

This offers guidance and support 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

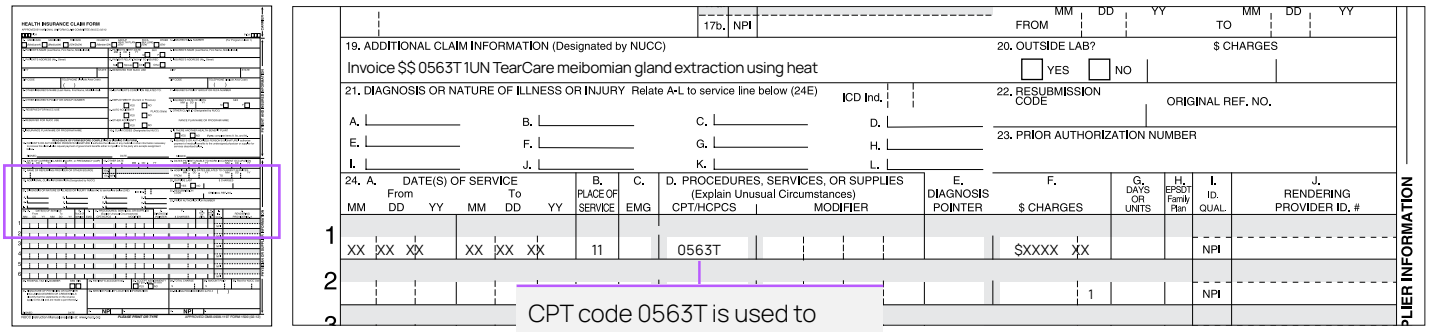
NOTE: CPT 0563T code description describes the TearCare System as a bilateral service for which payors may not require location modifiers. Please refer to payor policies for guidance. Payments may be determined on a case by case basis. Commercial payment will vary and will be at the discretion of the payor.

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[4]	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

Sample CMS-1500 Form



CPT code 0563T is used to report the TearCare procedure

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®.
- 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 TearCare procedure. However, you may bill an E/M code if there was a separate and identifiable reason to examine the patient.

Suggested Documentation Checklist for CPT 0563T (TearCare)

The following elements may help support medical necessity. Providers determine all clinical findings and treatment decisions, and medical necessity.

☐ Patient History

- Symptoms consistent with MGD/evaporative dry eye
- Duration, frequency, and impact on daily activities

☐ Exam Findings

- Objective indicators of MGD (TBUT, gland expression quality, lid margin findings, meibography if performed)
- Any symptom/assessment scores (optional)

☐ Diagnosis

- Documented MGD or evaporative dry eye diagnosis and severity per provider judgment

☐ Prior Management

- Conservative therapies attempted when clinically appropriate
- (No specific therapy required prior to TearCare.)

☐ Rationale for TearCare

- Brief clinical reason for selecting thermal–mechanical gland evacuation

☐ Procedure Documentation

- Confirmation of CPT 0563T performed
- Relevant procedural details
- Post-procedure assessment and follow-up plan

The SAHARA Clinical Trial: Redefining Clinical Excellence

TearCare offers superior improvements in TBUT and MGSS over Restasis®[5] (cyclosporine):

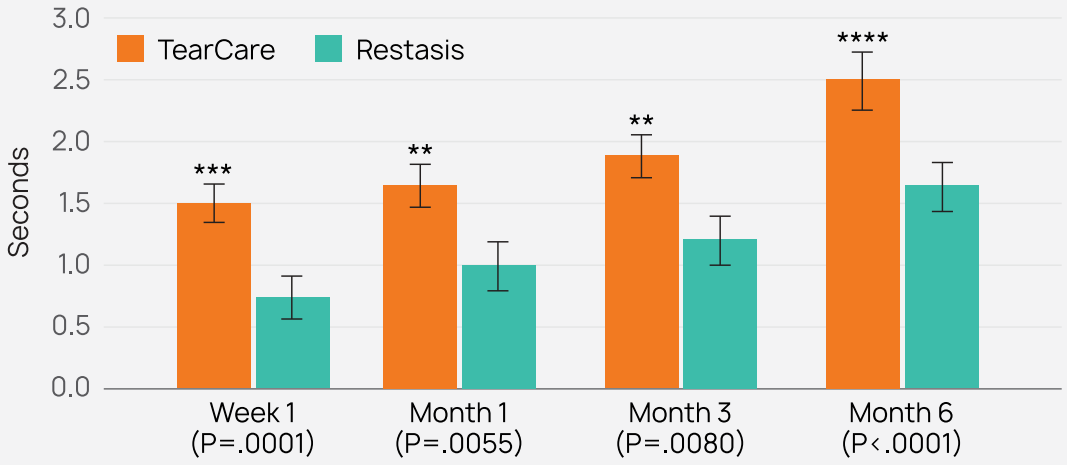
TearCare is effective as a **primary option for MGD therapy**.[6]

Patients can gain additional **lasting benefits** by switching from Restasis® (cyclosporine) to two TearCare treatments.[6]

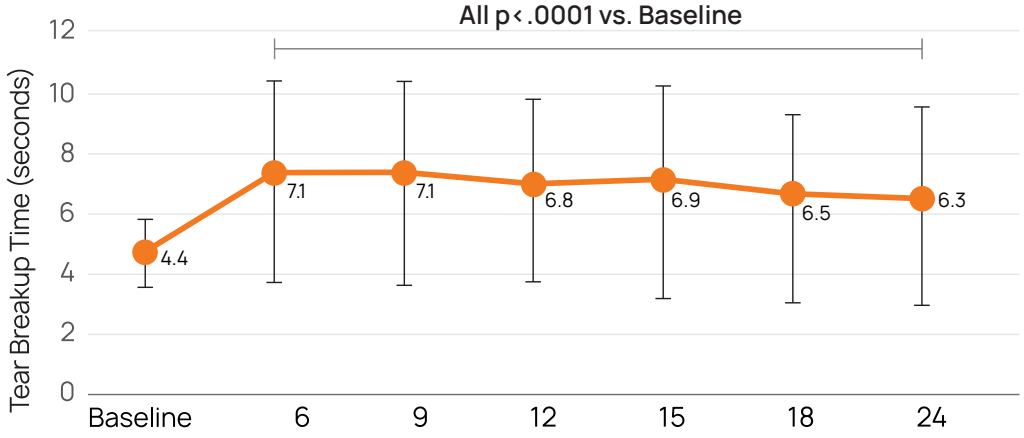
Compliance is not a factor with TearCare.[6]

Economic models demonstrate that TearCare is **more cost-effective** than Restasis® (cyclosporine).[7]

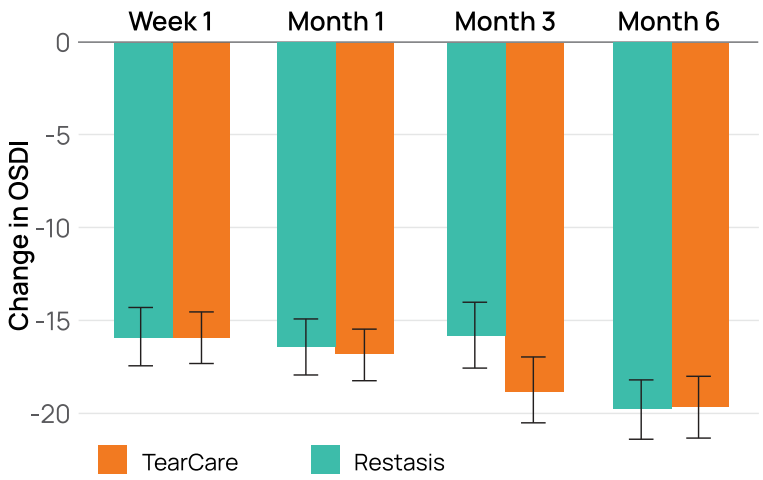
TearCare superior to Restasis in TBUT change from baseline at all time points[5]



Results not reliant on patient adherence[5]



TearCare shown noninferior to Restasis
Significant improvements in OSDI scores vs. baseline at all time points[5]



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 and 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.[5] Two TearCare therapies in the first 5 months provided 2 years of relief for a majority of study patients.[8]

Notes

[1] 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.

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

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[4] https://med.noridianmedicare.com/web/jeb/topics/modifiers.

[5] Ayres BD, et al. Clin Ophthalmol. 2023 Dec 18;17:3925-3940.

[6] Ayres BD, et al. Clin Ophthalmol. 2024 May 28;18:1525-1534.

[7] TearCare was superior to Restasis in TBUT and MGSS at all time points. SANDE and EDS improved significantly in both groups, with TearCare showing numerically greater improvements.

[8] Hovanesian J, Ayres BD, Bloomenstein MR, Loh J, Chester T, Saenz B, Echegoyen J, Kannarr SR, Rodriguez TC, Dickerson JE Jr. Durability of the TearCare treatment effect in subjects with dry eye disease: Stage 3 of the Sahara randomized controlled trial. Optom Vis Sci. 2025 Aug 1;102(8):495-504. doi: 10.1097/OPX.0000000000002278. Epub 2025 Jul 25.

TearCare

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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).

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

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