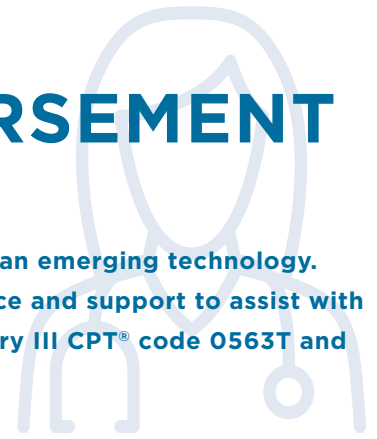




2022 REIMBURSEMENT GUIDE

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



DISCLAIMER

This Reimbursement Guide is provided for informational purposes only. This Guide describes codes that may be applicable to the TearCare® System. It does not constitute legal or reimbursement advice or recommendations regarding clinical practice. Sight Sciences makes no guarantee that use of this information will result in coverage or payment or prevent disagreement by payers regarding billing, coverage, or amount of payment. Sight Sciences reminds providers of their responsibility to submit accurate and appropriate claims. Coding, coverage, and payment policies are complex and are frequently updated. Sight Sciences recommends that you consult with your legal counsel, applicable payers' policies, or reimbursement experts regarding coding, coverage, and reimbursement.



INDICATION

The TearCare® System is indicated 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 AND PAYMENT FOR TEARCARE® SYSTEM PROCEDURES

CPT CODING

Procedures involving the TearCare® System are reported with Category III CPT® code 0563T. Category III codes are a set of temporary codes that allow data collection for emerging technologies, services, procedures, and service paradigms. These codes are intended to be used for data collection to substantiate widespread usage or to provide documentation for the Food and Drug Administration (FDA) approval process for clinical efficacy, utilization, and outcomes.²

CPT ¹	DESCRIPTION
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral

MEDICARE FEE FOR SERVICE PAYMENT FOR 0563T

Category III CPT® codes are not assigned Relative Value Units (RVUs) or a national payment rate by Medicare. Individual Medicare Administrative Contractor (MAC) may set payment rates for Category III CPT codes for their jurisdiction; otherwise, payment is determined on a case-by-case basis based on the physician's charges. It is recommended to review your individual MAC website to identify if the MAC has established a payment rate for 0563T.

GLOBAL PERIOD ³	MEDICARE NATIONAL AVERAGE PAYMENT RATE ⁴	Total RVUs
XXX	Carrier Priced	N/A

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

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

2. American Medical Association CPT® Category III Codes Long Descriptors. Accessed: December 28, 2021. <https://www.ama-assn.org/system/files/cpt-category3-codes-long-descriptors.pdf>.

3. Carrier/Payer determines whether the global concept applies and the global period.

4. Carrier/Payer determines the payment rate.



COMMON MODIFIERS⁵

Modifiers are designed to provide additional information to the payer regarding the procedure that may be needed to process the claim. This list is not all-inclusive. Providers should consult outside reimbursement consultations for questions regarding the use of these modifiers.

MODIFIER	DESCRIPTION	DEFINITION
-RT	Right side	Indicates procedure was performed on the right eye
-LT	Left side	Indicates procedure was performed on the left eye
-50	Bilateral procedure	Indicates procedure was performed on both eyes that day
-51	Multiple procedure	Indicates procedure was performed with other procedures that day
-24	Unrelated service during postoperative period	Unrelated evaluation and management service by the same physician during a postoperative period
-GA	ABN on file	Waiver of liability statement issued as required by payer policy, individual case

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

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



COMMON ICD-10 DIAGNOSIS CODING⁶

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 payer 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 ⁷		CODE DESCRIPTION		
DIAGNOSIS	RIGHT EYE/LID	LEFT EYE/LID	BILATERAL EYE/LID	
Meibomian Gland Dysfunction (MGD) Upper Lid	H02.881	H02.884	N/A	
Meibomian Gland Dysfunction (MGD) Lower Lid	H04.122	H04.125	N/A	
Meibomian Gland Dysfunction (MGD) Upper and Lower Lid	H02.88A	H02.88B	N/A	
Dry Eye Syndrome	H04.121	H04.121	H04.123	

6. American Medical Association (2022). ICD-10-CM 2022 The Complete Official Codebook.

7. Centers for Disease Control and Prevention (CDC). International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Accessed December 28, 2021. <https://www.cdc.gov/nchs/icd/icd10cm.htm>.

THE TEARCARE® SYSTEM PROCEDURAL STEPS^{8,9}

The TearCare® System consists of:

SmartHub™

Charging Nest

Charging Adapter

TEARCARE Wipe™

SmartLids™

Clearance Assistant™



1

The patient's eyelids are cleaned with a TEARCARE Wipe™ prior to treatment to remove makeup.

2

SmartLids™ are affixed to the external surface of each eyelid along the eyelid margin.

3

SmartLids™ are connected to the SmartHub™.

4

The SmartHub™ is activated and therapy initiated.

5

Therapy consists of 15 minutes of optimal targeted heat at a range of 41°C - 45°C (106°F - 113°F).

6

SmartLids™ are removed.

7

A drop of topical anesthetic eye drops is administered to each eye.

8

Meibomian gland expression is performed to each eyelid under direct visualization (e.g., slit lamp biomicroscope or surgical loupes) using the Clearance Assistant™

9

It is recommended that a minimum of two passes of meibomian gland evacuation be performed on each eyelid.

8. Badawi D. A novel system, TearCare®, for the treatment of the signs and symptoms of dry eye disease. Clin Ophthalmol. 2018;12:683-694. Published 2018 Apr 10. doi:10.2147/OPHTH.S160403.

9. Gupta, P. K., Holland, E. J., Hovanesian, J., Loh, J., Jackson, M. A., Karpecki, P. M., & Dhamdhare, K. (2021). TearCare for the Treatment of Meibomian Gland Dysfunction in Adult Patients With Dry Eye Disease: A Masked Randomized Controlled Trial. Cornea, 10.1097/ICO.0000000000002837.



COVERAGE FOR THE TEARCARE® SYSTEM PROCEDURE

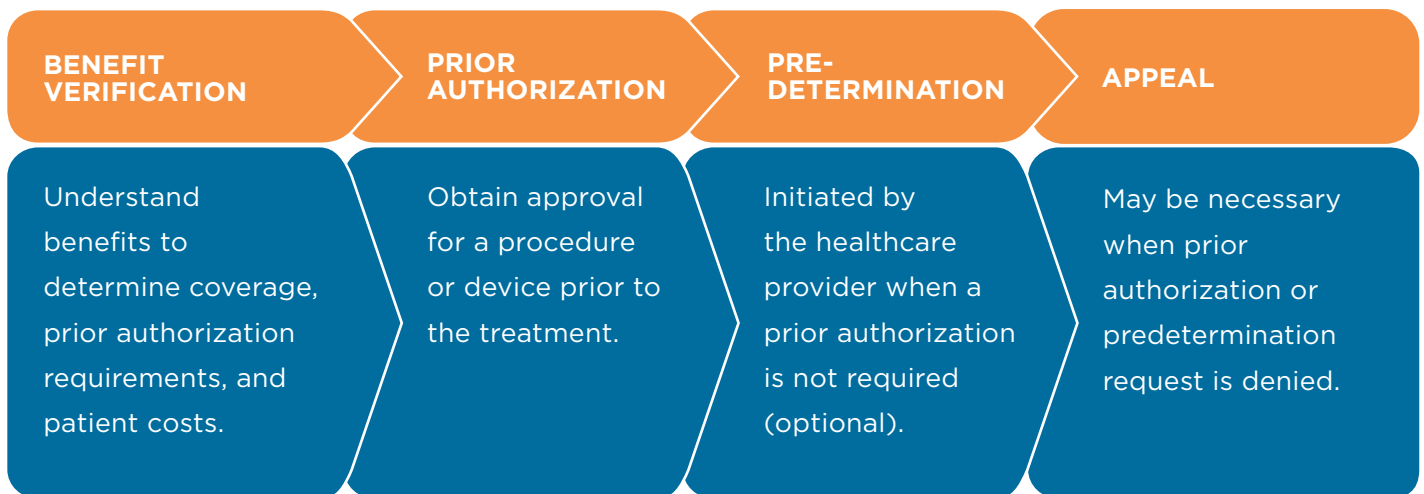
Because the TearCare® System is a new technology, most payers may have not yet published a determination regarding coverage for the service. Until formal coverage has been established, payers typically review claims on a case-by-case basis to determine if the service is medically necessary.

CONSIDERATIONS FOR CATEGORY III CPT CODES

Below is a list of items to consider prior to treating patients and billing for a procedure with a CAT III CPT (such as 0563T):

- Check payor contracts and fee schedules
- Check payor policy
- Set appropriate charges
- Conduct a benefit verification to understand patient specific coverage
- Submit a prior authorization or predetermination
- Ensure that the patient has been made aware of their financial obligations
- For any other questions, contact your Reimbursement Account Executive (RAE)

PRIOR AUTHORIZATIONS, PREDETERMINATIONS AND APPEALS



Note: Medicare does not require prior authorization for TearCare®. Other health plans may require prior authorization and may have a specific prior authorization form. Check payer's medical policy (if available) to understand coverage criteria.

Note: It is important to follow the payer's appeal processes and develop an appeal letter that directly responds to the reason for the denial.

For support with prior authorizations, predeterminations, or appeals, please contact Sight Access.

SAMPLE CMS-1500 FORM

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA												PICA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																																											
1. MEDICARE <input type="checkbox"/> (Medicare#)				MEDICAID <input type="checkbox"/> (Medicaid#)				TRICARE <input type="checkbox"/> (ID#/DoD#)				CHAMPVA <input type="checkbox"/> (Member ID#)				GROUP HEALTH PLAN <input type="checkbox"/> (ID#)				FECA BLK LUNG <input type="checkbox"/> (ID#)				OTHER <input type="checkbox"/> (ID#)				1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												3. PATIENT'S BIRTH DATE MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>				4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																			
5. PATIENT'S ADDRESS (No., Street)												6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>												7. INSURED'S ADDRESS (No., Street)																																															
CITY						STATE						CITY						STATE																																																					
ZIP CODE						TELEPHONE (Include Area Code)						ZIP CODE						TELEPHONE (Include Area Code)																																																					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)												10. IS PATIENT'S CONDITION RELATED TO:												11. INSURED'S POLICY GROUP OR FECA NUMBER																																															
a. OTHER INSURED'S POLICY OR GROUP NUMBER												a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO												a. INSURED'S DATE OF BIRTH MM DD YY																																															
b. RESERVED FOR NUCC USE												b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO												b. OTHER CLAIM ID (Designated by NUCC)																																															
c. RESERVED FOR NUCC USE												c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO												RANCE PLAN NAME OR PROGRAM NAME																																															
d. INSURANCE PLAN NAME OR PROGRAM NAME												10d. CLAIM CODES (Designated by NUCC)												d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>																																															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.												13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																											
SIGNED _____												DATE _____												SIGNED _____																																															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY												15. OTHER DATE QUAL. MM DD YY												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												17a. _____												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																															
17b. NPI												19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)												20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES																																															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-I to service line below (24F)												22. RESUBMISSION CODE ORIGINAL REF. NO.												23. PRIOR AUTHORIZATION NUMBER																																															
A. HXX.XX												B. _____												C. _____																																															
E. _____												F. _____												G. _____																																															
I. _____												J. _____												K. _____																																															
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE				C. EMG				D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER				F. \$ CHARGES				G. DAYS OR UNITS				H. EPSTD Family Plan				I. ID. QUAL.				J. RENDERING PROVIDER ID. #																																			
XX XX XX												0563T XX								SXXX XX 1																																																			
25. FEDERAL TAX I.D. NUMBER SSN EIN												26. PATIENT'S ACCOUNT NO.												27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO												28. TOTAL CHARGE \$												29. AMOUNT PAID \$												30. Rsvd for NUCC Use											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PH # ()																																															
SIGNED _____												DATE _____												a. NPI				b. _____				a. NPI				b. _____																																			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Include appropriate modifiers, if applicable

CPT code 0563T is used to report the TearCare® procedure



FREQUENTLY ASKED QUESTIONS

WHAT CODE SHOULD I USE TO BILL FOR PROCEDURES INVOLVING THE USE OF THE TEARCARE® SYSTEM?

Evacuation of meibomian glands using the TearCare® System is reported with CPT code 0563T (“Evacuation of meibomian glands, using heat delivered through wearable, open-eyelid treatment devices and manual gland expression, bilateral”).

WHAT IS THE DIFFERENCE BETWEEN A CATEGORY III AND A CATEGORY I CODE?

Category III CPT codes are temporary codes typically developed for new and emerging technologies, services, or procedures. These codes are generally effective for three to five years, but the length in which Category III CPT codes remain effective can vary. Note that Category III CPT codes are not valued by CMS; therefore, payment is determined by each Medicare Administrative Contractor (MAC), carrier, or payer.

Category I CPT codes are permanent codes that have established payment rates. Medicare payment is based on established Relative Value Units (RVUs). Other payers typically reference Medicare to establish their own payment rates, but their methods may vary.

CAN I BILL AN OFFICE VISIT THE SAME DAY AS I PERFORM 0563T?

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.

IS THE TEARCARE® SYSTEM COVERED BY INSURERS?

Coverage may vary by payer or even by health plan within a particular payer. In order to determine coverage for a particular patient, a benefit verification should be conducted, and the payer policy should be reviewed prior to treatment. Coverage will be based on medical necessity. Once the provider identifies that a patient is an appropriate candidate for TearCare®, the practice should allow enough time to verify the patient’s benefits and coverage, check the payer’s policy, and obtain prior authorization before scheduling the patient for surgery. (Contact SightAccess.com for benefit verification and pre-service support.)

CAN SIGHT SCIENCES HELP WITH THE PRIOR AUTHORIZATION AND/OR APPEALS PROCESS?

Yes. As part of our commitment to our customers, the Reimbursement Support Line (RSL) and your local RAE are available to help providers and their patients navigate the insurance coverage process for TearCare®.

The RSL can be contacted Monday – Friday, 8 am – 8 pm EST via:

Phone: 844-SIGHT12 or 844-744-4812

Fax: 844-SIGHT13 or 844-744-4813

Email: sightaccess@sightsciences.com



WHAT IF I RECEIVE INADEQUATE REIMBURSEMENT?

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

HOW DO WE DEVELOP A CHARGE FOR 0563T, A CAT III CODE?

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

WHAT HAS SIGHT SCIENCES DONE TO UNDERSTAND THE PHYSICIAN TIME AND PRACTICE EXPENSE INVOLVED FOR USING THE TEARCARE® SYSTEM?

Sight Sciences Inc. contracted with third-party consultants to model the American Medical Association (AMA) RUC committee evaluation for CPT® Category I Codes and the Centers for Medicare & Medicaid Services (CMS) methodology for indirect costs resulting in the RVUs listed below.^{10, 11, 12} If you need additional support, please contact Sight Access.

PRACTICE EXPENSE	PHYSICIAN WORK	MALPRACTICE RELATIVE VALUE	TOTAL RVU
26.81	2.10	0.18	29.09

10. American Medical Association. 2021 RVS update process. <https://www.ama-assn.org/system/files/2020-09/ruc-update-booklet.pdf>. Accessed July 2021.

11. CMS.gov. December 2, 2020. CY 2021 PFS final rule calculation of PE RVUs under methodology for selected codes. <https://www.cms.gov/medicare/medicare-fee-service-payment/physicianfeesched/pfs-federal-regulation-notice/cms-1734-f>. Accessed July 2021.

12. Data on file.



SIGHT ACCESS

A reimbursement support program to help you and your patients understand patient coverage details and payer-specific requirements for Sight Sciences products.

- **Benefit Verification**
- **Prior Authorization and Appeal Requirements**
- **Track Clinic Submitted Forms and Letters**
- **Billing and Coding Support**
- **Letter of Medical Necessity Templates**
- **Reimbursement Support Materials**

Reimbursement Support Is Available Across the Nation

SIGHT ACCESS OFFERS A SIMPLIFIED ENROLLMENT PROCESS

1

Fill and Fax Single-Page Enrollment Form or Fill and Submit from the Online Enrollment Portal (www.sightaccess.com).

UNDERSTAND ELIGIBILITY AND POTENTIAL COST-SHARING

2

Benefit Verification Summaries Are Faxed Back within 24-48 hours

REIMBURSEMENT ACCOUNT EXECUTIVE (RAE)

The RAE is a Sight Sciences regional field reimbursement representative who can help minimize reimbursement barriers and support access for Sights Sciences products.

- **Personalized Reimbursement Support**
- **Review Documentation Considerations**
- **Provide Payer Policy Links and Policy Review**
- **Provide Published Reimbursement Rates for Specific Markets**
- **Discuss Payor Contracting Considerations**
- **Educate on Advocacy Initiatives**

Do you want to be connected with your local Reimbursement Account Executive?

Ask your sales representative or email sightaccess@sightsciences.com to request a call or visit.



SIGHT SCIENCES REIMBURSEMENT SUPPORT LINE

Reimbursement staff are available to help answer coverage, coding, and payment questions and provide reimbursement support for the TearCare® System (e.g., pre-auth requests, claims assistance, appeals) Monday through Friday, 8 am - 8 pm EST.



CALL (844) SIGHT12 OR 844-744-4812
MON - FRI 8 AM - 8 PM EST



FAX (844) SIGHT13 OR 844-744-4813



EMAIL SIGHTACCESS@SIGHTSCIENCES.COM



VISIT WWW.SIGHTACCESS.COM

