



2023

Reimbursement Guide

The TearCare® System is an emerging technology. This guide offers guidance and support to assist providers 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. TearCare® is a registered trademark of Sight Sciences.



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 | 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 clearance. 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 procedures | 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.

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.

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-CMS ⁷ | Code Description | | |
|---|------------------|--------------|-------------------|
| | 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 |

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)

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>.

Sample CMS-1500 Form

HEALTH INSURANCE CLAIM FORM

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

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|-----------------------------------|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|
| PICA | | | | | | | | | | PICA | | | | | | | | | |
| 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"/> | | | | | | | | | |
| 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"/> | | | | | | | | | |
| CITY | | | | | STATE | | | | | 7. INSURED'S ADDRESS (No., Street) | | | | | 8. RESERVED FOR NUCC USE | | | | |
| ZIP CODE | | | | | TELEPHONE (Include Area Code) () | | | | | 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: | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | | | | | | | | | a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| b. RESERVED FOR NUCC USE | | | | | | | | | | b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) | | | | | | | | | |
| c. RESERVED FOR NUCC USE | | | | | | | | | | c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | | | | | | | | | 10d. CLAIM CODES (Designated by NUCC) | | | | | | | | | |
| 11. INSURED'S POLICY GROUP OR FECA NUMBER | | | | | | | | | | 11. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | |
| 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 _____ DATE _____ | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. | | | | | | | | | | 15. OTHER DATE MM DD YY QUAL. | | | | | | | | | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | | | | | | | | | 17a. _____ | | | | | | | | | |
| | | | | | | | | | | 17b. NPI _____ | | | | | | | | | |
| 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) | | | | | | | | | | 20. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ | | | | | | | | | | 22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____ | | | | | | | | | |
| A. HXX.XX B. _____ | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER _____ | | | | | | | | | |
| E. _____ F. _____ | | | | | | | | | | | | | | | | | | | |
| I. _____ J. _____ | | | | | | | | | | | | | | | | | | | |
| 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) MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. # | | | | | | | | | | | | | | | | | | | |
| 1 XX XX XX | | | | | | | | | | 0563T XX SXXX XX 1 NPI | | | | | | | | | |
| 2 | | | | | | | | | | NPI | | | | | | | | | |
| 3 | | | | | | | | | | NPI | | | | | | | | | |
| 4 | | | | | | | | | | NPI | | | | | | | | | |
| 5 | | | | | | | | | | NPI | | | | | | | | | |
| 6 | | | | | | | | | | NPI | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN | | | | | | | | | | 26. PATIENT'S ACCOUNT NO. | | | | | | | | | |
| 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 | | | | | | | | | |
| SIGNED _____ DATE _____ | | | | | | | | | | 33. BILLING PROVIDER INFO & PH # () | | | | | | | | | |
| a. NPI | | | | | | | | | | b. NPI | | | | | | | | | |

Include appropriate modifiers if applicable

CPT code 0563T is used to report the TearCare procedure

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

VISIT SIGHTACCESS.COM

EMAIL SIGHTACCESS@SIGHTSCIENCES.COM

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, Sight Access Resources provides guides and templates, while Sight Access Partners are Reimbursement Account Executives (RAEs) who are available to provide support in navigating the insurance coverage processes for TearCare.

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.^{8,9,10} If you need additional support, please contact Sight Access.

| Practice Expense | Physician Work | Malpractice Relative Value | Total RVU |
|------------------|----------------|----------------------------|-----------|
| 21.49 | 2.00 | 0.20 | 23.69 |

How can I help increase access to treatment for patients?

Seek coverage by submitting benefit verification, seek prior authorization, and get support from your Sight Access Partner.

Advocate by writing a letter to payors outlining the need for access to MGD treatments, TearCare's safety & efficacy, and the unmet need on current treatment, procedure cost, time, and work.

Network by connecting us to others you believe can help like your local state society, payor medical directors, and colleagues who are interested in joining the cause.

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

9. 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-notices/cms-1734-f>. Accessed July 2021.

10. Data on file.



Sight Access

sightaccess.com 

Reimbursement support is available to help answer coverage, coding, and payment questions and provide reimbursement support (e.g., pre-auth requests, claims assistance, appeals).

EMAIL sightaccess@sightsciences.com



Sight Access Partners

Sight Access Partners include a field-based team of Reimbursement Account Executives (RAEs) that provide personalized reimbursement support.



Sight Access Resources

Our library of reimbursement resources to get your practice up to speed.