QUESTION: What is LipiView®?

ANSWER: LipiView is an interferometer for specular observations of the tear film in adult patients. Clinical evaluation of the tear film in patients with symptoms of dry eye is an important first step. In these patients, a compromised tear film where the lipid layer is abnormally thin correlates with the signs and symptoms of dry eye. Lipid layer thickness with LipiView can be evaluated and measured in nanometers by the observation of interference phenomena.

QUESTION: What is Dynamic Meibomian Imaging™ (DMI™)?

ANSWER: Dynamic Meibomian Imaging (DMI) employs two novel imaging technologies: dynamic illumination and adaptive transillumination. Each technology generates its own independent image of the glands which is then processed, displayed and combined to provide a more accurate visualization of meibomian gland structure. Using these images, the ophthalmologist or optometrist can detect structural change in the meibomian glands. As MGD progresses, DMI reveals gland truncation and dilation in moderate disease followed by gland atrophy and drop out in the most severe disease.

QUESTION: What is LipiFlow®?

ANSWER: LipiFlow is an in-office treatment for blocked or obstructed meibomian glands to re-establish the flow of lipids needed for the tear film. The device heats the palpebral surface of upper and lower eyelids while simultaneously applying graded pulsatile pressure to the outer eyelid for several minutes, thereby expressing the meibomian glands during heating.

QUESTION: What are the indications for LipiView, DMI, and LipiFlow?

ANSWER: Evaluation and management of evaporative dry eye disease exacerbated by meibomian gland dysfunction (MGD) are the indications for LipiView, DMI, and LipiFlow.

QUESTION: What CPT code is used to report LipiView?

ANSWER: Use Category III CPT code 0330T (Tear film imaging, unilateral or bilateral, with interpretation and report) to report this procedure. The only other mention of “interferometry” within CPT is found in code 92136 (ophthalmic biometry by partial coherence interferometry with intraocular lens calculation). Since LipiView assesses the tear film, 92136 is not appropriate.
PRACTICE MANAGEMENT CONSIDERATIONS FOR LIPIVIEW®, DMI, AND LIPIFLOW®

**QUESTION:** What CPT code is used to report DMI?

**ANSWER:** DMI is not assigned a unique CPT code; use the miscellaneous CPT code 92499 (Unlisted ophthalmological service or procedure).

**QUESTION:** What CPT code is used to report LipiFlow?

**ANSWER:** Use Category III CPT code 0207T (evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral) to report this procedure.

**QUESTION:** Is there reimbursement for LipiView, DMI, or LipiFlow?

**ANSWER:** In general, all new Category III CPT codes, unless specifically approved for payment by CMS, are non-covered. Additionally, there are no assigned RVUs or payment rates for Category III codes or miscellaneous CPT codes within the Medicare Physician Fee Schedule. At this time, LipiView, DMI, and LipiFlow are categorized as “new technology” and as experimental or investigational by other third party payers. Check with the payer for a current policy or policy change.

**QUESTION:** May we bill the patient directly for these services?

**ANSWER:** Yes. Explain to the patient why LipiView, DMI, and LipiFlow are necessary, and that Medicare or other third party payer will likely deny the claim. Ask the patient to assume financial responsibility for the charge. A financial waiver can take several forms, depending on insurance.

- An Advance Beneficiary Notice of Noncoverage (ABN) is required for services where Part B Medicare coverage is ambiguous or doubtful, and may be useful where a service is never covered. You may collect your fee from the patient at the time of service or wait for a Medicare denial. If both the patient and Medicare pay, promptly refund the patient or show why Medicare paid in error.

- For Part C Medicare (Medicare Advantage), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services; MA Plans may have their own waiver forms.

- For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

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The reader is strongly encouraged to review federal and state laws, regulations, code sets (including ICD-9 and ICD-10), and official instructions promulgated by Medicare and other payers. This document is not an official source nor is it a complete guide on reimbursement. The reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

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