



Meibography Coding and Billing Guide

Meibography enables the visualization of the morphology and structure of the meibomian gland. This may help in the diagnosis of meibomian gland dysfunction (MGD).

Procedure Coding

Category III Current Procedural Terminology (CPT®) code, 0507T should be used for the imaging of meibomian glands.¹

CPT®	Description
0507T	Near-infrared dual imaging (i.e., bilateral, with interpretation and report simultaneous reflective and trans-illuminated light) of meibomian glands, unilateral or bilateral, with interpretation and report

Common Diagnosis Codes for Dry Eye Disease (ICD-10-CM Codes)²

Diagnosis coding is determined by the patient’s medical condition. Following are ICD-10-CM codes commonly associated with patients diagnosed with dry eye disease. It is the provider’s responsibility to report the ICD-10-CM diagnosis code that accurately describes the patient’s condition.

	Description		
	Right Eye	Left Eye	Bilateral
Dry Eye Symptoms with Normal Osmolarity			
Visual Discomfort	H53.141	H53.142	H53.143
Ocular Pain	H57.11	H57.12	H57.13
Other visual disturbances (eg, blurred vision, hazy vision, refractive polyopia, reduced visual acuity, visual distortion)	H53.8		
Dry Eye Disease with Hyperosmolarity			
Dry eye, unspecified, lacrimal gland	H04.121	H04.122	H04.123
Meibomian Gland Dysfunction (MGD)			
Upper lid	H02.881	H02.884	N/A
Lower lid	H02.882	H02.885	N/A
Upper and lower lid	H02.88A	H02.88B	N/A

This information is provided for informational purposes only. It does not constitute legal or reimbursement advice or recommendations regarding clinical practice. Alcon makes no guarantee that use of this information will result in coverage or payment or prevent disagreement by payers with regard to billing, coverage, or amount of payment. Alcon encourages providers to submit accurate and appropriate claims for services. It is always the provider’s responsibility to determine medical necessity, the proper site for delivery of any services, and to submit accurate information, codes, charges, and modifiers for services that are rendered. Coding, coverage, and payment policies are complex and are frequently updated. Alcon recommends that you consult with your legal counsel, applicable payers’ policies, or reimbursement specialists regarding coding, coverage, and reimbursement.

Coverage & Payment

It is recommended to contact payers to verify coverage and payment for Category III CPT codes, as well as the payer's medical coverage policy for dry eye disease management.

Medicare (Fee-for-Service):

Some Medicare Administrative Contractors (MACs) have posted a payment rate for 0507T. Check with your local MAC to determine coverage requirements and payment.

Financial Responsibility & Patient Documentation

For non-covered services, providers should educate and inform the patient about the out-of-pocket responsibility prior to performing the service. Documentation of patient consent for the service should be captured in the medical record.

Medicare (Fee-for-Service):

- An Advance Beneficiary Notice (ABN) can be used by providers when Medicare payment is expected to be denied

Medicare Advantage and Commercial Patients:

- A predetermination can be submitted to the payer to document non-covered services. Providers should review individual payer contracts and follow the appropriate process specific to that payer
- A financial waiver should be provided to the patient explaining costs associated with non-covered service(s)

References: 1. CPT 2020 Professional Edition, 4 ed. AMA. 2020:798. 2. ICD-10 CM Expert: Diagnosis Codes for Providers & Facilities. AAPC. 2020:599-630.



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