



Pursuant to PhotoniCare's **OtoSight** FDA (K191804) Indications for Use (IFU) statement cleared on December 5, 2019:

"The OtoSight scope is intended for use as an imaging tool for real-time visualization of the human tympanic membrane and fluid or air within the middle ear space. In the presence of middle ear fluid, the OtoSight scope is used to visualize the fluid density. The OtoSight scope is also used to provide surface images of the ear canal and tympanic membrane. It is indicated for children and adults."

The **OtoSight** scope uses an advanced light-based technology to see through the eardrum. For the first time, healthcare providers can view a high-resolution depth image on-screen to learn what's going on in the middle ear.

The **OtoSight** device allows for real-time determination of middle ear fluid plus high-resolution video images of the eardrum surface. Cross-sectional images of the middle ear are shown on the system's screen. The healthcare provider can now simultaneously evaluate the revealing optical coherence tomography (OCT) visual images of the middle ear while viewing the otoscopic view of the eardrum surface. Both the OCT and otoscopic images can be saved for later analysis with the click of a button.

A select group of published, peer-reviewed articles relating to PhotoniCare's OtoSight scope can be found on the company's website, under "Our Innovation". Alternatively, a full bibliography can be requested on the toll-free support line, **(866) 411-EARS (3277) Option #2**.

AMA CPT® & APC Reporting – Effective January 1, 2023

The American Medical Association created new Current Procedural Terminology (CPT) codes for provider use when working with the Otoscope. The new Category III CPT codes went live on January 1, 2018. Services are reported as either **unilateral (CPT 0485T)** or **bilateral (CPT 0486T)**.

CPT Code	Descriptor	Fee Schedule
0485T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; unilateral	APC 5732 \$33.96
0486T	Optical coherence tomography (OCT) of middle ear, with interpretation and report; bilateral	

For **OtoSight** imaging services, please consider:

"PhotoniCare's OtoSight scope; FDA K191804 dated 12/5/19."

It is the responsibility of the provider to ensure all services provided are reported – regardless of expectation of payment. Category III codes have not been formally surveyed by the Relative Value Update Committee; therefore, these codes may not have a formal fee schedule associated with the services. Instead, most payors will issue reimbursement as a percent of billed charges OR according to a percentile of historic billed charges across all service providers. To assist payors in the prompt processing of these services, we recommend populating the LOCAL USE field (Box 19 or electronic equivalent) on the claim form.

Modifier -25 is defined as "a significantly, separately identifiable evaluation and management (E/M) service by the same physician or other qualified healthcare professional on the same day of a procedure or other service". If the OtoSight exam is billed with additional services, please add the -25 modifier to the E/M code.

For additional information on use of modifier -25, please see [Reporting CPT Modifier 25 \(ama-assn.org\)](https://ama-assn.org/reporting-cpt-modifier-25).

Supporting Medical Necessity

It is the obligation of the treating clinician to obtain and retain information relative to patient care and subsequent treatment decision-making. However, the strict definition of "medical necessity" varies by perspective (patient, plan, and provider) and valuation of evidence (quality and quantity of the evidence). Virtually all government and non-government plans provide written guidance on their requirements for documentation of medical necessity by indication.

The initial check for medical necessity is the listed primary and secondary ICD-10 diagnoses, as listed on the submitted claim. Beyond this check edit, plans generally defer to independent agencies in the development of indication-specific Care Guidelines. The two most notable agencies are MCG and InterQual.

Guidelines for the provision of **diagnostic imaging** are designed to guide both providers and reviewers to the most appropriate **diagnostic** tests based on a patient's unique circumstances.

Please note:

- Avoid terms such as "Rule out", "Possible", "Probable" and "Suspected";

- Report the precise signs or symptoms that led to the use of the OtoSight scope tool. Charting of the patient's condition may be documented with specific primary and secondary diagnosis codes. A general statement supporting use may also be included in the chart:

"Patient presents as a higher complexity / higher diagnostic risk due to limited age, communication hindrances, or previous clinical history"

PhotoniCare has engaged TRG to assist their clients in coverage, coding, and reimbursement efforts. Physician, facility, and patient customers may contact TRG Monday - Friday, from 8 am to 8 pm Eastern.
866-411-EARS (3277) - Option 2
For Reimbursement Support Contact Us At:
reimbursement@photoni.care



It is the responsibility of the provider to determine and report appropriate codes, modifiers, and charges for healthcare services rendered to patients in their care. This document is made available to U.S. customers and prospective customers of PhotoniCare, Inc. for notification of resources relevant to its products and services related to its products.

The information contained in this document is provided for informational purposes only and represents no statement, promise or guarantee by PhotoniCare Inc. concerning reimbursement, payment, or charges. Similarly, all ICD-10-CM, CPT-4, and HCPCS codes are referenced herein for informational purposes only and represent no statement, promise or guarantee by The Reimbursement Group (a.k.a. TRG) or PhotoniCare Inc. that these code selections are appropriate for any given prospective service/assessment, or that reimbursement will be made to the provider reporting these services. This document is not intended to increase or maximize reimbursement from any Payor. PhotoniCare, Inc. strongly recommends consulting your respective contracted Payor organization regarding its coding and coverage medical policies. Language and coding provided in this document are derived from the American Medical Association's Current Procedural Terminology (CPT) as well as the Center for Medicare and Medicaid Services'

ICD-10-CM	DESCRIPTOR
A18.6	Tuberculosis of (inner) (middle) ear
H65.00	Acute serous otitis media, unspecified ear
H65.03	Acute serous otitis media, bilateral
H65.06	Acute serous otitis media, recurrent, bilateral
H65.07	Acute serous otitis media, recurrent, unspecified ear
H65.113	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), bilateral
H65.116	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, bilateral
H65.117	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), recurrent, unspecified ear
H65.119	Acute and subacute allergic otitis media (mucoid) (sanguinous) (serous), unspecified ear
H65.193	Other acute nonsuppurative otitis media, bilateral
H65.196	Other acute nonsuppurative otitis media, recurrent, bilateral
H65.197	Other acute nonsuppurative otitis media recurrent, unspecified ear
H65.199	Other acute nonsuppurative otitis media, unspecified ear
H65.20	Chronic serous otitis media, unspecified ear
H65.23	Chronic serous otitis media, bilateral
H65.30	Chronic mucoid otitis media, unspecified ear
H65.33	Chronic mucoid otitis media, bilateral
H65.413	Chronic allergic otitis media, bilateral
H65.419	Chronic allergic otitis media, unspecified ear
H65.493	Other chronic nonsuppurative otitis media, bilateral
H65.499	Other chronic nonsuppurative otitis media, unspecified ear
H65.90	Unspecified nonsuppurative otitis media, unspecified ear
H65.93	Unspecified nonsuppurative otitis media, bilateral
H66.003	Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral
H66.006	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral
H66.007	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, unspecified ear
H66.009	Acute suppurative otitis media without spontaneous rupture of ear drum, unspecified ear
H66.10	Chronic tubotympanic suppurative otitis media, unspecified
H66.13	Chronic tubotympanic suppurative otitis media, bilateral
H66.20	Chronic atticofacial suppurative otitis media, unspecified ear
H66.23	Chronic atticofacial suppurative otitis media, bilateral
H66.3X3	Other chronic suppurative otitis media, bilateral
H66.3X9	Other chronic suppurative otitis media, unspecified ear
H67.3	Otitis media in diseases classified elsewhere, bilateral
H67.9	Otitis media in diseases classified elsewhere, unspecified ear
H71.00	Cholesteatoma of attic, unspecified ear
H71.03	Cholesteatoma of attic, bilateral
H71.10	Cholesteatoma of tympanum, unspecified ear
H71.13	Cholesteatoma of tympanum, bilateral
H71.20	Cholesteatoma of mastoid, unspecified ear
H71.23	Cholesteatoma of mastoid, bilateral
H71.30	Diffuse cholesteatosis, unspecified ear
H71.33	Diffuse cholesteatosis, bilateral
H71.90	Unspecified cholesteatoma, unspecified ear
H71.93	Unspecified cholesteatoma, bilateral
H73.013	Bullous myringitis, bilateral
H73.019	Bullous myringitis, unspecified ear
H73.10	Chronic myringitis, unspecified ear
H73.13	Chronic myringitis, bilateral
H73.20	Unspecified myringitis, unspecified ear

ICD-10-CM	DESCRIPTOR
H73.23	Unspecified myringitis, bilateral
H74.03	Tympanosclerosis, bilateral
H74.09	Tympanosclerosis, unspecified ear
H74.13	Adhesive middle ear disease, bilateral
H74.19	Adhesive middle ear disease, unspecified ear
H74.40	Polyp of middle ear, unspecified ear
H74.43	Polyp of middle ear, bilateral
H74.8X3	Other specified disorders of middle ear and mastoid, bilateral
H74.8X9	Other specified disorders of middle ear and mastoid, unspecified ear
H74.90	Unspecified disorder of middle ear and mastoid, unspecified ear
H74.93	Unspecified disorder of middle ear and mastoid, bilateral
H80.80	Other otosclerosis, unspecified ear
H80.83	Other otosclerosis, bilateral
H80.90	Unspecified otosclerosis, unspecified ear
H80.93	Unspecified otosclerosis, bilateral
H90.0	Conductive hearing loss, bilateral
H90.2	Conductive hearing loss, unspecified
H90.3	Sensorineural hearing loss, bilateral
H90.5	Unspecified sensorineural hearing loss
H90.6	Mixed conductive and sensorineural hearing loss, bilateral
H90.8	Mixed conductive and sensorineural hearing loss, unspecified
H90.A31	Mixed conductive and sensorineural hearing loss, unilateral, right ear with restricted hearing on the contralateral side
H90.A32	Mixed conductive and sensorineural hearing loss, unilateral, left ear with restricted hearing on the contralateral side
H91.03	Ototoxic hearing loss, bilateral
H91.09	Ototoxic hearing loss, unspecified ear
H91.20	Sudden idiopathic hearing loss, unspecified ear
H91.23	Sudden idiopathic hearing loss, bilateral
H91.3	Deaf nonspeaking, not elsewhere classified
H91.8X3	Other specified hearing loss, bilateral
H91.8X9	Other specified hearing loss, unspecified ear
H91.90	Unspecified hearing loss, unspecified ear
H91.93	Unspecified hearing loss, bilateral
H92.03	Otalgia, bilateral
H92.09	Otalgia, unspecified ear
H92.10	Otorrhea, unspecified ear
H92.13	Otorrhea, bilateral
H92.20	Otorrhagia, unspecified ear
H92.23	Otorrhagia, bilateral
H93.013	Transient ischemic deafness, bilateral
H93.019	Transient ischemic deafness, unspecified ear
H93.093	Unspecified degenerative and vascular disorders of ear, bilateral
H93.099	Unspecified degenerative and vascular disorders of unspecified ear
H93.8X3	Other specified disorders of ear, bilateral
H93.8X9	Other specified disorders of ear, unspecified ear
H94.80	Other specified disorders of ear in diseases classified elsewhere, unspecified ear
H94.83	Other specified disorders of ear in diseases classified elsewhere, bilateral
Q16.4	Other congenital malformations of middle ear
Q16.9	Congenital malformation of ear causing impairment of hearing, unspecified
Q17.8	Other specified congenital malformations of ear
Q17.9	Congenital malformation of ear, unspecified

FOR REIMBURSEMENT SUPPORT CONTACT US AT: reimbursement@photoni.care