

# 2026

# REIMBURSEMENT GUIDE

for

## AMBULATORY SURGERY CENTERS



Billing for  
Blue Light Cystoscopy  
with Cysview<sup>®</sup>  
(hexaminolevulinate hydrochloride)



THE  
BLADDER CANCER  
COMPANY

Cysview® (hexaminolevulinate hydrochloride) is an optical imaging agent.

- Indicated for use in the cystoscopic detection of carcinoma of the bladder, including carcinoma in situ (CIS), among patients suspected or known to have lesion(s) on the basis of a prior cystoscopy, or in patients undergoing surveillance cystoscopy for carcinoma of the bladder.
- Used with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system to perform Blue Light Cystoscopy (BLC®) as an adjunct to White Light Cystoscopy.
- Not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

## **Important Risk & Safety Information**

### **Limitations of Use**

Cysview is not a replacement for random bladder biopsies or other procedures used in the detection of bladder cancer.

### **Warnings and Precautions**

Anaphylactoid shock, hypersensitivity reactions, bladder pain, cystitis, and abnormal urinalysis have been reported after administration of Cysview. The most common adverse reactions seen in clinical trials were bladder spasm, dysuria, hematuria, and bladder pain.

Cysview should not be used in patients with porphyria, gross hematuria, or with known hypersensitivity to hexaminolevulinate or any derivative of aminolevulinic acid. Cysview may fail to detect some malignant lesions. False positive fluorescence may occur due to inflammation, cystoscopic trauma, scar tissue, previous bladder biopsy and recent BCG therapy or intravesical chemotherapy. No specific drug interaction studies have been performed.

### **Use in Specific Populations**

Safety and effectiveness have not been established in pediatric patients. There are no available data on Cysview use in pregnant women. Adequate reproductive and developmental toxicity studies in animals have not been performed. Systemic absorption following administration of Cysview is expected to be minimal. There are no data on the presence of hexaminolevulinate in human or animal milk, the effects on a breastfed infant, or the effects on milk production. The development and health benefits of breastfeeding should be considered along with the mother's clinical need for Cysview and any potential adverse effects on the breastfed infant from Cysview or from the underlying maternal condition.

### **Use of the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) System**

Cysview is approved for use with the KARL D-Light C Photodynamic Diagnostic (PDD) system. For system set up and general information for the safe use of the PDD system, please refer to the KARL STORZ instruction manuals for each of the components.

**Prior to Cysview administration, read the Full Prescribing Information and follow the preparation and reconstitution instructions.**

Photocure has developed the following reimbursement guidance for customers who perform Blue Light Cystoscopy in an ambulatory surgery center to report the use of Cysview® (hexaminolevulinate hydrochloride) to private commercial payers and Medicare.

The information contained in this guide is provided to help you understand the reimbursement process and is not intended to suggest any manner in which you can increase or maximize reimbursement from any payer. Reimbursement information is gathered from third-party sources and is subject to change. We recommend that you consult with payers for specific coverage and billing requirements.

## Disclaimers

The coding and payment data furnished in this guide is for general informational purposes only and should not be relied upon for purposes of determining payer coverage and coding for a specific case or claim for payment. This guide represents no promise, commitment, statement or guarantee by Photocure concerning proper billing or coding practices or levels of reimbursement, payment or charges. The materials referenced and provided are based upon coding experience and research of current general coding practices. The existence of codes does not guarantee coverage or payment for any procedure by any payer. The final decision for coding of any procedure must be made by the provider of care after considering the medical necessity of the services and supplies provided as well as the regulations and local, state, or federal laws that may apply.

All Current Procedural Terminology (CPT®) codes, Healthcare Common Procedural Coding System (HCPCS) codes, Ambulatory Payment Classifications (APCs) and National Drug Codes (NDC) are provided for your information only and Photocure does not represent that these codes are or will be appropriate or that reimbursement will be made if using them or any other codes. CPT® codes and descriptions only are copyrighted by the American Medical Association (AMA). CPT®, APC and other codes do not include fee schedules, relative values or related listings. The Centers for Medicare & Medicaid Services (CMS) updates coverage, coding and payment information frequently, and it is the responsibility of each health service provider to confirm the appropriate billing required by the local Medicare contractor.

Providers should refer to authoritative coding sources, such as the CPT® codes and HCPCS codes. Applicable FARS/DFARS Restrictions Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT®, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The information provided in this guide is for informational purposes only. Information included does not guarantee coverage or payment. Payment will vary by geographic locality. It is always the provider's responsibility to determine coding and claims information for the services that were provided.

CPT® copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

## 2026 Medicare Reimbursement

### Site of Service: Ambulatory Surgery Center (ASC)

The ASC is responsible for billing for the Cysview product in addition to the facility charges that are based on services provided by the physician. Note that if products/services billed by the ASC do not match the services billed by the physician, Medicare will likely reject the claim.

CMS has determined that Cysview is subject to packaged payment (i.e., payment for Cysview is part of the APC-based procedure payment). As a result, HCPCS code A9589 (Instillation, hexaminolevulinate hydrochloride, 100mg) is designated status "N1" (packaged). However, it is essential that ASCs report HCPCS code A9589 on a separate claim line for each case in which Cysview is utilized. Although the ASC will not be separately paid for this claim line, claims data impacts procedure payments for future years.

In the 2026 Final Rule, CMS determined that certain Blue Light Cystoscopy procedures are eligible for additional ASC facility reimbursement through a "complexity adjustment." For these procedures (CPT® codes 52000 and 52204) Medicare will provide increased payment to the ASC when Blue Light Cystoscopy with Cysview is performed. To facilitate this payment, CMS created new codes [HCPCS code C7554 instead of CPT® code 52000, and HCPCS code C7550 instead of CPT® code 52204] that must be billed when Blue Light Cystoscopy with Cysview is performed.

The following is a summary of 2026 Medicare national payment rates for Blue Light Cystoscopy procedures performed in the ASC. For each of the procedures, in addition to the applicable CPT® code, HCPCS code A9589 must be included on separate claim lines on the claim. The most appropriate CPT® code for the service performed should be reported on the claim.

Reimbursement information is gathered from third-party sources and is subject to change. This information is provided for illustrative purposes only.

## 2026 Private Payer Billing Guidance

Photocure recommends that you consult with payers for specific coverage and billing requirements.<sup>1</sup>

1. Blue Light Cystoscopy with Cysview may be covered by private payers when medically necessary. Coverage guidelines and payment levels vary by payer and specific plan. Providers should contact each specific plan to determine coverage and payment.

## Ambulatory Surgery Centers

Cysview and the KARL STORZ D-Light C PDD system with rigid cystoscope are typically used in an ambulatory surgery center (ASC).

- The ASC is responsible for billing for the Cysview product in addition to the facility charges that are based on services provided by the physician. Note that if products/services billed by the ASC do not match the services billed by the physician, the claim may be rejected by the payer.
- Claims submitted by an ASC should report the most appropriate CPT® code for the service performed.
- To submit claims in accordance with this guidance:
  - STEP 1: Report the appropriate CPT® code for the procedure for each case in which Cysview with the KARL STORZ D-Light C PDD is used.
  - STEP 2: When the CPT® code 52000 procedure is performed, report HCPCS code C7554 for Medicare claims. When the CPT® code 52204 procedure is performed, report HCPCS code C7550 for Medicare claims. For all other cystourethroscopy procedures, report the applicable CPT® code.
  - STEP 3: Report C9738 (Blue Light Cystoscopy procedure) for Medicare claims for procedures other than 52000 (for which C7554 is billed) and 52204 (for which C7550 is billed). Other payers may require J3490 or that Cysview be reported under a revenue code for the facility.
  - STEP 4: Report HCPCS code A9589 (Cysview) for Medicare claims. Other payers may require J3490 or that Cysview be reported under a revenue code for the facility.
- Physicians performing Blue Light Cystoscopy with Cysview may report the most appropriate CPT® code for the service performed.

## Ambulatory Surgery Centers

Place of service code = 24



### Procedure codes

- Cystourethroscopy (52000)
- Cystourethroscopy with biopsy or higher (52204, 52214, 52224, 52234, 52235, 52240)



### What to bill

- Procedure code (but use C7554 instead of 52000; and C7550 instead of 52204)
- + C9738 Blue Light procedure code (for procedures other than 52000 and 52204)
- + A9589 for Cysview



### Commercial reimbursement

- Procedure and drug may be reimbursed separately
- Cysview at ASP + 6% to 15%



### Medicare reimbursement

- Procedure and drug are reimbursed in a packaged Ambulatory Payment Classification (APC) payment

**2026 Medicare Reimbursement  
Site of Service: Ambulatory Surgery Center (ASC)**

CPT® Code	Description	ASC Blue Light Procedure Payment	Physician Payment
52000 (C7554)	Cystourethroscopy (separate procedure)	\$1001.95 (APC 5373)	\$71.14
52204 (C7550)	Cystourethroscopy, with biopsy(s)	\$1,723.02 (APC 5374)	\$126.92
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	\$1,723.02 (APC 5374)	\$151.97
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	\$1,723.02 (APC 5374)	\$175.69
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 up to 2.0 cm)	\$1,723.02 (APC 5374)	\$216.77
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	\$1,723.02 (APC 5374)	\$254.51
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	\$2,729.66 (APC 5375)	\$344.36

Actual payment will vary based on geographic adjustments less any applicable deductible, coinsurance, etc.

ASCs are reimbursed at a percentage of the HOPD rate for the OPPTS APC noted.

**Secondary Procedure Code**

<b>C9738</b>	Adjunctive blue light cystoscopy with fluorescent imaging agent (list separately in addition to code for primary procedure)
--------------	---

**Drug Code**

<b>A9589</b>	Instillation, hexaminolevulinate hydrochloride, 100 mg
--------------	--

# BLUE LIGHT CYSTOSCOPY WITH CYSVIEW® (ASC - MEDICARE)

## Relevant Procedure Code

52000 or 52204

## Relevant Procedure Code

52214

52224

52234

52235

52240

### STEP 1

HCPCS Code C7554 if  
52000 is performed

HCPCS Code C7550 if  
52204 is performed

### STEP 2

HCPCS Code A9589  
Instillation,  
Hexaminolevulinate  
Hydrochloride

### STEP 1

Relevant Procedure Code

### STEP 2

HCPCS Add-on Code C9738  
Adjunctive Blue Light  
Cystoscopy with Fluorescent  
Imaging Agent

### STEP 3

HCPCS Code A9589  
Instillation,  
Hexaminolevulinate  
Hydrochloride

COMPLEXITY ADJUSTMENT

NO COMPLEXITY ADJUSTMENT

# Sample CMS-1500 Form for ASC Charges ASC Setting



## HEALTH INSURANCE CLAIM FORM

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

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input checked="" 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) <b>123456789A</b>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>JOHN DOE</b>		3. PATIENT'S BIRTH DATE MM DD YY SEX <b>01 01 1955 M</b> <input checked="" type="checkbox"/> <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) <b>1234 MAIN ST</b>		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY <b>ANYWHERE</b> STATE <b>MA</b>		7. INSURED'S ADDRESS (No., Street) CITY STATE	
ZIP CODE <b>12345</b> TELEPHONE (Include Area Code) <b>(555) 555-1212</b>		8. RESERVED FOR NUCC USE CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <b>NONE</b>		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State) _____ c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 10d. CLAIM CODES (Designated by NUCC)	
a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/> b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME 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. SIGNED _____ DATE _____		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 _____	
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)		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. <b>C67.1</b> B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ I. _____ J. _____ K. _____		22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____ 23. PRIOR AUTHORIZATION NUMBER _____	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURE (Expl. CPT/HCPC)		F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #	
1 <b>01 15 26 01 15 26 24 C7554 1 \$XXXX XX</b>		2 <b>01 15 26 01 15 26 24 A9589 1 \$XXXX X</b>	
3 4 5 6		30. Rsvd for NUCC Use	
25. FEDERAL TAX I.D. NUMBER <b>222222</b> SSN EIN <input type="checkbox"/> <input checked="" type="checkbox"/>		26. PATIENT'S ACCOUNT NO. <b>P1111</b>	
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ <b>\$XXXX XX</b>	
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 <b>ASC 1234 1 ST MA</b>	
SIGNED _____ DATE _____		33. BILLING PROVIDER INFO & PH # ( ) <b>ASC 1234 1 ST MA</b>	
a. <b>222222</b> b.		a. <b>222222</b> b.	

Complexity adjustment code

Cysview should be listed on separate claim lines

Establishing charges is the responsibility of the provider. Any dollar figures mentioned in this document are examples only and are not intended to suggest actual amounts that should be charged.

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

# Sample CMS-1500 Form for Physician Billing ASC Setting



## HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA										PICA <input type="checkbox"/>									
1. MEDICARE <input checked="" type="checkbox"/> (Medicare#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>123456789A</b>									
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>JOHN DOE</b>										4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>SAME</b>									
3. PATIENT'S BIRTH DATE MM DD YY <b>01 01 1955</b>										5. PATIENT'S ADDRESS (No., Street) <b>1234 MAIN ST</b>									
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)									
8. RESERVED FOR NUCC USE					CITY <b>ANYWHERE</b>					STATE <b>MA</b>									
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) <b>NONE</b>					10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					11. INSURED'S POLICY GROUP OR FECA NUMBER									
a. OTHER INSURED'S POLICY OR GROUP NUMBER					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					a. INSURED'S DATE OF BIRTH MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>									
b. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					b. OTHER CLAIM ID (Designated by NUCC)									
c. RESERVED FOR NUCC USE					10d. CLAIM CODES (Designated by NUCC)					c. INSURANCE PLAN NAME OR PROGRAM NAME									
d. INSURANCE PLAN NAME OR PROGRAM NAME					13. INSURED'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.					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 QUAL. _____										15. OTHER DATE MM DD YY QUAL. _____									
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY									
17a. _____ 17b. NPI _____										19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)									
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. _____ A. <b>C67.1</b> B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____									
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY <b>01 15 26 01 15 26</b>										22. RESUBMISSION CODE ORIGINAL REF. NO.									
B. PLACE OF SERVICE <b>24</b>										23. PRIOR AUTHORIZATION NUMBER									
C. EMG D. PROC. (Exp. CPT/HCP)										F. \$ CHARGES									
D. PROC. (Exp. CPT/HCP) <b>52000</b>										G. DAYS OR UNITS <b>XX</b>									
E. NOSIS CENTER <b>1</b>										H. EPSTD Family Plan <b>111</b>									
I. ID. QUAL.										J. RENDERING PROVIDER ID. #									
1 <b>01 15 26 01 15 26 24 52000 1 \$XXXX XX 111</b>										2 <b>01 15 26 01 15 26 24 C9738 \$XXXX X</b>									
3 4 5 6										25. FEDERAL TAX I.D. NUMBER <b>222222</b>									
SSN EIN <input checked="" type="checkbox"/>										26. PATIENT'S ACCOUNT NO. <b>P1111</b>									
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO										28. TOTAL CHARGE \$ <b>\$XXXX XX</b>									
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 <b>ASC 1234 1 ST MA</b>									
SIGNED _____ DATE _____										33. BILLING PROVIDER INFO & PH # ( ) <b>John Smith, MD 1234 1 ST MA</b>									
a. <b>222222</b>										b. <b>222222</b>									

Applicable CPT code for procedure

Cysview should be listed on separate claim lines

Establishing charges is the responsibility of the provider. Any dollar figures mentioned in this document are examples only and are not intended to suggest actual amounts that should be charged.

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION

**2026 Medicare Reimbursement  
Relative Value Units – Facility Setting (ASC)**

CPT® Code	Work RVU	Practice Expense RVU	Malpractice RVU
52000	1.49	0.44	0.20
52204	2.53	0.93	0.34
52214	3.41	0.71	0.43
52224	3.95	0.82	0.49
52234	4.50	1.42	0.57
52235	5.30	1.64	0.68
52240	7.31	2.05	0.94

The use of BLC with Cysview or its associated codes does not affect RVUs.

Photocure is pleased to offer toll-free customer support and documentation for coding and reimbursement related to Cysview.

For additional questions, please contact Photocure's reimbursement helpline at **1-855-CYSVIEW (1-855-297-8439)**

## Cysview Website

For more information regarding Cysview please visit our website:

[Cysview.com](https://www.cysview.com)

