2026 REIMBURSEMENT GUIDE

for

PHYSICIAN OFFICE



Billing for
Blue Light Cystoscopy
with Cysview®
(hexaminolevulinate hydrochloride)

PHOTOCURE®

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 a physician office 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.

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2026 Medicare Reimbursement

Site of Service: Physician Office

Physicians who purchase Cysview for administration in the office setting are responsible for billing for the Cysview product in addition to the services provided by the physician. There is a unique HCPCS A code assigned to Cysview. Physicians should report HCPCS code A9589 (Instillation, hexaminolevulinate hydrochloride, 100mg) on a separate line on the claim form in addition to the CPT® codes identifying the services provided to the patient on that date. The most appropriate CPT® codes for the services performed should be reported on the claim.

The Medicare payment rate for HCPCS code A9589 is based on the Average Sales Price methodology updated quarterly by CMS. The 2026 payment rates for Blue Light Cystoscopy procedures performed in the office setting are included in this document. These procedures include CPT® codes 52000, 52204, 52214 and 52224. CPT® codes 52234, 52235 and 52240 are generally not performed in the office setting.

Please consult with your local MAC for specific coverage, coding and payment policies applicable to billing for Blue Light Cystoscopy procedures performed in the physician office setting.

2026 Private Payer Billing Guidance

Photocure recommends that you consult with payers for specific coverage and billing requirements.[1]

Physician Office

Place of service code = 11



Procedure codes

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



What to bill

- Procedure code

+ 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 separately

Cysview at ASP + 6%

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.

2026 Medicare Reimbursement Site of Service: Physician Office		
CPT® Code	Description	Physician Office Payment
52000	Cystourethroscopy (separate procedure)	$215.77
52204	Cystourethroscopy, with biopsy(s)	$355.39
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	$727.47
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	$760.20

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

Drug Code	
A9589	Instillation, hexaminolevulinate hydrocloride, 100 mg

Sample CMS-1500 Form for Physician Office Setting

HEALTH INSURANCE CLAIM FORM

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

PICA

PICA

CARRIER

PATIENT AND INSURED INFORMATION

1. MEDICARE (Medicare#) [✓] MEDICAID (Medicaid#) [ ] TRICARE (ID#/DoD#) [ ] CHAMPVA (Member ID#) [ ] GROUP HEALTH PLAN (ID#) [ ] FECA BLK LUNG (ID#) [ ] OTHER (ID#) [ ]

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123456789A

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): JOHN DOE

3. PATIENT'S BIRTH DATE MM DD YY: 01 01 1955 SEX M [X] F [ ]

4. INSURED'S NAME (Last Name, First Name, Middle Initial): SAME

5. PATIENT'S ADDRESS (No., Street): 1234 MAIN ST

6. PATIENT RELATIONSHIP TO INSURED: Self [ ] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street):

CITY: ANYWHERE STATE: MA

8. RESERVED FOR NUCC USE

CITY: STATE:

ZIP CODE: 12345 TELEPHONE (Include Area Code): (555) 555-1212

ZIP CODE: TELEPHONE (Include Area Code): ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial): NONE

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [X]

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [X] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [X]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

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 QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.

A. C67.1 B. C. D.

E. F. G. H.

I. J. K.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

Code

Code for primary procedure performed.

PHYSICIAN OR SUPPLIER INFORMATION

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES (Exp CPT/HCPCS	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	15	26	01	15	26	11		52214	1	$XXXX XX			
2	01	15	26	01	15	26	11		A9589	1	$XXXX X			
3														
4														
5														
6														NPI

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.

25. FEDERAL TAX I.D. NUMBER SSN EIN: 2222222 [X]

26. PATIENT'S ACCOUNT NO.: P1111

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE: $ $XXXX XX

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.)

SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION

OFFICE
1234 1 ST
MA

a. 2222222 b.

33. BILLING PROVIDER INFO & PH # ( )

OFFICE
1234 1 ST
MA

a. 2222222 b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

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

2026 Medicare Reimbursement Relative Value Units – Office (POS 11)			
CPT® Code	Work RVU	Practice Expense RVU	Malpractice RVU
52000	1.49	4.77	0.20
52204	2.53	7.77	0.34
52214	3.41	17.96	0.43
52224	3.95	18.33	0.49

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

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