Photocure 2019 Reimbursement Guide

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

PHOTOCURE®

THE BLADDER CANCER COMPANY™

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

- 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.
- Cysview is used with the KARL STORZ D-Light C Photodynamic Diagnostic (PDD) system to perform Blue Light Cystoscopy (BLC™) as an adjunct to the white light cystoscopy.

Important risk & safety information

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

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.

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.

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 Medicare reimbursement overview for Cysview® (hexaminolevulinate hydrochloride) for its customers who perform Blue Light Cystoscopy in a hospital outpatient department or ambulatory surgical center or physician office.

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.

The information in this guide does not pertain to commercial payers or state Medicaid programs, and only applies to Medicare. We recommend that you consult with your private payer organizations and state Medicaid programs with regard to their reimbursement policies.

The information in this guide is for informational purposes only, and represents no promise, commitment, statement or guarantee by Photocure concerning proper billing or coding practices or levels of reimbursement, payment or charges.

All Current Procedural Terminology (CPT®) codes, Healthcare Common Procedural Coding System (HCPCS) codes, Ambulatory Payment Classifications (APCs) or National Drug Codes (NDC) codes 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 copyright by the American Medical Association. 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.

CPT copyright 2012 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. 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.

2019 Medicare Reimbursement

Site of Service: Hospital Outpatient Department (HOPD)

The HOPD 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 HOPD do not match the services billed by the physician, Medicare will likely reject the claim.

In the 2015 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, CMS determined that Cysview is subject to packaged payment (i.e., payment for Cysview is part of the Ambulatory Payment Classification (APC) procedure payment). As a result, HCPCS code A9589 (Instillation, Hexaminolevulinate Hydrochloride, 100mg) is designated status "N" (packaged). However, it is essential that HOPDs report HCPCS code A9589 on a separate claim line for each case in which Cysview is utilized. Although the HOPD will not be separately paid for this claim line, CMS uses claims data to calculate APC procedure payments for future years.

In the 2019 OPPS Final Rule, CMS determined that certain Blue Light Cystoscopy procedures are eligible for additional facility reimbursement through a "complexity adjustment." For these procedures (CPT codes 52204 and 52224), Medicare will provide increased payment when Blue Light Cystoscopy is performed. To facilitate this payment, CMS created a new add-on code [HCPCS code C9738 (Adjunctive blue light cystoscopy with fluorescent imaging agent) (List separately in addition to code for primary procedure)] that must be included on a separate claim line for each case in which Blue Light Cystoscopy is performed (whether or not the Blue Light Cystoscopy procedure is eligible for a complexity adjustment). HCPCS code C9738 is designated status "N" (packaged), so payment is part of the APC procedure payment. The HOPD will not be paid for this claim line.

The following is a summary of 2019 Medicare national payment rates for Blue Light Cystoscopy procedures performed in the HOPD. For each of the below procedures, in addition to the applicable CPT code, HCPCS codes A9589 and C9738 must be included on separate claim lines on the facility claim. The most appropriate CPT code for the service performed should be reported on the claim.

2019 Medicare Reimbursement Site of Service: Hospital Outpatient Department (HOPD)			
CPT® Code	**Description**	**HOPD Payment (Ambulatory Payment Classification)**	**Physician Payment**
52000	Cystourethroscopy (separate procedure)	$562.25 (APC 5372)	$84.33
52204	Cystourethroscopy, with biopsy(s)	$2,926.86 (APC 5374)	$147.04
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	$1,739.75 (APC 5373)	$183.80
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	$2,926.86 (APC 5374)	$213.27
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 up to 2.0 cm)	$2,926.86 (APC 5374)	$256.60
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	$2,926.86 (APC 5374)	$300.57
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	$4,020.54 (APC 5375)	$408.68

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

BLUE LIGHT CYSTOSCOPY WITH CYSVIEW®
(HOPD - MEDICARE)

Relevant Procedure Code
52204
52224

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 Injection, Hexaminolevulinate Hydrochloride

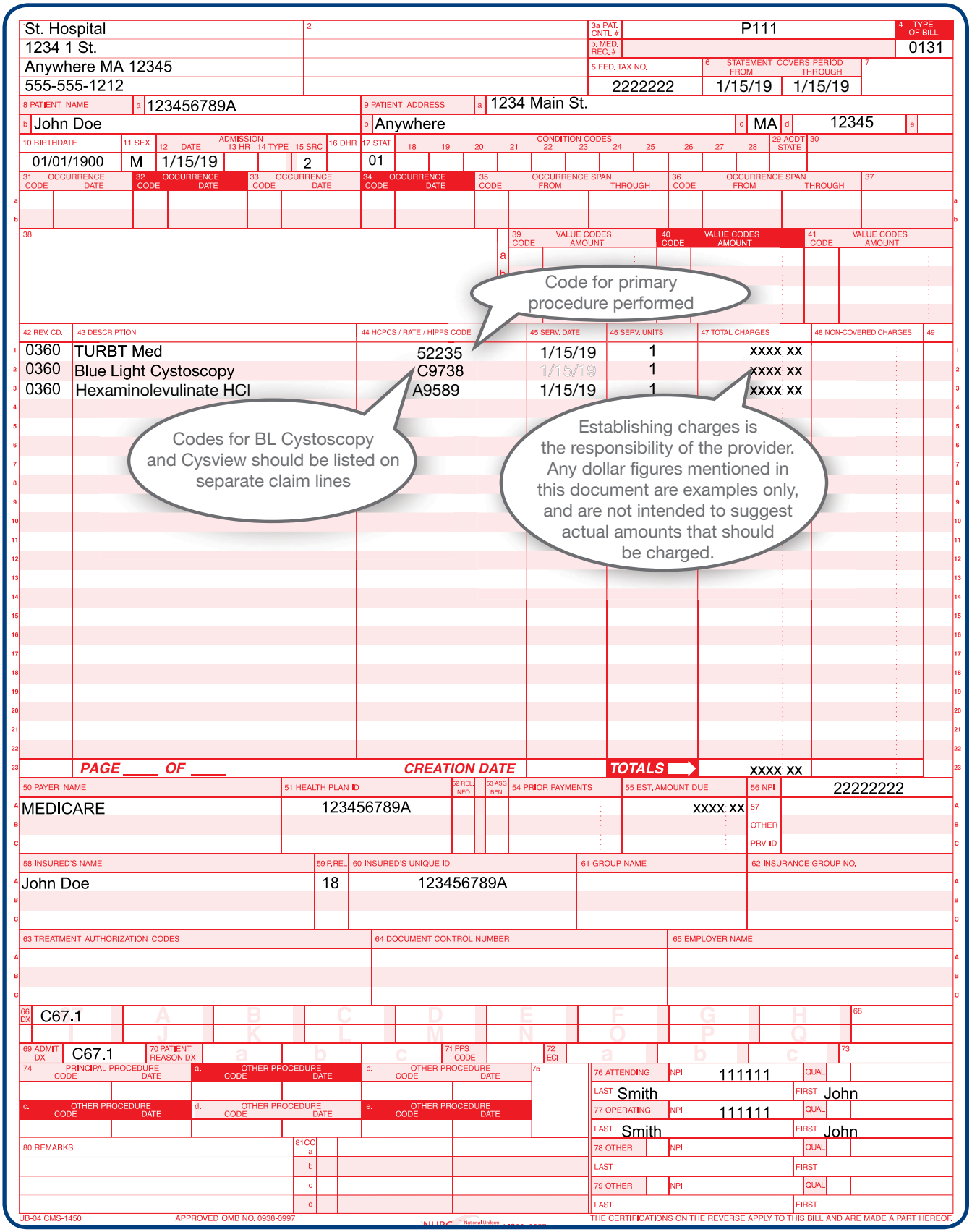
COMPLEXITY ADJUSTMENT

Relevant Procedure Code
52000
52214
52234
52235
52240

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 Injection, Hexaminolevulinate Hydrochloride

NO COMPLEXITY ADJUSTMENT

Sample UB Form for HOPD Setting



Sample CMS-1500 Form for HOPD Setting

HEALTH INSURANCE CLAIM FORM

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

PICA

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 1900 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 TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

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

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

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROC (Exp CPT/HCI	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	15	19	01	15	19	22		52235	1	$XXXX.XX			1111
2														
3														
4														
5														
6														NPI

Code for primary procedure performed.

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: 2222222 SSN [ ] EIN [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

ST. HOSPITAL
1234 1 ST
MA

a. 2222222 b.

33. BILLING PROVIDER INFO & PH # ( )

Dr. John Smith
1234 1 ST
MA

a. 2222222 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

2019 Medicare Reimbursement

Site of Service: Ambulatory Surgical 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.

In the 2015 Hospital Outpatient Prospective Payment System (OPPS) Final Rule, CMS 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 “N”(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, CMS uses claims data to calculate APC-based procedure payments for future years.

In the 2019 OPPS Final Rule, CMS determined that certain Blue Light Cystoscopy procedures are eligible for additional HOPD facility reimbursement through a “complexity adjustment.” For these procedures (CPT codes 52204 and 52224, Medicare will provide increased payment to the HOPD when Blue Light Cystoscopy is performed. To facilitate this payment, CMS created a new add-on code [HCPCS code C9738 (Adjunctive blue light cystoscopy with fluorescent imaging agent) (List separately in addition to code for primary procedure)] that mustbe included on a separate claim line for each case in which Blue Light Cystoscopy is performed (whether or not the Blue Light Cystoscopy procedure is eligible for a complexity adjustment). Although CMS has confirmed that the complexity adjustment will not be applied to ASC facility reimbursement for Blue Light Cystoscopy procedures, HCPCS code C9738 must be included on ASC facility claims for tracking and future reimbursement calculations by CMS. HCPCS code C9738 is designated status “N” (packaged) by CMS. The ASC will not be paid for this claim line.

The following is a summary of 2019 Medicare national payment rates for Blue Light Cystoscopy procedures performed in the ASC. For each of the below procedures, in addition to the applicable CPT code, HCPCS codes A9589 and C9738 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.

2019 Medicare Reimbursement Site of Service: Ambulatory Surgical Center (ASC)			
CPT® Code	**Description**	**ASC Payment**	**Physician Payment**
52000	Cystourethroscopy (separate procedure)	$289.49 (APC 5372)	$84.33
52204	Cystourethroscopy, with biopsy(s)	$785.29 (APC 5373)	$147.04
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	$785.29 (APC 5373)	$183.80
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	$785.29 (APC 5373)	$212.27
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 up to 2.0 cm)	$1,368.08 (APC 5374)	$256.60
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	$1,368.08 (APC 5374)	$300.57
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	$1,912.29 (APC 5375)	$408.68

* 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 OPPS APC noted.

BLUE LIGHT CYSTOSCOPY WITH CYSVIEW® (ASC - MEDICARE)

Relevant Procedure Code	
52000	52234
52204	52235
52214	52240
52224	

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 Injection, Hexaminolevulinate Hydrochloride

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

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 1900 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 TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

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

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. L.

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	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	15	19	01	15	19	24		52224		1	$XXXX XX				111
2	01	15	19	01	15	19	24		C9738		1	$XXXX X				
3	01	15	19	01	15	19	24		A9589		1	$XXXX				
4																
5																
6																

NPI

Code for primary procedure performed.

Codes for BL Cystoscopy and 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.

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
ASC
1234 1 ST
MA
a. 2222222 b.

33. BILLING PROVIDER INFO & PH # ( )
ASC
1234 1 ST
MA
a. 2222222 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

Sample CMS-1500 Form for Physician Billing ASC Setting

HEALTH INSURANCE CLAIM FORM

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

PICA

1. MEDICARE (Medicare#) [X] | 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 1900 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 for primary procedure performed.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROC (Exp CPT/HC	E. DIAGNOSIS INTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01	15	19	01	15	19	24		52224	1	$XXXX XX				1111
2															
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 [X]: 2222222

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

ASC
1234 1 ST
MA

a. 2222222 b.

33. BILLING PROVIDER INFO & PH # ( )

ASC
1234 1 ST
MA

a. 2222222 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

2019 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. Effective January 1, 2019, there is a unique HCPCS A code assigned to Cysview. Physicians should report HCPCS code A9589 (Instillation, Hexaminolevulinate Hydrochloride, 100 mg) 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.

Medicare Administrative Contractors (MACs) have not yet provided guidance on the payment rate for HCPCS code A9589, which may be based on Average Sales Price, Wholesale Acquisition Cost or invoice price of Cysview. The 2019 payment rates for Blue Light Cystoscopy procedures performed in the office setting are included in the following table. These procedures include CPT codes 52000, 52204, 52214 and 52224. CPT codes 52234, 52235 and 52240 are generally not performed in the office setting, however; Medicare payment rates are included for reference.

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.

2019 Medicare Reimbursement Site of Service: Physician Office		
CPT® Code	**Description**	**Physician Office Payment**
52000	Cystourethroscopy (separate procedure)	$194.25
52204	Cystourethroscopy, with biopsy(s)	$389.58
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	$720.78
52224	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy	$753.22
52234	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of SMALL bladder tumor(s) (0.5 up to 2.0 cm)	$256.60**
52235	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of MEDIUM bladder tumor(s) (2.0 to 5.0 cm)	$300.57**
52240	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of LARGE bladder tumor(s)	$408.68**

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

** Payment rates for these procedures are the same in the office, HOPD and ASC settings. This indicates that these procedures are typically not appropriate for the office (non-facility) setting.

Sample CMS-1500 Form for Physician Office Setting

HEALTH INSURANCE CLAIM FORM

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

PICA

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 1900 | 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 TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

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

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

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROC (Exp CPT/HCP	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	03	15	19	03	15	19	11		52214		1	$XXXX XX				1111
2	03	15	19	03	15	19	11		A9589		1	$XXXX X				
3																
4																
5																
6																

Code for primary procedure performed.

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.

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CARRIER

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2019 Medicare Reimbursement Relative Value Units – Office (POS 11)			
CPT® Code	**Work RVU**	**Practice Expense RVU**	**Malpractice RVU**
52000	1.53	3.69	0.17
52204	2.59	7.94	0.28
52214	3.50	16.11	0.39
52224	4.05	16.41	0.44
52234	4.62	1.99	0.51
52235	5.44	2.30	0.60
52240	7.50	3.02	0.82

2019 Medicare Reimbursement Relative Value Units – Facility Setting (HOPD or ASC)			
CPT® Code	**Work RVU**	**Practice Expense RVU**	**Malpractice RVU**
52000	1.53	0.64	0.17
52204	2.59	1.21	0.28
52214	3.50	1.21	0.39
52224	4.05	1.40	0.44
52234	4.62	1.99	0.51
52235	5.44	2.30	0.60
52240	7.50	3.02	0.82

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)**

Disclaimers

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. The coding and payment data is furnished 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. Providers should refer to authoritative coding sources, such as the Common Procedural Terminology CPT® codes and Healthcare Common Procedure Coding System (HCPCS) codes.

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For reference only. Information does not guarantee coverage or payment. The information provided in this guide is for informational purposes only. 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.

Cysview Web Site

For more information regarding Cysview please visit our web site at:
http://www.cysview.com

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