Ophthalmology Code Changes in 2026

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For the CPT 2026 code set, there have been several changes to report ophthalmology services. In the Other Specialized Services subsection of the Ophthalmology section, code 92284 has been revised to report diagnostic dark adaptation and code 92288 has been established to report screening dark-adaptation measurement. To accommodate and reflect technological advancements in ophthalmologic services, new Category III codes 0996T, 1010T, and 1012T were released early on the AMA website and will take effect on January 1, 2026. In addition, parenthetical notes have been added throughout the code set to instruct users on reporting these codes. This article provides an overview of these changes.

Ophthalmology

Other Specialized Services

92284 Diagnostic dark adaptation examination (eg, rod and cone sensitivities, rod-cone breakpoint), with interpretation and report

(For screening dark adaptation measurement, use 92288)

#92288 Screening dark adaptation measurement (eg, rod recovery intercept time), with interpretation and report

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(For diagnostic dark adaptation examination, use 92284)

Category III Codes

0996T Insertion and scleral fixation of a capsular bag prosthesis containing an intraocular lens prosthesis, with vitrectomy, including removal of crystalline lens or dislocated intraocular lens prosthesis, when performed

(Do not report 0996T in conjunction with 66682, 66850, 66982, 66984, 66985, 66986, 67005, 67010, 67015, 67036, 67039, 67040, 67041, 67042, 67043)

1010T Computerized ophthalmic analysis of monocular eye movements using retinal-based eye-tracking without spatial calibration, including fixation, microsaccades, drift, and horizontal saccades, when performed, unilateral or bilateral, with interpretation and report

(Report 1010T once per session)

(Do not report 1010T in conjunction with 0615T)

(For automated analysis of binocular eye movements, using pupil-based eye-tracking, use 0615T)

1012T Motorized ab interno trephination of sclera (sclerostomy), or trabecular meshwork (trabeculostomy), 1 or more, including injection of antifibrotic agents, when performed

(Do not report 1012T in conjunction with 65800, 65815, 66020, 66030, 92020)

(For trabeculotomy ab externo, use 65850)

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(For trabeculectomy ab externo in absence of previous surgery, use 66170)

(For trabeculectomy ab externo with scarring from previous ocular surgery or trauma, including injection of antifibrotic agents, use 66172)

(For trabeculostomy ab interno by laser, use 0621T)

Specialized Services

Code 92284 has been revised by adding “diagnostic” to the descriptor to identify dark adaptation examination as a diagnostic service that assesses cone and rod sensitivities and rod-cone breakpoint. This test evaluates retinal function to facilitate early diagnosis of retinal dystrophies, such as retinitis pigmentosa or vitamin A deficiency.

In addition, the introduction of new dark-adaptation instruments designed for screening of retinal and retinal pigment epithelial disease, including age-related macular degeneration, has led to the creation of new code 92288, which describes screening dark-adaptation measurement (eg, rod recovery intercept time). Note that the procedure described by code 92288 does not include assessment of cone function or rod-cone breakpoint. A parenthetical note following code 92284 has been added with the establishment of code 92288.

Category III Codes

Code 0996T has been established to report the insertion and scleral fixation of a capsular bag prosthesis, which is inserted after the removal of a cataractous lens, facilitating the implantation of the artificial intraocular lens (IOL). Once placed, the prosthesis replaces the capsular bag and provides support and stability for the IOL implantation.

Code 1010T should be used to report computerized ophthalmic analysis of monocular eye movements using retinal-based eye-tracking, and it may be reported once per session. Code 1010T should not be reported in conjunction with code 0615T (automated analysis of **binocular** eye movements using **pupil-based** eye-tracking) because of the similarities between the two procedures. However, unlike code 0615T, code 1010T describes a computerized ophthalmic analysis of **monocular** eye movements using **retinal-based** eye-tracking.

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Code 1012T has been established to report motorized ab interno trephination of the sclera or trabecular meshwork, which requires a short incision through the limbus. In contrast, ab interno trabeculostomy by laser (0621T) requires an incision to the cornea through which the laser probe is advanced into the eye. Instructional, exclusionary, and cross-reference parenthetical notes have been added following code 1012T to provide instructions on its appropriate use.

The following clinical examples and procedural descriptions reflect typical clinical scenarios for which these new codes would be appropriately reported.

Clinical Example (92284)

A 55-year-old female who has poor night vision has no identifiable cause upon examination. Dark-adaptation test is performed to assess retinal function at a cellular level.

Description of Procedure (92284)

Review the test results for each eye to determine reliability and interocular consistency. Interpret results, correlating both the dark adaptation rod and cone plots and the rod/cone breakpoint with age-adjusted norms, physical findings, and previous test results. Determine a diagnosis or formulate a differential diagnosis and assess the need for subsequent testing. Prepare a report and enter it into the medical record.

Clinical Example (92288)

A 67-year-old female, who has a family history of macular degeneration, has no drusen but is concerned about her risk for developing macular degeneration.

Description of Procedure (92288)

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Review the test results for each eye to determine reliability and interocular consistency. Interpret results, comparing rod recovery intercept time with norms. Prepare a report and enter it into the medical record.

Clinical Example (0996T)

A 77-year-old female, who has had cataract surgery in both eyes, presents with loss of vision in the right eye following a fall. On examination, all capsule support is missing, and a dislocated intraocular lens (IOL) is identified in the vitreous cavity of the right eye. The patient undergoes removal of the dislocated IOL followed by vitrectomy with insertion and scleral fixation of a capsular bag prosthesis containing an IOL.

Description of Procedure (0996T)

Review patient record. Obtain informed consent. Write orders and select appropriate anesthesia. Discuss surgery with the patient and her family. Scrub and gown. Perform a time-out. After appropriate anesthesia, prepare and drape the patient. Position the operating microscope for the surgery.

Measure the corneal diameter to assess suitability for prosthetic capsular bag placement. Perform a vitrectomy, removing the central vitreous and the peripheral vitreous to the extent possible. Elevate the dislocated IOL into the anterior chamber and remove the lens through a corneal incision.

Outside of the eye, place the new IOL inside the capsular prosthesis. Insert capsular prosthesis/IOL device combination into the eye through the corneal incision. Securely fixate the footplates of the prosthetic device by externalizing each footplate through the sclera using forceps. As the footplate exits the sclerotomy, use a second forceps to tent the conjunctiva so that the footplate can be left in a subconjunctival position. Repeat this step for each footplate.

Examine the peripheral fundus for possible retinal pathology and treat as appropriate. Close the anterior corneal incision with suture.

Apply topical medications to the eye. Apply sterile dressing. Provide instructions to staff and write postoperative orders. Write and dictate an operative note. Assess visual acuity in the postoperative area. Communicate with the patient’s family.

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Clinical Example (1010T)

A 54-year-old female presents with symptoms of oscillopsia, including intermittent blurred and double vision that is worsening with fatigue. She undergoes a computerized ophthalmic analysis of monocular retinal tracking of eye movements without spatial calibration unilaterally.

Description of Procedure (1010T)

Position the patient's head on the chinrest and attach temple pads to the eye movement examination device. The physician or other qualified health care professional (QHP) determines whether the patient needs a fixation test, saccade test, or both. Program and activate the device, which performs an analysis of monocular retinal tracking of eye movements without spatial calibration. The physician or other QHP generates and interprets a report with graphs and data.

Clinical Example (1012T)

A 70-year-old female presents with uncontrolled open-angle glaucoma and intraocular pressure exceeding target pressure due to ineffective medical therapy and/or failed laser trabeculoplasty. Motorized ab interno trephination of the trabecular meshwork is recommended. An injection of antifibrotic agents may be used as needed.

Description of Procedure (1012T)

After topical anesthesia and appropriate surgical preparation, make a paracentesis in the posterior cornea or anterior limbus to enable access to the anterior chamber. Inject a viscoelastic agent into the anterior chamber and place a goniolens on the cornea to view the anterior chamber angle. Insert the motorized trephine through the incision into the anterior chamber, parallel to the face of the iris to the opposing anterior chamber angle. With the trephine in contact with the trabecular meshwork, the surgeon activates the motor to perform a trabeculostomy or sclerostomy (depending on the trephination depth). When a filtering bleb is created following sclerostomy, inject it with an antifibrotic agent to inhibit scar formation. Remove the motorized trephine

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and goniolens and evacuate the viscoelastic agent from the anterior chamber. If required, place a suture to ensure wound closure.

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