2027 Changes for the CPT Code Sets

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Every year in mid-September, the Current Procedural Terminology Code Manual (CPT) is released for use on January 1 the following year. The changes to CPT can consist of new, deleted or revised CPT I and CPT III codes, changes to the introductory language for the entire code set or for specific code sections. This 2027 CPT code set, released September 9, 2026, is no exception. The 2027 CPT edition has 453 updates, including 299 new CPT codes, 80 deletions and 74 revisions.

First the good news for Optometry: there are no new CPT I code changes impacting eyecare. There are 4 new CPT III codes applicable to eye care; however, all of these changes are appliable to intraocular surgery.

1080T Insertion, intracapsular magnifier, with attachment to previously placed intraocular lens
1084T Implantation of scaffolding allograft to reinforce the suprachoroidal space
1090T Attachment and insertion of intraocular lens prosthesis–mounted drug-eluting implant (List separately in addition to code for primary procedure)
(Use 1090T in conjunction with 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991)
1098T Placement of subretinal prosthesis, including vitrectomy

CPT III codes are the temporary codes used to describe emerging technology, services, procedures, and service paradigms to allow data collection on the use of these services and procedures. CPT III codes always consist of 4 numbers followed by the letter T. The release schedule for CPT III codes had been twice a year but, starting in July, the release schedule will be April, July and October. These releases will be published on the AMA CPT website as well as included in the annual CPT Manual release. CPT III codes typically expire after 5 years unless the CPT Editorial Panel chooses to extend their life. Please review the current list of all the current CPT III codes applicable to eye care practice.

The introductory language for the Evaluation and Management Section describing Number and Complexity of Problems Addressed was edited to include the definition of **Stable, chronic illness** with "chronic" indicating a condition lasting at least a year and "stable" indicating the particular patient goals have been met. And, the definition of **Chronic illness with exacerbation, progression, or side effects of treatment** was expanded.

The introductory language for the **Risk of Complications and/or Morbidity or Mortality of Patient Management** to describe the required documentation should clearly indicate the clinical decision rationales. The rationales should indicate such things as therapeutic responses, side effects and other factors being considered for that specific patient.

The second change under the **Risk of Complications and/or Morbidity or Mortality of Patient Management** section is the further description of Prescription Drug Management (PDM). PDM is achieved when the factors surrounding the consideration of medication use, side effects, discontinuation and all other factors specific to any particular patient. Documentation should demonstrate the considerations of any medication's potential for harm, any need for counseling, interaction assessment, dose adjustment, or monitoring. Over-the-counter (OTC) medications are also included in PDM and risk as applicable for any specific patient and could even represent moderate to high risk. In addition, the management of multiple medications is considered high risk even when each individual medication might be lower risk to that patient.
Please review the exact language for each section with editorial changes in the new 2027 CPT Manual.

Happy Coding…

Changes to CPT 2027 Impacting Eye Care

Introduction to Evaluation and Management Coding

Number and Complexity of Problems Addressed at the Encounter

Stable, chronic illness: A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity has changed (eg, uncontrolled diabetes and controlled diabetes are considered a single chronic condition). "Stable" for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing. The intent is to control progression, provide additional supportive care, or manage side effects. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, a patient with persistent, poorly controlled blood pressure for whom better control is a goal is not stable, even if the pressures are not changing and the patient is asymptomatic. The risk of morbidity without treatment is significant.

Risk of Complications and/or Morbidity or Mortality of Patient Management

Documentation should reasonably reflect the rationale for the clinical decision, such as therapeutic response (desired, actual, or expected), side effects, patient-specific factors, or monitoring considerations.

Prescription Drug Management: Prescription drug management is met when drug therapy is actively evaluated or directed as part of the plan of care, including initiation, continuation, modification, discontinuation, or consideration of a prescription medication, when such actions require clinical judgment regarding therapeutic effectiveness, safety, or monitoring. The level of risk is determined by the patient's clinical factors and the medication's potential for harm, including the need for counseling, interaction assessment, dose adjustment, or monitoring. An over-the-counter medication may represent moderate or high risk when its use requires similar clinical judgment as prescription drug management based on patient-specific factors, dosage, or potential adverse effects. The management of multiple medications together may constitute high risk, even if the management of an individual medication is not high risk.

Parenteral controlled substances: The level of risk is based on the usual behavior and thought processes of a physician or other qualified health care professional in the same specialty and subspecialty and not simply based on the presence of an order for parenteral controlled substances. A parenteral controlled substance does not automatically constitute high risk, and risk determination should reflect the overall clinical context.

92270 Electro-oculography with interpretation and report – Change to the parentheticals for code

CPT Assistant Feb 97:6, Aug 08:12, May 09:9, Oct 12:9, Sep 15:7, Apr 20:7, Feb 21:5

(Do not report 92270 in conjunction with 92513, 92514, 92527, 92528, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92547, 92548, 92549)

(For vestibular function tests with recording, see 92513, 92514, 92527, 92528, 92537, 92538, 92540, 92541, 92542, 92544, 92545, 92547, 92548)

(To report saccadic eye movement testing with recording, use 92700)

92700 Unlisted otorhinolaryngological service or procedure

Introduction to the CPT III Code Section

Services and procedures described in this section make use of alphanumeric characters. These codes have an alpha character as the 5th character in the string (ie, four digits followed by the letter T). The digits are not intended to reflect the placement of the code in the Category I section of CPT nomenclature. Codes in this section may or may not eventually receive a Category I CPT code. In either case, in general, a given Category III code will be archived five years

from the date of initial publication or extension unless a modification of the archival date is specifically noted at the time of a revision or change to a code (eg, addition of parenthetical instructions, reinstatement). Services and procedures described by Category III codes which have been archived after five years, without conversion, must be reported using the Category I unlisted code unless another specific cross-reference is established at the time of archiving. New codes or revised codes in this section are released Tri-annually via the AMA CPT website to expedite dissemination for reporting. Codes approved for deletion are published annually with the full set of temporary codes for emerging technology, services, procedures, and service paradigms in the CPT code set. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

CPT III Codes 2027 Applicable to Eye Care

Services and procedures described in this section make use of alphanumeric characters. These codes have an alpha character as the 5th character in the string (ie, four digits followed by the letter T). The digits are not intended to reflect the placement of the code in the Category I section of CPT nomenclature. Codes in this section may or may not eventually receive a Category I CPT code. In either case, in general, a given Category III code will be archived five years from the date of initial publication or extension unless a modification of the archival date is specifically noted at the time of a revision or change to a code (eg, addition of parenthetical instructions, reinstatement). Services and procedures described by Category III codes which have been archived after five years, without conversion, must be reported using the Category I unlisted code unless another specific cross-reference is established at the time of archiving.

New codes or revised codes in this section are released tri-annually via the AMA CPT website to expedite dissemination for reporting. Codes approved for deletion are published annually with the full set of temporary codes for emerging technology, services, procedures, and service paradigms in the CPT code set. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

- **0100T** Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intraocular retinal electrode array, with vitrectomy
- **0671T** Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more (re-sequenced code)
- **0253T** Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the suprachoroidal space (re-sequenced code)
- **0198T** Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report
- **0207T** Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral
- **0563T** Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
- **0308T** Insertion of ocular telescope prosthesis including removal of crystalline lens or intraocular lens prosthesis
- **1080T Insertion, intracapsular magnifier, with attachment to previously placed intraocular lens Sunset January 2032**
- **0329T** Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report
- **0330T** Tear film imaging, unilateral or bilateral, with interpretation and report

- ▶ **0333T** Visual evoked potential, screening of visual acuity, automated, with report
- ▶ **0464T** Visual evoked potential, testing for glaucoma, with interpretation and report (re-sequenced code)
- ▶ **0378T** Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional
    - ▶ **0379T ;**technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
- ▶ **0402T** Collagen cross-linking of cornea, including removal of the corneal epithelium and intraoperative pachymetry, when performed (Report medication separately)
- ▶ **0444T** Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral
- ▶ **0445T** Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral
- ▶ **0449T** Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device
    - ▶ **0450T ;**each additional device (List separately in addition to code for primary procedure)
- ▶ **0469T** Retinal polarization scan, ocular screening with on-site automated results, bilateral
- ▶ **0472T** Device evaluation, interrogation, and initial programming of intraocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implantable device to test functionality, select optimal permanent programmed values with analysis, including visual training, with review and report by a qualified health care professional
- ▶ **0473T** Device evaluation and interrogation of intraocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training,
- ▶ **0474T** Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space hen performed, with review and report by a qualified health care professional
- ▶ **0506T** Macular pigment optical density measurement by heterochromatic flicker photometry, unilateral or bilateral, with interpretation and report
- ▶ **0507T** Near-infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report
- ▶ **0509T** Electroretinography (ERG) with interpretation and report, pattern (PERG)
- ▶ **0552T** Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional

- **0604T:** Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment
  - **0605T ;**remote surveillance center technical support, data analyses and reports, with a minimum of 8 daily recordings, each 30 days
  - **0606T ;**review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days
- **0615T** Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation and report
- **0687T Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session (2022)**
  - **0688T ;assessment of patient performance and program data by physician or other qualified health care professional, with report, per calendar month (2022)**
    (Do not report 0687T, 0688T in conjunction with 92065, when performed on the same day)
- **0699T Injection, posterior chamber of eye, medication (2022)**
- **0704T Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment (2022)**
  - **0705T ;surveillance center technical support including data transmission with analysis, with a minimum of 18 training hours, each 30 days (2022)**
  - **0706T ;interpretation and report by physician or other qualified health care professional, per calendar month (2022)**
    (Do not report 0704T, 0705T, 0706T in conjunction with 92065, when performed on the same day)
    (Do not report 0704T, 0705T, 0706T in conjunction with 0687T, 0688T when reported during the same period)
- **0770T Virtual reality technology to assist therapy (List separately in addition to code for primary procedure) (2023)**
  (Use 0770T only in conjunction with 90832, 90833, 90834, 90836, 90837, 90838, 90847, 90849, 90853, 92507, 92508, 96158, 96159, 96164, 96165, 96167, 96168, 96170, 96171, 97110, 97112, 97129, 97150, 97153, 97154, 97155, 97158, 97530, 97533, 97535, 97537)
  (Do not report 0770T more than once per session)
- **0791T Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes**
  (List separately in addition to code for primary procedure)
  (Use 0791T in conjunction with 97116)
- **0810T Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies**
  (Report medication separately)
  (Do not report 0810T in conjunction with 67036, 67039, 67040, 67041, 67042, 67043)
- **0936T Photobiomodulation therapy of retina, single session**
  (For bilateral procedure, report 0936T with modifier 50)

► **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**

Sunset January 2031

(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**

Sunset January 2031

(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

Sunset January 2031

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

(For trabeculotomy ab externo, use 65850)

(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)

► **1084T Implantation of scaffolding allograft to reinforce the suprachoroidal space**

Sunset January 2032

CPT Changes: An Insider's View 2027

► **1090T Attachment and insertion of intraocular lens prosthesis–mounted drug-eluting implant**

(List separately in addition to code for primary procedure)

Sunset January 2032

CPT Changes: An Insider's View 2027

(Use 1090T in conjunction with 66982, 66983, 66984, 66985, 66986, 66987, 66988, 66989, 66991)

► **1098T Placement of subretinal prosthesis, including vitrectomy**

Sunset January 2032

CPT Changes: An Insider's View 2027

(Do not report 1098T in conjunction with 67036, 67039, 67040, 67041, 67042, 67043, 0100T)

(For placement of retinal prosthesis, use 0100T)