

REIMBURSEMENT FOR DARK ADAPTATION TESTING

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QUESTION: What is dark adaptation testing with the [AdaptDx Pro®](#)?

ANSWER: “Dark adaptometry is a non-invasive functional test that assesses the retina’s ability to recover sensitivity in low-light conditions following photobleaching.”^{1,2}

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QUESTION: What are the uses of dark adaptation testing?

ANSWER: “Dark adaptometry has emerged as a sensitive biomarker capable of detecting functional deficits before structural changes are evident, making it a valuable tool for early diagnosis and monitoring disease progression.”¹ There is potential clinical utility for dark adaptation testing in a number of retinal conditions including: age-related macular degeneration (AMD), retinitis pigmentosa (RP), Stargardt disease, diabetic retinopathy (DR), cone-rod dystrophy (CRD), vitamin A deficiency, and congenital stationary night blindness (CSNB).¹

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QUESTION: What CPT codes describe dark adaptation testing?

ANSWER: There are two codes: CPT 92284 (*Diagnostic dark adaptation examination (e.g., rod and cone sensitivities, rod-cone breakpoint), with interpretation and report*) and CPT 92288 (*Screening dark adaptation measurement (e.g., rod recovery intercept time), with interpretation and report*).

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QUESTION: Is dark adaptation testing covered by Medicare and other payors?

ANSWER: When dark adaptation testing is performed as screening, the Medicare law does not cover it. When it is performed as an aid to the evaluation and management of existing retinal disease, and appropriately documented in the medical record, it may be covered within the limitations of the payor’s coverage policy.

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QUESTION: What documentation is required in the medical record to support a claim for diagnostic dark adaptometry?

ANSWER: In addition to the printout, the medical record should include:

- order for the test with medical rationale
- date of the test
- reliability of the test (e.g., patient cooperation)
- test findings (i.e., latency)
- comparison with prior tests (if applicable)
- diagnosis (if possible)
- impact on treatment and prognosis
- physician signature

Note that a physician’s interpretation and report are required; a brief notation such as “abnormal” does not suffice.

February 27, 2026

The reimbursement information is provided by Corcoran & Corcoran based on publicly available information from CMS, the AMA, and other sources. The reader is strongly encouraged to review federal and state laws, regulations, code sets, and official instructions promulgated by Medicare and other payors. This document is *not an official source* nor is it a complete guide on reimbursement. Although we believe this information is accurate at the time of publication, the reader is reminded that this information, including references and hyperlinks, changes over time, and may be incorrect at any time following publication.

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QUESTION: Must the physician be present while this test is performed?

ANSWER: Under Medicare program standards, this test needs only general supervision. General supervision means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required.

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QUESTION: Is this test bundled with other services?

ANSWER: Yes. According to Medicare's National Correct Coding Initiative (NCCI), a level 1 established patient E/M visit, CPT 99211, is bundled with 92284 although other exam codes are not.

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QUESTION: What does Medicare allow for covered dark adaptation testing?

ANSWER: CPT 92284 is per patient, not per eye. The 2026 national Medicare Physician Fee Schedule allowable is \$33. Of this amount, \$19 is assigned to the technical component and \$14 is for the professional component. Medicare allowable amounts are adjusted in each area by local wage indices; other payors set their own rates.

This test is subject to Medicare's Multiple Procedure Payment Reduction (MPPR). This reduces the allowable for the technical component of the lesser-valued test when two or more tests are performed on the same day.

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QUESTION: May we ever bill the patient for dark adaptation testing?

ANSWER: Yes. Sometimes a physician may feel that the test is merited even though his or her reasons do not agree with Medicare's policies. In the situation where Medicare might not cover the test, an [Advance Beneficiary Notice of Noncoverage \(ABN\)](#) should be signed by the patient prior to testing. Submit your claim as 92284-GA. You may collect your fee from the patient at the time of service or wait for a Medicare denial. If both the patient and Medicare pay, be sure to promptly refund the patient or show why Medicare paid in error.

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QUESTION: How often may this test be repeated?

ANSWER: In general, this and all diagnostic tests are reimbursed when medically indicated. Clear documentation of the reason for testing is always required. Too-frequent testing can garner unwanted attention from Medicare and other payors.

¹ Bakdali A, Khawaja LM, Yu M, Dark adaptometry as a diagnostic tool in retinal disease: Mechanisms and clinical utility. J Clin Med 2025, 14(11), 3742. [Link here.](#)

² **AdaptDx Pro Intended Use:** The AdaptDx Pro is a Class I device intended to measure the time for retinal adaptation after exposure to an adapting light and is not intended to diagnose, detect, or screen for any specific ocular disease.

Disclaimer: AdaptDx Pro has not been approved by the FDA for use in detection or diagnosis of any specific ocular disease (such as AMD). The safety and effectiveness of AdaptDx Pro for this use has not been established.

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