

# Operationalizing the New MR Safety Codes

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*No financial interests to disclose.*

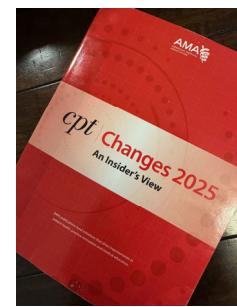
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## Six new Category I codes (76014 - 76019)

New subsection established in the Radiology section of CPT codebook, with instructional guidelines to describe importance and specific use of these services

## Magnetic Resonance Safety Implant/Foreign Body Procedures

AMA cpt® Changes 2025  
An Insider's View

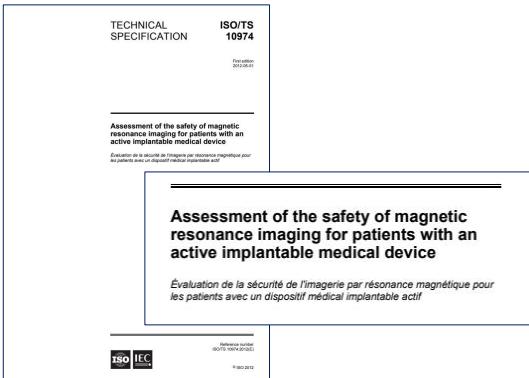


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## Why now?

- 2011  
First FDA-approved  
MR conditional Pacemaker



- 2018  
CMS removes *contraindication* for  
Medicare coverage of MRI with  
implantable cardiac devices

February 21, 2018 – On February 15, 2018, the Centers for Medicare & Medicaid Services (CMS) released its updated Medicare Coverage Determination (MCD) for magnetic resonance imaging (MRI) for Medicare beneficiaries with an implantable pacemaker (PM), implantable cardioverter defibrillator (ICD), or cardiac resynchronization therapy defibrillator (CRT-D). The CMS decision concludes that MRI is reasonable and necessary for the diagnosis or treatment of disease or injury or to improve the functioning of a malformed body member under section 1862(a)(1)(A) of the Social Security Act (SSA) and section 1862(d)(1) of the SSA. CMS is also eliminating the collection of additional information under the Coverage with Evidence Development (CED) process for this service.

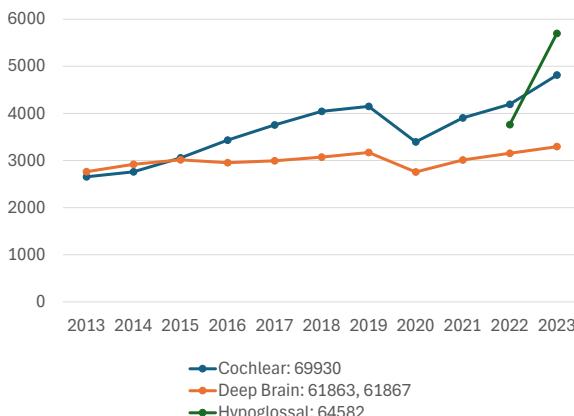
We summarize these changes below and present our changes fully in Appendix B. We explain the changes in the Analysis section of this NCD decision memo. In general, we:

- revise the language in section 220.2(C)(2) to remove the contraindication for Medicare coverage of MRI in a beneficiary who has an implantable pacemaker or implantable cardioverter defibrillator or cardiac resynchronization therapy defibrillator device;
- expand the list of beneficiaries who have an implantable pacemaker, implantable cardioverter defibrillator, cardiac resynchronization therapy pacemaker, or cardiac resynchronization therapy defibrillator device;
- expand the list of beneficiaries who have an implantable pacemaker, implantable cardioverter defibrillator, cardiac resynchronization therapy pacemaker, or cardiac resynchronization therapy defibrillator device that do not have FDA listing for an MRI contraindication;
- remove the Coverage with Evidence Development requirement.

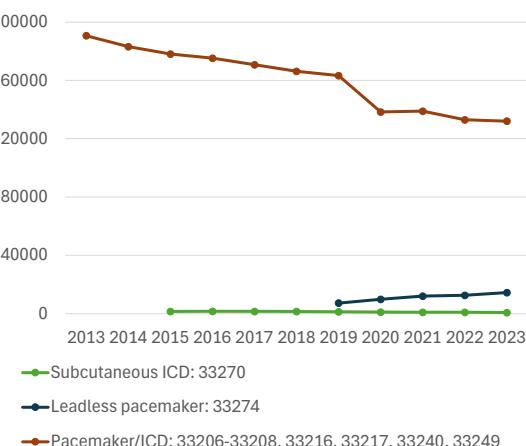
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## Clinical population estimates with active implanted devices

Stimulator Insertion Procedures  
Datasource: AMA RBRVS DataManager Claims



Cardiac Electronic Implanted Device  
Insertion Procedures  
Datasource: AMA RBRVS DataManager Claims



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## Six new Category I codes (76014 - 76019)

Six new codes (76014-76019) have been established to report	CPT Code
• Magnetic Resonance (MR) safety implant or foreign body assessment,	• 76014
• MR safety determination,	• +76015
• MR safety medical physics examination customization,	• 76016
• MR safety implant electronics preparation, and	• 76017
• MR safety implant positioning or immobilization.	• 76018
	• 76019

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## Six new Category I codes (76014 - 76019)

MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance <b>with written report</b> , initial 15 minutes	• 76014
each additional 30 minutes (List separately in addition to code for primary procedure)	• +76015
MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, <b>with written report</b>	• 76016
MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, <b>with written report</b>	• 76017
MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, <b>with written report</b>	• 76018
MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, <b>with written report</b>	• 76019

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**Performed in advance of the date of the MR procedure**

***Planning and coordinated scheduling***

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## Institutional SOP – Implants requiring prework

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## Institutional SOP – Implants requiring prework

**MRI Device Services Acknowledgment**

In preparation for this MRI examination, investigation of implanted devices prior to the examination may incur additional charge to the patient. On the day of examination, management of implanted devices may also incur additional charges to the patient.

**Implants**

Pacemaker  
Type: Pacemaker Implant ID: 17959  
As of 5/1/2025 Status: Implanted

No previous implant documentation available.

**High Risk LDAs**  
None

**MRI Device Services**

Status: Normal / Standing Future  
Expected Date: Today First Available Tomorrow  
1 Week 2 Weeks 3 Weeks  
1 Month 3 Months 6 Months  
1 Year  
Comment: After surgery After tests Before next visit Before surgery  
Expires: 8/16/2025  
Accept Cancel

**MRI Device Services Acknowledgment**

In preparation for this MRI examination, investigation of implanted devices prior to the examination may incur additional charge to the patient. On the day of examination, management of implanted devices may also incur additional charges to the patient.

**Contrast or non-Contrast use will ultimately be at the discretion of Radiology unless specified.**

**Is there hardware in the anatomy being imaged?**  
No Yes Unknown

**Region:** Rochester Region  
Arizona Region Florida Region Rochester Region  
MCHS SE MN Region MCHS SW MN Region  
MCHS NW WI Region MCHS SW WI Region

**Sedation Preferences (Radiology may change)**  
No sedation Minimal sedation Deep sedation or general anesthesia  
Accept Cancel

**Best Required**

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## 76014 and +76015 MR safety implant or foreign body assessment

### Includes

- Documenting MR conditions, contraindications, and following instructions for equipment and personnel scheduling

### Does NOT include

- Independent decision-making (i.e. no associated physician work)

### Time-based code

**Conclusion may be that MR should not be performed.**

**Can still report this code.**

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**76014 and +76015:****MR SAFETY IMPLANT &/FB ASSMT CLIN STAFF***Time based codes – must exceed midpoint to bill*

- 76014 Initial 15 minutes
- +76015 Each additional 30 minutes

Time Spent	Minimum trip point	Code
8-30 minutes	8 minutes	76014
31-60 minutes	15 minutes + 16 minutes	76014 + 76015
61-90 minutes	15 + 30 + 16	76014 + 76015 (x2)
91-120 minutes	15 + 30 + 30 + 16	76014 + 76015 (x3)

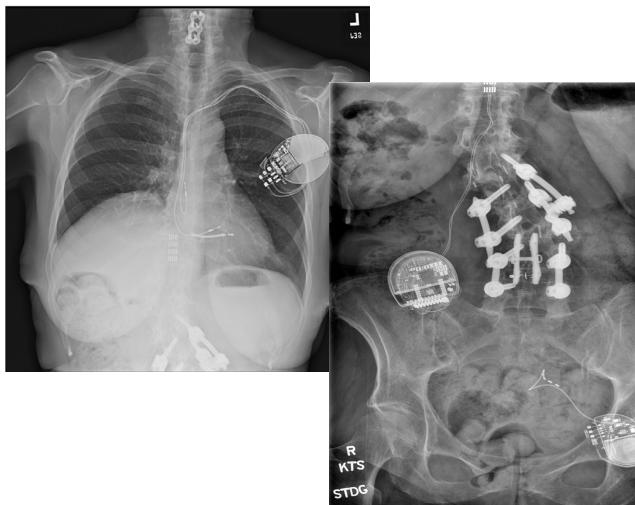
*“Increasingly, patients can present with more than 1 active implanted device, requiring thoughtful considerations of the conditions for safe scanning and frequently benefiting from a coordinated evaluation by the MR Safety Officer (MRSO), MR Safety Expert, and MRMD safety team”*

– ACR Manual on MR Safety pg. 91

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## MR safety implant and/or foreign body assessment by trained clinical staff – **76014, +76105**



In one patient:

- MR conditional ICD
- MR conditional Spinal Cord Stimulator
- MR conditional Sacral Nerve Stimulator
- Patients may have many implants to review for MR conditional status
- Case requires extended staff time to properly assess and determine conditions that accommodate all implants

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Code	Medium Descriptor	MR Tech	Medical Physicist/ MRSE	Radiologist/ Physician	Professional RVU
<i>Performed/reported in advance of MR exam (exception for emergent procedures)</i>					
76014	MR SAFETY IMPLANT &/FB ASSMT CLIN STAF 1 <sup>ST</sup> 15 MIN	X			
+76015	MR SAFETY IMPLANT &/FB ASSMT CLIN STAF EA ADD 30	X	X		
76016	MR SAFETY DETERMINATION PHYSICIAN/OTHER QHP	X	X	X	0.60
<i>Performed/reported day of MR exam</i>					
76017	MR SAFETY MED PHYSICS XM CUSTOMIZATION PLNG&MNTR	X	X	X	0.76
76018	MR SAFETY IMPLT ELECTRONICS PREPJ SUPVJ PHYS/QHP	X		X	0.75
76019	MR SAFETY IMPLANT POS&/IMMOBLJ SUPVJ PHYS/QHP	X		X	0.60

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## 76016

### MR safety determination

#### Includes

- MR safety determination and written report **by a physician** or other qualified health care professional (QHP) **who is responsible for the safe performance of the MR procedure.**

#### Risk/benefit determination

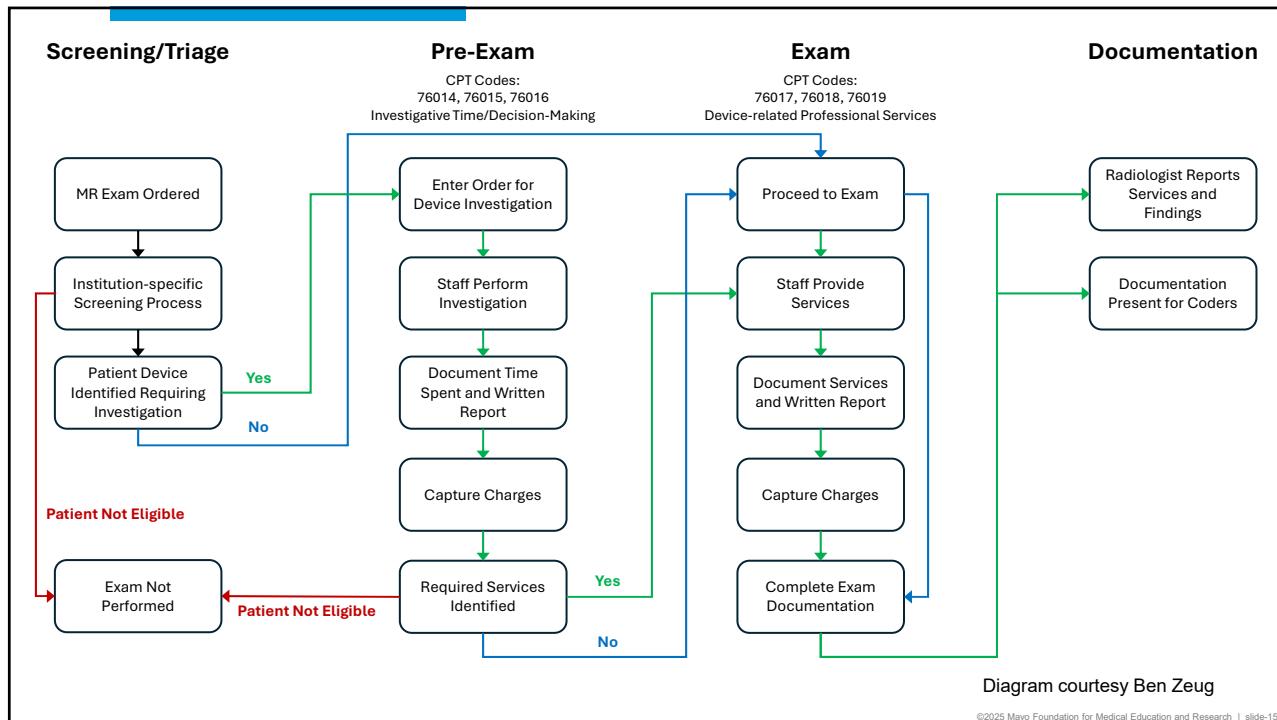
“For an implant and/or foreign body that lacks MR conditional labeling, is contraindicated for MR, or may result in a limited MR examination, use 76016 to report the performance of an MR safety determination”

#### Expected to be rarely performed

Only for circumstances that require careful consideration and documentation of the clinical benefits and steps to mitigate risk to the patient

**Conclusion may be that MR should not be performed. Can still report this code.**

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Performed the **same day** of the MR procedure  
*Under the supervision of the physician or other QHP responsible for the safe performance of the MR procedure.*

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**76017****MR safety medical physics examination customization, planning, and performance monitoring**Reported for medical physics services provided *during* the MR examination

In collaboration with the radiologist

- Initial discussion of implant-related limitations to MR exam
- Prioritizing sequences
- Check of resulting image quality

Recommended credential options for clinical staff performing 76017:

- American Board of Radiology – [Diagnostic Medical Physics](#)
- American Board of Medical Physics – [Magnetic Resonance Imaging Physics, MRI Physics for Radiation Therapy](#)
- American Board of Magnetic Resonance Safety – [MR Safety Expert](#)



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**76017****MR safety medical physics examination customization, planning, and performance monitoring**

- Radiologist report should include assessment of quality of resulting exam, noting implant related limitations to the acquired images
- May be co-signed with medical physicist or reference separate medical physicist report



Bone conduction implant

Comment on

- Susceptibility artifacts obscuring anatomy
- Low SNR
- Coil restrictions limiting use of modern imaging techniques

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## Level of Supervision CMS Definitions

**General Supervision** - means the procedure is furnished under the physician's overall direction and control, but **the physician's presence is not required during the performance of the procedure**. Under general supervision, the training of the nonphysician personnel who actually performs the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician.

**Direct Supervision** - in the office setting means the physician (or other supervising practitioner) must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician (or other supervising practitioner) must be present in the room when the procedure is performed.

**Personal Supervision** - means a physician must be in attendance in the room during the performance of the procedure.

*Status indicator updated quarterly.*

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## 76018 MR safety implant electronics preparation

Reported for preparation and documentation of an electronic implant into an MR-protective mode.

Under the supervision of the physician or other QHP  
*responsible for the safe performance of the MR procedure.*

- Neurostimulators
- MR conditional Pacemakers/ICDs
- Hypoglossal stimulators

Programmable shunts are excluded – personal supervision with code 62252

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**76019****MR safety implant positioning or immobilization**

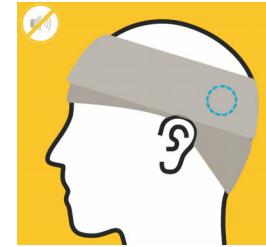
Reported for specified positioning and/or immobilization of an implant during the MR examination

Under the supervision of the physician or other QHP

*responsible for the safe performance of the MR procedure.*

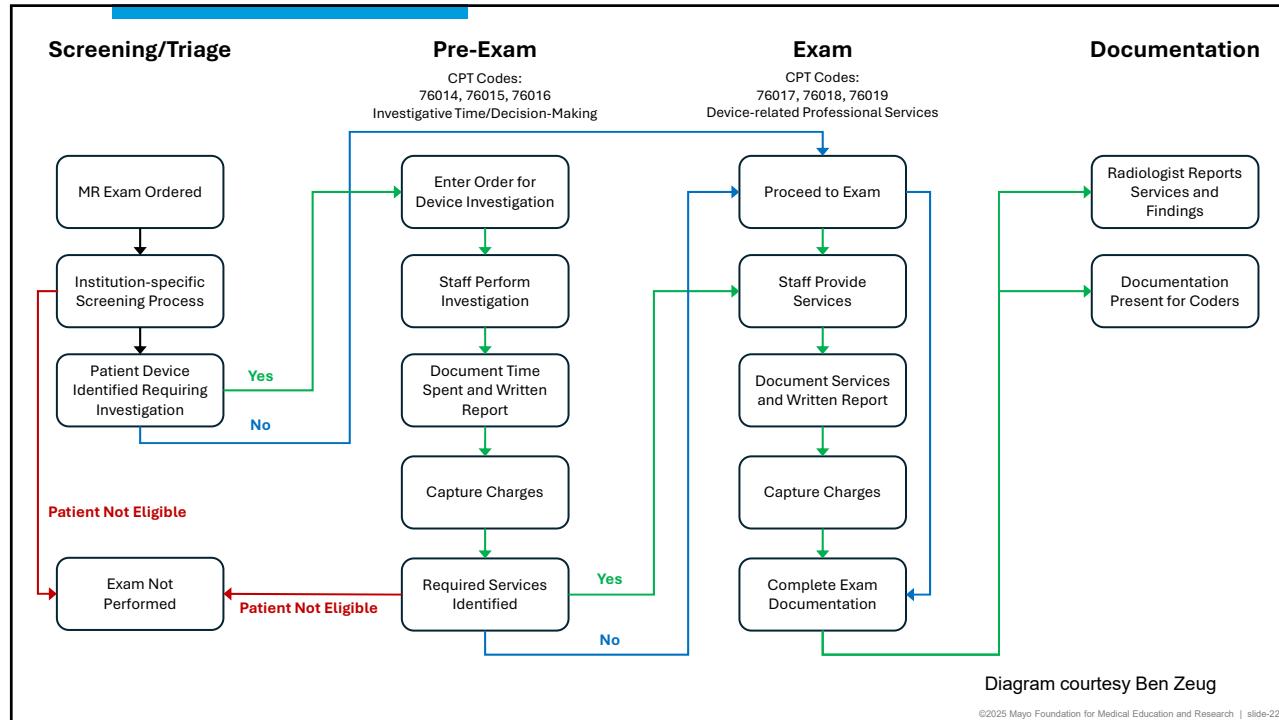
- May be radiologist or ENT physician, depending on implant

What is facility's SOP?



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**New MR Safety CPT Codes in 2025**

Oct. 30, 2024 | Read time: 5 min

From the Chair of the Commission on Economics  
Gregory N. Nicola

We live in exciting times, with novel implanted devices and therapies being introduced and providing relief to patients every day. For decades, patients receiving these implanted device therapies were denied access to the powerful diagnostic capabilities of Magnetic Resonance (MR) imaging due to the very real risks of injury, device malfunction or even death. Kudos to the implanted device industry working collaboratively with manufacturers of MR systems to 1) establish new standards for testing implants for MR interactions and 2) redesigning implants to be more robust to the challenges of the MR environment. Many patients with complex implanted devices now undergo MR imaging.

But let's face it, it can require a lot of extra work and expertise to perform MR exams when some of these implants are present. Not every implanted device has been tested. Some devices require that we severely restrict scan durations or how much energy we deposit in the patient. Some require special programming, positioning or immobilization of the implant for the exam.

<https://www.acr.org/Clinical-Resources/Publications-and-Research/ACR-Bulletin/New-MR-Safety-CPT-Codes-in-2025>

**AJNR**

**CPT® Codes for MRI Safety – A User's Guide**

Colin M. Segovis, Jacob W. Ormsby, Cindy X. Yuan, Matthew J. Goette, Melissa M. Chen and Heidi A. Edmonson

*AJNR Am J Neuroradiol* published online 20 January 2025  
<http://www.ajnr.org/content/early/2025/01/17/ajnr.A8661>

This information is current as of January 21, 2025.



**June 19-24**  
Program Directors  
Anthony Yu, Joe Zhou

Session Leads  
Jason Stafford, Trevor Andrews, Heidi Edmonson, Lei Qin, Sam Einbund

**Faculty**  
Michael Hoff, Jonathan Edmonson, Neelam Tyagi, Max Amurao, Nathan Yaneck, Pong Iai, Mayil Krishnam, Krytal Kirby, Diego Fernando, Muth Bernstein

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**Timeline**

ACR Medical Physics Economics Committee  
April 2023



CPT Application Drafting  
May/June 14, 2023



CPT Editorial Panel  
September, 2023



RUC  
January, 2024



**New Technology List  
RUC 2027**

*CPT codes 76014-76019 "will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions."*

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## Where do I find more information?

ACR Member benefits include responding to coding and billing inquiries.

For inquiries, Molly Amadei requests direct email to:

**mamadei @ acr.org**



American College  
of Radiology™



**Molly Amadei**  
Senior Administrative Assistant  
Economics and Health Policy

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