

Operationalizing the New MR Safety Codes

Heidi A. Edmonson PhD FACR
Mayo Clinic Rochester

No financial interests to disclose.

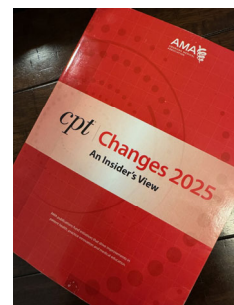
1

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*

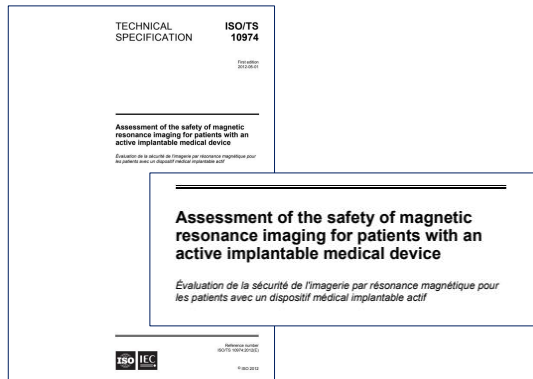


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2

Why now?

- 2011
First FDA-approved
MR conditional Pacemaker



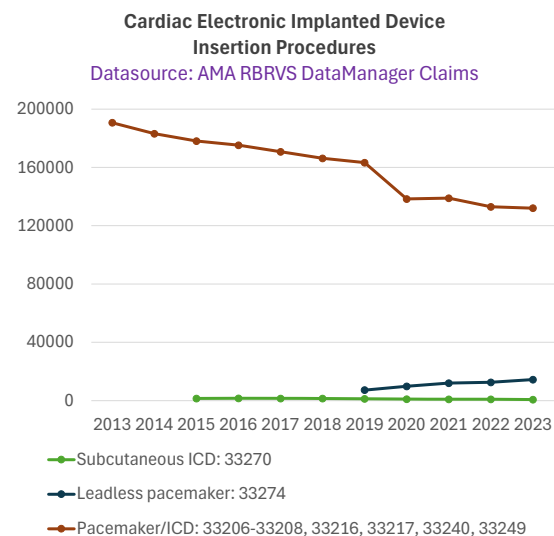
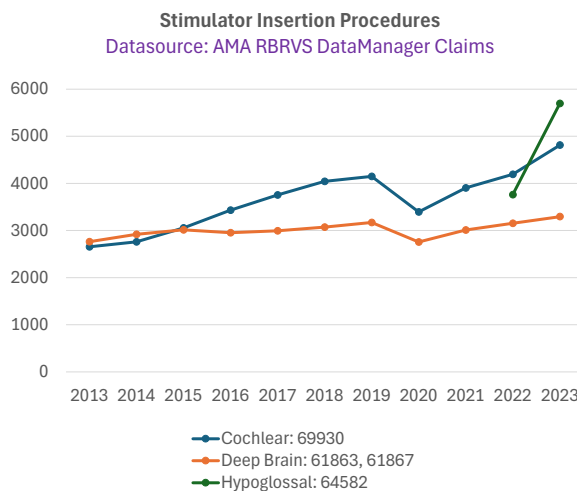
- 2018
CMS removes contraindication for Medicare coverage of MRI with implantable cardiac devices



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3

Clinical population estimates with active implanted devices



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4

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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5

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 with written report ; 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, with written report	• 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, with written report	• 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, with written report	• 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, with written report	• 76019

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6

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- **• 76019**

Performed in advance of the date of the MR procedure
Planning and coordinated scheduling

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7

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 - Implanted
 Type: Pacemaker Implant ID: 17955
 As of 5/1/2025
 Status: Implanted
 No previous implant documentation available.

High Risk LDAs
 None

MRI SAFETY High Risk Device Review: Does the patient have or ever had one of these devices?

☐ No, the patient does NOT have nor has ever had any of these high risk devices

☐ Aneurysm clip ☐ Cochlear (ear) or auditory implant(s)

☐ Esophageal reflux management system (LINX) ☐ Eye injury involving metal

☐ Gastrointestinal clip or pill camera with in the last 90 days ☐ Neuro-stimulator

☐ Pacemaker/defibrillator (ICD)/retained wires ☐ Pumps - intrathecal, insulin, etc.

☐ Tissue expander ☐ Other Implanted Electronic Devices

☐ Unknown, patient not present or information unavailable

Region: Rochester Region | Arizona Region | Florida Region | Rochester Region | MCHS SE MI Region | MCHS SW MI Region | MCHS NW WI Region | MCHS SW WI Region

Sedation Preference (Sedation may change)
☒ No sedation ☐ Minimal sedation ☐ Deep sedation or general anesthesia

For use only if you wish to override the default Results Rules (Internal Mayo Use Only)

Next Required

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8

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 #

Patient Name: [Redacted]
Type: Pacemaker
Implant ID: 17959
Status: Implanted

No previous implant documentation available.

High Risk LDAs
None

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

Region: Rochester Region

Solution Preference (Radiology may change): No sedation

For use only if you wish to override the default Results Rules (Internal Mayo Use Only)

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.

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9

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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10

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)

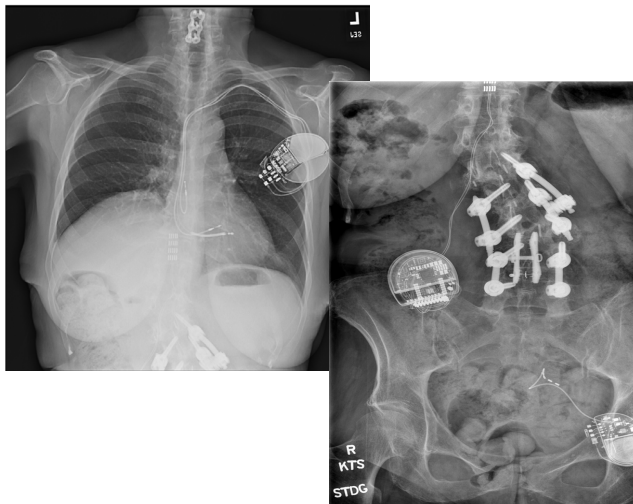
“Increasingly, patients can present with more than 1 active implanted device, requiring thoughtful considerations of the conditions for safe scanning and frequently benefiting from a coordinated evaluation by the MR Safety Officer (MRSO), MR Safety Expert, and MRMD safety team”

– ACR Manual on MR Safety pg. 91

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11

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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12

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 ST 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

13

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”

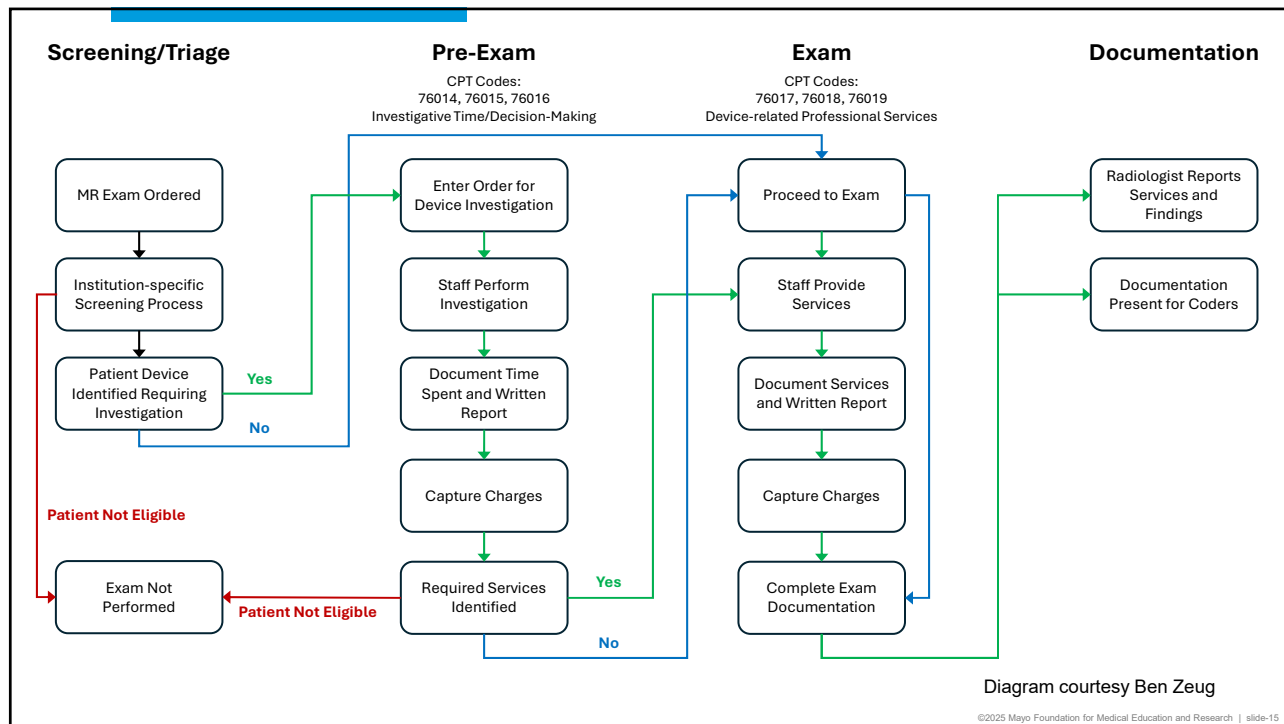
Expected to be rarely performed

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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14



15

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- MR safety implant positioning or immobilization.

CPT Code

- 76014
- +76015
- 76016
- 76017
- 76018
- 76019

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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16

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](#)



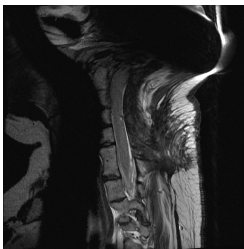
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17

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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18

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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19

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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20

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

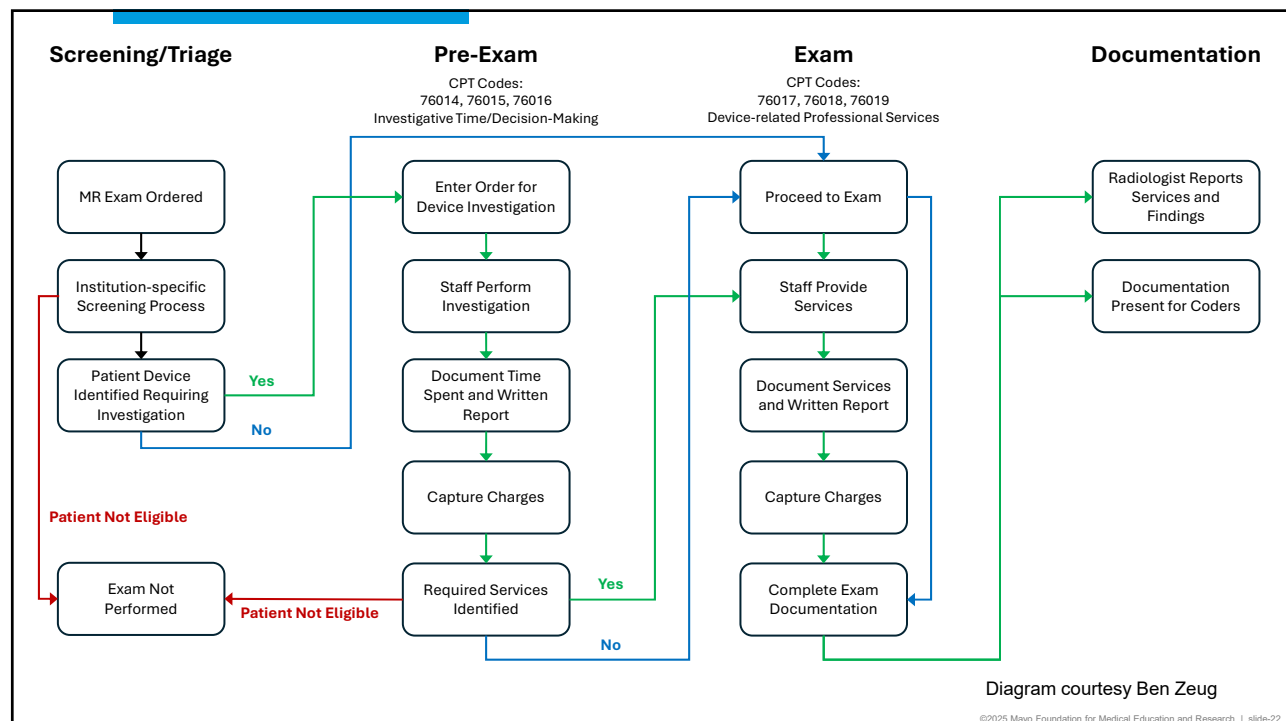
responsible for the safe performance of the MR procedure.

- May be radiologist or ENT physician, depending on implant
What is facility's SOP?




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21



22



ACR Bulletin
NEWS AND ANALYSIS SHAPING THE FUTURE OF RADIOLOGY

New MR Safety CPT Codes in 2025

Oct. 30, 2024 Read time: 5 min

ACR > Clinical Resources > Publications and Research > ACR Bulletin > New MR Safety CPT Codes in 2025

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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 resilient to the challenges of the MR environment. Many patients with complex implanted devices are now eligible for MR examinations.

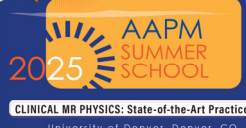
But let's face it, it can require a lot of extra work and expertise to perform MR exams when some of these implants are present. Not every implanted device has been tested. Some devices require that we severely restrict scan durations or how much energy we deposit in the patient. Some require special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

<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.



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CLINICAL MR PHYSICS: State-of-the-Art Practice
University of Denver, Denver, CO

June 19-24
Program Directors
 

Session Leads
    

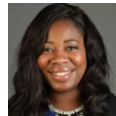



Faculty
    
    

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23

Timeline









ACR Medical Physics Economics Committee
April 2023

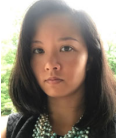





CPT Application Drafting
May/June 14, 2023

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."

24

12

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

Email: mamadei@acr.org
www.acr.org

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