

PLAYING BALL WITH THE NEW MRI SAFETY CPT CODES:

A Field Guide to Implementation

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THE RADIOLOGY PLAYING FIELD HAS RECENTLY EXPANDED WITH SIX NEW CPT CODES FOR MRI SAFETY PROCEDURES. UNDERSTANDING WHEN AND HOW TO USE THESE CODES REQUIRES CLARITY ON THE FUNDAMENTALS.

For years, radiology practices have performed extensive MRI safety assessments to ensure patients with implanted devices undergo imaging safely. However, until now, there has been no dedicated reimbursement for this critical work. Recognizing the growing number of patients with implanted medical devices and the increasing complexity of MRI safety screening, the American College of Radiology (ACR) and the American Medical Association (AMA) collaborated to establish standardized reporting and reimbursement pathways. The result: CPT codes 76014–76019, designed to codify the essential evaluations already being conducted in radiology departments. These codes represent a long-overdue acknowledgment of the time, expertise, and resources required to mitigate MRI-related risks—ensuring that patient safety remains a top priority while allowing practices and radiologists to receive appropriate reimbursement.

To enhance comprehension, this article frames these new guidelines within the familiar context of baseball. So, grab your bat and step up to the plate as we explore how America's favorite pastime can illuminate the proper implementation, documentation, and billing of these essential new CPT codes.





UP TO BAT: The Pre-MRI Safety Assessment Codes (76014-76016)

Think of the pre-MRI work as being up to bat. You have three opportunities to assess safety before the patient even enters the MRI suite:

First Pitch: Initial Assessment (76014)

Code 76014 represents your first swing at MRI safety. This code covers the initial 15 minutes of assessment by trained clinical staff to identify and verify implant components when a device's MRI compatibility is unknown. The clinical staff definition in this code can include anyone trained to do this research but will most likely be an MRI safety officer or MRI technologist as examples. It is important to note that you should not perform 76014 on subsequent MRIs for the patient when information is already available from prior research.

Important clarification: This code is not intended for every patient with an implant—only when the device is not known to be MR safe. The clinical staff must research the device, including identifying make, model number, and manufacturer guidelines.

Remember that the “rule of halves” applies here—this is a coding principle for time-based services that requires at

least half of the stated time to bill the code. Since 76014 is for 15 minutes, a minimum of 8 minutes of documented work is required to bill this code. This is a technical component only code with no physician work involved.

Second Pitch: Extended Assessment (76015)

When additional time is needed beyond the initial 15 minutes, Code 76015 comes into play for each additional 30 minutes. Like a player who keeps fouling off pitches to stay alive at the plate, sometimes thorough research takes more time. This code can be billed up to three times per patient encounter. Again, this is a technical component only code with no physician work.

Implementation Challenges: Creating Your Playbook

Codes 76014 and 76015 presents perhaps the most significant implementation challenges in the lineup. Unlike traditional services, there is generally no

referring physician order specifically for this safety assessment work, and the documentation lives only in the patient's medical record rather than in a formal report. This requires radiology departments to design creative workflow solutions tailored to their specific operational structure.

Think of it as developing your team's unique playbook—each department must customize processes for triggering these assessments, tracking time spent, ensuring proper documentation, and capturing billable events. Some departments may implement screening questionnaires that automatically flag patients for safety assessments, while others might develop specialized rules or electronic health record templates to streamline the process.

Success with these codes requires thoughtful workflow engineering to ensure the technical work is both performed and captured for billing.

Third Pitch: Physician Safety Determination (76016)

The radiologist enters the game with Code 76016. Think of this as the umpire (radiologist) making the critical “safe or out” call. This code covers a true risk versus benefit analysis performed by a physician or qualified healthcare professional to determine whether the MRI will be both safe for the patient and beneficial in answering the clinical question.

According to the AMA, this code would be reported for an implant or device that either: lacks MR conditional labeling, is contraindicated for MR, or may result in a limited MR examination. The AMA goes on to specify that you should not report this code if the device or implant is known to be MR safe, if the MR conditional labeling is clear or non-relevant, or if no risk-benefit analysis is needed. The device must present a limitation to the performance of the MR procedure to justify using this code. Unlike codes 76014-76015, code 76016 requires a formal written report.



RUNNING THE BASES:

Day-of-MRI Safety Codes (76017-76019)

Once the safety assessment is complete and the patient is cleared for the procedure, we move to the day-of services. Like hitting the ball and running the bases, these codes represent actions taken to ensure safety during the actual MRI:

First Base: Medical Physics Examination Customization (76017)

Code 76017 covers customization and planning by a medical physicist or MRI safety expert to tailor the MRI acquisition specifically to accommodate MR conditional implants or mitigate risks associated with implants, all under the supervision of a physician. Think of it as the radiologist sitting in the control room in real time supervising the tailoring of the images for review and analysis. This is done to decrease the risk of possible issues during the exam. For example, if the MRI time needs to be cut in half for patient or device safety, the physicist determines which sequences would be most beneficial to answer the clinical question being asked.

Second Base: Implant Electronics Preparation (76018)

Code 76018 involves preparing implant electronics under supervision of a physician, including MR-specific

programming of pulse generators and protection of device internal circuitry from MR electromagnetic fields. This would include activities such as putting a device into an “MR Safe Mode” before the scan and then set back into normal mode after the scan. It is important to note that this work must physically occur in the MR suite to be billable under this code.

Third Base: Implant Positioning and Immobilization (76019)

Code 76019 covers the physical positioning and immobilization of implants to prevent movement, functional changes, or radiofrequency burns during the MRI procedure, all under physician supervision. In this scenario, the physician takes responsibility for the patient's safety in the MRI environment, and the patient signs a consent form acknowledging the risks and safety measures being implemented.



SLIDING INTO HOME: Proper Documentation and Reimbursement

Crossing home plate represents successful billing and reimbursement for these services.

To score, your documentation must clearly address three key questions:

1. **Why are you performing this procedure?**
2. **How did you perform it?**
3. **For what reason did you do it?**

Each of these day-of service codes (76017-76019) represents a standalone procedure that is Modifier -51 exempt, and each requires its own written report. These procedures operate independently of one another and may be reported together, as well as in addition to the MR examination itself. The radiologist acts as the “umpire,” supervising the work while making the critical safety determinations.

Winning Strategy Tips

1. Do not overuse these codes: Remember, the first three codes (76014-76016) are not intended for every patient with an implant—only when MR safety status is unknown.

2. Document thoroughly: Success depends on comprehensive documentation in the patient’s medical record that clearly demonstrates medical necessity. Document what you did and why.

3. Separate orders and reports: For the day-of codes (76017-76019), it is highly recommended to create separate orders and written reports to ensure proper reimbursement.

4. Understand the time requirements: For 76014, document at least 8 minutes of work to meet the “rule of halves.” For add-on code 76015, each additional 30 minutes can be billed up to three times.

5. Flexibility in radiologist assignment: A different radiologist can perform these safety services than the one who interprets the actual MRI, offering flexibility in workflow and scheduling.

6. Billable even when MRI is canceled: All of these codes can be billed even if the MRI procedure is ultimately canceled, except for 76017 (which requires the real-time MRI acquisition planning).

7. No MUE limits currently: Medically Unlikely Edits (MUE) limits have not yet been established for these codes. MUEs are part of the CMS National Correct

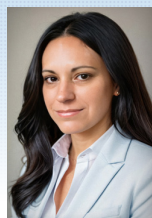
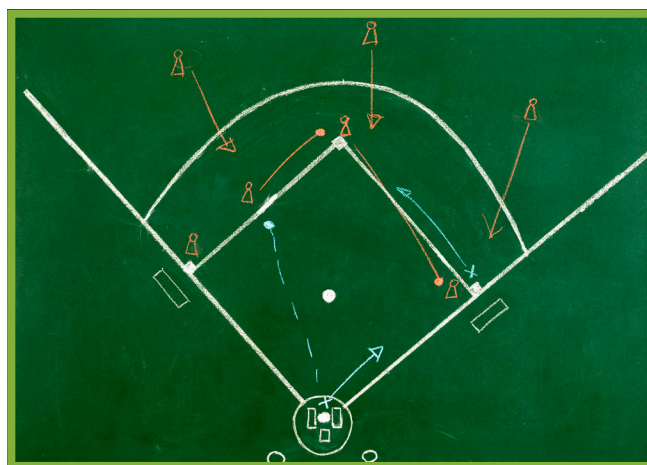
Coding Initiative that set maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.

8. Per-encounter, not per-procedure: These codes apply to the entire MRI encounter, not to each individual anatomical MRI procedure. For example, if a patient is having both an MRI of the head and neck in the same encounter, the safety assessment and day of MR procedures are done once for the encounter, not separately for each anatomical region.

Conclusion

The new MRI safety CPT codes represent an opportunity for radiology practices to be properly reimbursed for the critical safety work performed before and during MRI procedures for patients with implants or foreign bodies. By understanding when to use these codes and how to properly document the services, practices can ensure patient safety while maintaining compliance and optimizing reimbursement.

Like a well-executed baseball game, successful implementation requires understanding the rules, practicing good technique, and keeping your eye on the ball. With proper diligence, your radiology practice can knock these new codes out of the park.



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