

Medtronic

MRI safety

2026 coding and payment guide

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Introduction

As of January 1, 2025, six new CPT codes were introduced for MR safety implant assessment, risk-benefit determination, and medical physics exam customization, and implant electronic preparation, positioning and/or immobilization. These codes were created by the American Medical Association (AMA) to reflect the increased work to assess MR safety to protect the patient and implant during an MRI, as the prevalence of patients with medical devices and implants labeled “MR conditional” has increased.

The MR safety CPT codes listed in this guide should be used when a safety situation requires extra work by the MR safety team outside of the facility’s routine MR safety workflow. All safety codes listed in this guide require a written report if billed to a payer. For time-based codes to be billable, the clinician must spend more than 50% of the time specified in the code description on the service. Time-based add-on codes may only be billed after the time for the applicable primary code is met and require the clinician to meet the same time threshold of spending more than 50% of the time specified in the add-on code time description.

Dependent on the code listed, the personnel performing the service may be trained clinical staff (e.g. MR safety technologist, medical physicist, etc.), a physician, or other qualified health care professionals (QHP) under the supervision of a physician.

The MRI procedure itself is coded separately from the MRI safety codes included in this guide.

Physician coding and payment

January 1, 2026 – December 31, 2026

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Procedure	CPT procedure code and description ¹	Medicare Total RVU ²	Medicare national average for physician services provided in: ^{†,3}	
			Office ^a	Facility ^b
Pre-MRI safety evaluation- usually done by MR clinical staff Typically done the day before, but can be performed same day if urgent	76014 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 ^c	0.33	\$11.02	N/A
	76015 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; each additional 30 minutes (List separately in addition to code for primary procedure) ^{c,d}	1.59	\$53.11	N/A
Pre-MRI safety evaluation with physician involvement Typically done the day before, but can be performed same day if urgent - expected to be reported infrequently when additional safety checks required	76016 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 ^e	2.15	\$71.81	N/A

[†] Rates shown reflect the CY 2026 Medicare Physician Fee Schedule for clinicians who did not qualify as participants in Advanced Alternative Payment Model (APM). Physicians and other eligible clinicians who qualify as participants in an Advanced APM under the Quality Payment Program may receive higher payment rates.

Procedure	CPT procedure code and description ¹	Medicare Total RVU ²	Medicare national average for physician services provided in: ³	
			Office ^a	Facility ^b
Pre-MRI safety evaluation with physician involvement Typically done the day before, but can be performed same day if urgent - expected to be reported infrequently when additional safety checks required	76016 -26 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	0.83	N/A	\$27.72
During MRI safety evaluation and monitoring with physician involvement Used when medical physics services are required	76017 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 ^f	6.64	\$221.78	N/A
	76017 -26 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 ^f	1.04	N/A	\$34.74
Day of MRI programming implant to MRI mode	76018 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 ^{g,h,i}	3.44	\$114.90	N/A
	76018 -26 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 ^{g,h,i}	1.03	N/A	\$34.40
During MRI implant positioning / immobilization When required	76019 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	4.59	\$153.31	N/A
	76019 -26 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	0.84	N/A	\$28.06

Annual references

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2. PFS 2026 Final Rule CMS-1832-F Addenda. Cms.gov. Published October 31, 2025. <https://www.cms.gov/files/zip/cy-2026-pfs-final-rule-addenda.zip>. Although the total RVU consists of three components, only the physician work RVU is shown.
3. PFS 2026 Final Rule CMS-1832-F | CMS. Cms.gov. Published October 31, 2025. <https://www.cms.gov/medicare/payment/fee-schedules/physician/federal-regulation-notice/cms-1832-f>. Local physician rates will vary based on location specific factors not reflected in this document.
4. AAPC. ICD-10-PCS Code Book 2026. AAPC; 2025.

Important Information

- a. Office could encompass billing under a Place of Service 11 or an Independent Radiology Clinic Place of Service 49.
- b. Modifier -26 indicates the professional component (PC) of a diagnostic test or procedure, representing only the physician's work, without including technical expenses. It is used when billing for services using equipment the physician (or QHP) does not own, typically in a hospital or other facility setting.
- c. Codes 76014, 76015 are for safety evaluations performed by trained clinical staff, and has associated Practice Expense only, i.e. there is no associated physician time in the valuation of the code. This initial safety check is to ensure the patient can safely undergo MRI.
- d. The add-on code 76015 reflects additional time when multiple implants, implant components, surgical revisions to the implant, or undocumented implants must be assessed for MR conditional status. The work associated with the first 15 minutes of MR safety implant/foreign body assessment is reported separately with the primary procedure and not included in the work of this add-on code. The work associated with each additional 30 minutes of MR safety implant/foreign body assessment is reported with this add-on code. This add-on code may be reported a maximum of three times per encounter.
- e. The written report includes physician's risk-benefit analysis, detailed recommendations for how to perform the MRI, and notes on special precautions, eg, implanted device limitations, proximity of device to sensitive tissues
- f. The written report for CPT 76017 should include implant-related MRI restraints, adjustments to RF levels, and any intra-services modifications required.
- g. The MRI team puts the implant into MRI-protective mode under the supervision of the physician responsible for MR safety.
- h. When neurostimulators require analysis/programming before or after the MRI and this is performed by others outside the MR team, eg, by Neurology or Neurosurgery, report the regular neurostimulator analysis/programming code.
- i. The written report for CPT 76108 should include confirmation of implant type and programming instructions, risks taken into consideration for implant malfunction and interruptions due to patient tolerance, monitoring of tolerance and side-effects, reasons for limiting MRI if necessary, any programming performed, and implant status post-MRI.

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