

FAQs for Performing MRI on Patients with CIEDs

Medicare beneficiaries with implanted pacemakers or cardioverter defibrillators who meet certain criteria are now eligible to receive Magnetic Resonance Imaging (MRI) under an [updated national coverage determination](#). Earlier this year the SCMR joined with the American College of Cardiology, American College of Radiology, and the Heart Rhythm Society to write a letter in support of changes proposed by the Centers for Medicare and Medicaid Services (CMS) to expand MRI coverage for patients with implanted cardiac devices. Specific modifications recommended in our comment letter regarding the following: pacemaker dependent-patients, a minimum waiting period after device implantation, abandoned leads and supervision standards. Each of these recommendations were incorporated into the final decision memo.

The policy is effective as of April 10, 2018 though it usually takes several months for CMS and Medicare Administrative Contractors to update claims processing protocols. The following FAQ document was developed to address questions that providers may have about this revised coverage determination

Does the policy require qualified clinician (physician, NP, or PA) to be in the MRI suite for the duration of the MRI?

No. “Direct supervision” is defined identically in federal regulations for both the [hospital](#) and [physician office](#) setting. The qualified clinician “must be immediately available to furnish assistance and direction throughout the performance of the procedure. It does not mean that the [clinician] must be present in the room where the procedure is performed.”

The policy states that must be patients are observed by visual and voice contact and that an Advanced Cardiac Life Support (ACLS) provider must be present for the duration of the scan. Doesn't that mean a qualified clinician needs to be there?

No. It would be inconsistent to allow direct supervision—where the clinician is nearby but not necessarily in the room—but then also require personal presence. Criteria for continuous visual and voice observation and presence of an ACLS provider are described in separate bullets of the policy. The technologist would maintain visual and voice contact. An individual with ACLS certification—who may or may not be the same technologist—must be present. That individual need not be the qualified clinician.

Since the policy requires the device be reinterrogated immediately after the MRI to confirm proper function, what CPT® codes should be used?

Codes 93286 and 93287 should be billed to report peri-procedural programming of pacemakers and ICDs, respectively. These peri-procedural services are billed before and after the MRI. If one clinician performs both pre- and post-MRI evaluation, the code is reported twice. If one clinician performs the pre-MRI service and a different individual performs the post-MRI evaluation, each would bill once.