



Society for  
Cardiovascular  
Magnetic  
Resonance

## SCMR Billing Guide

### CY2026 Cardiovascular Magnetic Resonance (CMR) and Related Services

#### Cardiovascular Magnetic Resonance (CMR), Parametric Mapping, and Radiation Safety Codes

##### Introduction

The Society for Cardiovascular Magnetic Resonance (SCMR) is the global professional organization dedicated to advancing the science, education, and clinical practice of cardiovascular magnetic resonance. Through multidisciplinary collaboration, SCMR promotes high-quality, evidence-based CMR services across diverse practice settings. As CMR continues to expand in scope and complexity, SCMR provides guidance on standards, best practices, and policy considerations to support appropriate implementation, documentation, and reimbursement. This billing guide is intended to assist practices and institutions in accurately coding, billing, and operationalizing CMR and related services.

##### Purpose

This guide provides operational, coding, and compliance-focused guidance for billing CMR services, including parametric mapping and radiation safety–related services relevant to U.S. cardiac imaging programs. It complements clinical guidance by focusing on coding descriptions, documentation requirements, utilization considerations, and payment policies.

##### Scope and General Principles

The guide addresses core CMR procedures, CMR parametric mapping services (including T1, T2, T2\*, and ECV, when applicable), and radiation safety–related services that may intersect with cardiac imaging workflows. Practices should ensure compliance with CPT® code descriptors and instructions, NCCI edits, MPFS and HOPPS rules, applicable MAC policies, and relevant commercial payer requirements.

##### Coding Overview

##### CMR Services

CMR services generally include patient preparation and monitoring, image acquisition, post-processing, and physician interpretation and reporting. Billing may be global or split using professional (-26) and technical (-TC) modifiers, subject to payer and site-of-service rules. CMR may be furnished in hospital outpatient departments, physician offices, or IDTFs, and practices should confirm appropriate enrollment, supervision requirements, and IDTF standards, where applicable. Documentation must support medical necessity, protocol performed, use of contrast or stress agents when applicable, and a finalized physician report.

##### Parametric Mapping

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Parametric mapping involves quantitative tissue characterization requiring additional image acquisition, specialized post-processing, and incremental physician work. These services are not automatically included in base CMR codes and must meet specific reporting requirements for separate billing. Practices should confirm that quantitative analysis is performed, CPT requirements are met, and a distinct interpretation of mapping results is clearly documented.

### **Common Billing Pitfalls**

Common issues include billing mapping without documented quantitative values, reporting mapping when analysis and interpretation were not performed, and inconsistent payer application. Standardized report templates and internal controls can reduce denials and improve consistency.

### **Radiation Safety Services**

Although CMR does not use ionizing radiation, many cardiac imaging programs also provide CT or hybrid imaging services. Radiation safety services may include dose monitoring, physics oversight, and exposure documentation, depending on payer policy and setting. Practices should confirm bundling rules, supervision requirements, and credentialing standards, and maintain documentation demonstrating compliance with CMS and MAC guidance.

### **Key Takeaways for Practices**

CMR is a multi-component service, and all elements—image acquisition, post-processing, and physician interpretation—must align with site-of-service rules, supervision requirements, and appropriate billing structures (global vs. -26/-TC). Parametric mapping is a distinct quantitative service that requires explicit documentation of acquisition, analysis, and interpretation and should not be assumed to be bundled into base CMR codes. Radiation safety services are often packaged into primary imaging payments and require careful compliance review to avoid unbundling. Because commercial payer policies frequently differ from Medicare, practices should maintain payer-specific coverage and authorization workflows. Ongoing annual review is essential, as CMS and payer policies continue to evolve.

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## CPT Code Table

CPT Code	Descriptor	Final CY2026 wRVU	Category	Contrast	Stress	Add-on / Time-based notes
<b>Cardiac MRI</b>						
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	2.29	CMR base	No	No	Primary procedure
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	2.88	CMR base	Yes	Yes	Primary procedure
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	2.54	CMR base	No	No	Primary procedure
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	2.93	CMR base	Yes	Yes	Primary procedure
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)	0.24	CMR add-on	N/A	N/A	Add-on (list separately in addition to primary CMR)
76014	MR safety implant and/or foreign body assessment by trained clinical staff, ... Initial 15 minutes	-	MR safety	N/A	N/A	Initial 15 minutes(time-based)
76015	...each additional 15 minutes	-	MR safety	N/A	N/A	Each additional 15 minutes (add-on time)
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, ...	0.59	MR safety	N/A	N/A	Professional safety determination
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert...	0.74	MR safety	N/A	N/A	Each additional 15 minutes (add-on time)
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific...	0.73	MR safety	N/A	N/A	Supervised technical service
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, ...	0.59	MR safety	N/A	N/A	Supervised technical service
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session; single organ	carrier priced	Quantitative MR (Category III)	N/A	N/A	Standalone quantitative exam (no diagnostic MRI same anatomy)
0697T	multiple organs	carrier priced	Quantitative MR (Category III)	N/A	N/A	Standalone quantitative exam (multiple organs)
0649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic MRI examination of the same anatomy (eg, organ, gland, tissue, target structure); single organ (List separately in addition to code for primary procedure)	carrier priced	Quantitative MR (Category III)	N/A	N/A	Add-on (list separately in addition to primary procedure)
0698T	multiple organs	carrier priced	Quantitative MR (Category III)	N/A	N/A	Add-on (multiple organs)
0899T	Non-invasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived by augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	carrier priced	CMR analytics (Category III)	Yes	Yes (pharm)	Add-on (list separately in addition to primary procedure)
0900T	Non-invasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived by assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	carrier priced	CMR analytics (Category III)	Yes	Yes (pharm)	Add-on (list separately in addition to primary procedure)

Practitioners should verify current CPT descriptors, NCCI edits, and payer-specific coverage policies annually, as code status and bundling rules may change.

This guide is intended for educational and administrative support purposes only and does not constitute legal or coding advice. Administrators should consult payer policies, CMS guidance, and qualified coding professionals for specific billing determinations.

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