

Coding Guidelines for Dynamic Digital Radiography (Cineradiography)

DDR is classified as a cineradiography service. The following codes have been identified as appropriate for billing DDR studies.

CPT® CODE	Description	National*	26	TC
Orthopedics, Pulmonary, and General Imaging				
76120	Cine/videoradiography, except where expressly included in another code (standalone)	\$118.29	\$19.89	\$98.40
76125	Cine/videoradiography to complement routine examination (List separately in addition to code for primary procedure*) * Routine examination" is not defined in CPT but appears to describe standard x-ray procedures (static images)	N/A	\$13.26	N/A
Contrast-Enhanced Radiography				
74230	Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (e.g., barium) study	\$136.43	\$26.52	\$109.91
70371	Complex dynamic pharyngeal and speech evaluation by cineradiography or video recording	\$112.01	\$41.87	\$70.14
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (e.g., barium) study.	\$101.32	\$29.14	\$72.18
74221	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (e.g., high-density barium and effervescent agent) study	\$113.86	\$33.55	\$80.31
74240	Radiologic examination of the upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (e.g., barium) study.	\$125.74	\$38.63	\$88.11
74246	Radiologic examination of the upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (e.g., high-density barium and effervescent agent) study, including glucagon, when administered	\$143.68	\$42.70	\$100.98

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DDR is X-ray That Moves!

Modifiers

Each of these codes involve a professional component that includes the diagnostic analysis and radiographic report and technical component of acquiring the image.

When performing more than one study to include a separate anatomic site or organ, add modifier -59 (distinct procedural service). When billing separately, add modifier -26 for the professional component and modifier TC for the technical component.

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- Any study performed must be justified by the documentation and deemed medically necessary by the payer
- The codes provided are commonly used; however, code selection rules are established by the payer
- Correctly coding this or any service is in no way a validation or guarantee of reimbursement

*Source: American Academy of Professional Coders (AAPC) – Codify July 2021

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