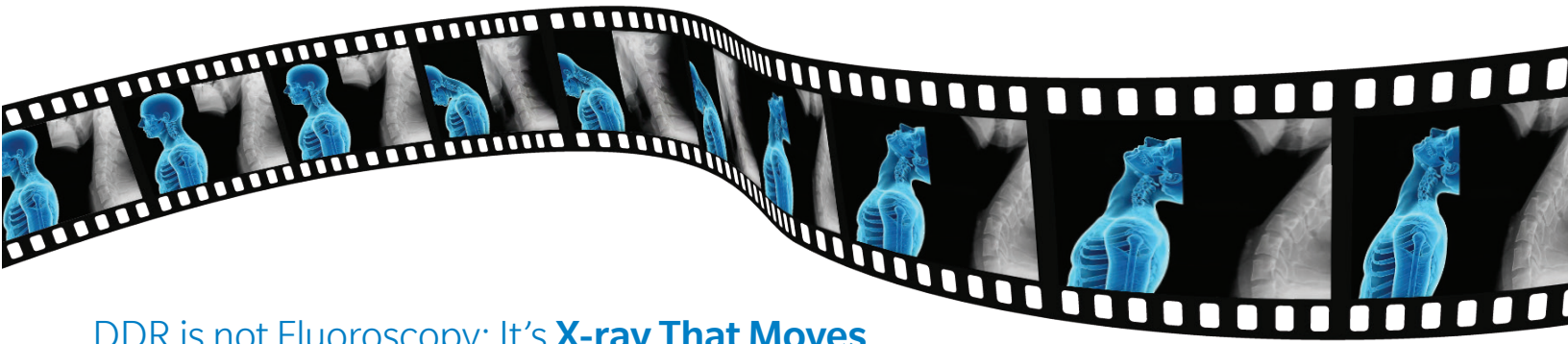


## Coding Guidelines for Dynamic Digital Radiography (Cineradiography)



### DDR is not Fluoroscopy; It's X-ray That Moves

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
<b>76120</b>	Cine/videoradiography, except when stated in another code (standalone)	\$118.29	\$19.89	\$98.40
<b>76125</b>	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
<b>74230</b>	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
<b>70371</b>	Complex dynamic pharyngeal and speech evaluation by cineradiography or video recording	\$112.01	\$41.87	\$70.14

### 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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Coding advisor: Practice masters Inc.

## Comparative reimbursement of DDR and other common procedures

In many cases, DDR may be used as an alternative diagnostic approach. The CPT manual states, “Do not select a CPT code that merely approximates the service provided. If no such procedure or service exists, then report the service using the appropriate unlisted procedure or service code.” Therefore, the Cineradiography code (76120) should be used when performing the following exams. This table is intended to help compare the common procedure to the expected reimbursement when performing DDR.

CPT® CODE	Description	National*
<b>76120</b>	Cine/videoradiography, except where expressly included in another code (standalone)	\$118.29
<b>Arthrography Codes</b>		
<b>73040</b>	Shoulder	\$133.99
<b>73085</b>	Elbow	\$120.03
<b>73115</b>	Wrist	\$139.92
<b>73525</b>	Hip	\$137.48
<b>73580</b>	Knee	\$149.34
<b>73615</b>	Ankle	\$140.27
<b>70332</b>	Temporomandibular joint (TMJ)	\$87.93
<b>Sniff Test</b>	There is no CPT code for a sniff test, AAPC recommends billing as described below:	
<b>76000</b>	Fluoroscopy (separate procedure), up to 1-hour physician or other qualified health care professional time	\$43.62
<b>OR</b>	OR	
<b>71048</b>	Interpretation of a Radiologic examination, chest; 4 or more views	\$46.41
<b>Myelograms*</b>		
<b>72240</b>	Myelography, cervical, radiological supervision and interpretation	\$118.64
<b>72255</b>	Myelography, thoracic, radiological supervision and interpretation	\$120.38
<b>72265</b>	Myelography, lumbosacral, radiological supervision and interpretation	\$110.61

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**Konica Minolta Healthcare Americas, Inc.**

411 Newark Pompton Turnpike  
Wayne, New Jersey 07470  
Tel: +1 (973) 633-1500  
km.marketing@konicaminolta.com  
[healthcare.konicaminolta.us](http://healthcare.konicaminolta.us)

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