

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 (Physician Only)	TC (Technical Component)
Orthopedics, Pulmonary, and General Imaging				
76120	Cine/videoradiography, except where expressly included in another code (standalone) Total RVU: 3.40	\$113.36	\$18.70	\$94.86
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) Total RVU: 0.00	N/A	\$14.03	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	\$118.06	\$24.26	\$93.80
70371	Complex dynamic pharyngeal and speech evaluation by cineradiography or video recording	\$108.36	\$40.43	\$69.73
74220	Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (e.g., barium) study	\$93.16	\$27.49	\$65.67
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	\$104.80	\$32.02	\$72.78
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	\$117.09	\$36.88	\$80.21
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	\$132.30	\$40.76	\$91.54

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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 January 2026

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Coding advisor: Practice masters Inc.

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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

M1863 0126 RevD