



MIDWEST DIRECT PRIMARY CARE

revised 8.30.2021

Pricing Summary

Scheduling Phone: 913-469-8998

Scheduling Fax: 913-469-5695

*prices listed include cost of contrast or other drugs

PRICE	CODE	ULTRASOUND	PRICE	CODE	CT SCAN	PRICE	CODE	MRI
\$ 115	76641	Breast Unilateral Complete	\$ 125	70450	CT Head w/o	\$ 300	70544	MRA Head w/o
\$ 100	76642	Breast Unilateral Limited	\$ 150	70460	CT Head w	\$ 300	70547	MRA Neck w/o
\$ 135	76604	Soft Tissue Chest	\$ 175	70470	CT Head w/ & w/o	\$ 600	70549	MRA Neck w & w/o
\$ 135	76700	Abdomen Complete	\$ 175	70480	CT Sella w/o	\$ 300	70551	MRI Brain w/o
\$ 135	76801	OB<14 weeks	\$ 225	70481	CT Sella w	\$ 600	70553	MRI Brain w & w/o
\$ 135	76802	OB<14 weeks each add'l fetus	\$ 125	70486	CT Sinus Denta Scan w/o	\$ 400	71550	MRI Chest w/o
\$ 135	76805	OB>14 weeks	\$ 250	70487	CT Sinus Maxillofacial w	\$ 500	71552	MRI Chest w & w/o
\$ 135	76817	Trans Vag OB only	\$ 200	70490	CT Neck w/o	\$ 300	72141	MRI C-Spine w/o
\$ 135	76830	Trans Vag	\$ 250	70491	CT Neck w	\$ 300	72146	MRI T-Spine w/o
\$ 135	76856	Pelvic	\$ 300	70492	CT Neck w & w/o	\$ 300	72148	MRI L-Spine w/o
\$ 135	76870	Testes/Scrotum	\$ 300	70496	CTA Head	\$ 600	72156	MRI C-Spine w & w/o
\$ 135	76881	Extremity soft tissue complete	\$ 300	70498	CTA Neck	\$ 600	72157	MRI T-Spine w & w/o
\$ 135	76882	Extremity soft tissue limited	\$ 175	71250	CT Chest w/o	\$ 600	72158	MRI L-Spine w & w/o
\$ 135	76885	Infant Hips	\$ 250	71260	CT Chest w	\$ 400	72195	MRI Pelvis w/o
\$ 200	93880	Doppler Carotid Bileratal	\$ 300	71270	CT Chest w & w/o	\$ 650	72197	MRI Pelvis w & w/o
\$ 300	93925	Doppler Arterial	\$ 300	71275	CTA Chest w & w/o	\$ 300	73218	MRI Ext Upper Non Joint w/o
\$ 300	93930	Doppler Ext/Upp Bilateral	\$ 175	72125	CT C-Spine w/o	\$ 600	73220	MRI Ext Upper Non Joint w & w/o
\$ 150	93931	Doppler Ext/Upp Unilateral	\$ 275	72126	CT C-Spine w	\$ 300	73221	MRI Ext Upper Any Joint w/o
\$ 250	93970	Doppler Venous Bilateral	\$ 175	72128	CT T-Spine w/o	\$ 500	73222	MRI Ext Upper Any Joint w
\$ 175	93971	Doppler Venous Unilateral	\$ 275	72129	CT T-Spine w	\$ 600	73223	MRI Ext Upper Any Joint w & w/o
\$ 300	93975	Doppler Abd/Pel Complete	\$ 175	72131	CT L-Spine w/o	\$ 300	73718	MRI Ext Lower Non Joint w/o
\$ 200	93976	Doppler Abd/Pel Limited	\$ 275	72132	CT L-Spine w	\$ 600	73720	MRI Ext Lower Non Joint w & w/o
\$ 200	93978	Doppler Aorta IVC/ILI	\$ 375	72191	CTA Pelvis	\$ 300	73721	MRI Ext Lower Any Joint w/o
\$ 200	93979	Doppler Aorta/IVA/ILI ltd	\$ 175	72192	CT Pelvis w/o	\$ 500	73722	MRI Ext Lower Any Joint w
PRICE	CODE	DEXA	\$ 250	72193	CT Pelvis w	\$ 600	73723	MRI Ext Lower Any Joint w & w/o
\$ 50	77080	DEXA bone density	\$ 300	72194	CT Pelvis w & w/o	\$ 400	74181	MRCP/MRI Abdomen w/o
included	77081	DEXA peripheral sites	\$ 175	73200	CT Upper Ext w/o	\$ 650	74183	MRI Abdomen w & w/o
PRICE	CODE	MAMMOGRAPHY	\$ 200	73201	CT Upper Ext w	\$ 500	74185	MRA/MRV Abdomen w
\$ 150	77067	2D Screening (Uni or Bilat)	\$ 175	73700	CT Lower Ext w/o	\$ 300	77047	MRI Breast Bi w/o
\$ 150	bundle	3D Screening (Uni or Bilat)	\$ 250	73701	CT Lower Ext w	\$ 750	77049	MRI Breast Bi w & w/o
\$ 200	77066	2D Diagnostic Bilateral	\$ 200	74150	CT Abd w/o	PRICE	CODE	ARTHROGRAM INCL MRI
\$ 200	77065	2D Diagnostic Unilateral	\$ 250	74160	CT Abd w	\$ 500	23350	Arthro Shoulder
\$ 200	bundle	3D Diagnostic Bilat	\$ 300	74170	CT Abd w & w/o	\$ 500	24220	Arthro Elbow
\$ 200	bundle	3D Diagnostic Uni	\$ 450	74174	CTA Abd/Pel w or w & w/o	\$ 500	25246	Arthro Wrist
PRICE	CODE	MYELOGRAM INCL CT	\$ 375	74175	CTA Abdomen w or w & w/o	\$ 500	27093	Arthro Hip
\$ 400	62304	Lumbar Myelogram	\$ 250	74176	CT Abd/Pel w/o	\$ 500	27370	Arthro Knee
\$ 400	62302	Cervical Myelogram	\$ 325	74177	CT Abd/Pel w	\$ 500	27648	Arthro Ankle
\$ 400	62303	Thoracic Myelogram	\$ 400	74178	CT Ab/Pel w & w/o			
\$ 500	62305	Myelogram 2 plus injections	\$ 50	75571	CT Cardiac Score			
			\$ 250	G0297	CT Low Dose Lung			

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