

MRI Service Utilization List, November 1, 2021

MOBILE ROUTES #106 - #114

Reporting Period July 1, 2020 through June 30, 2021

Service ID BHS ID	Service Name	No. of Clinical <u>1</u>	No. of Visits	No. of AP <u>2</u>	No. of AAP
010299	Mobile #106	1	4,222	5,179	0
63C819	Clarkston Imaging Center		532	684	
63C858	Elite MRI of Michigan-Auburn		1,378	1,613	
63C762	Elite MRI of Michigan-Waterford		543	563	
50C677	McLaren Macomb - Shelby		511	755	
63C892	Michigan Resonance Imaging/Auburn		1,258	1,564	
010385	Mobile #109	1	1,662	3,023	0
030032	Allegan General Hospital		330	729	
130031	Bronson Battle Creek		37	57	
800041	Bronson Lakeview Hospital		6	6	
390020	Bronson Methodist Hospital		68	102	
800020	Bronson South Haven		720	1,032	
632641	Complete Imaging		87	228	
750010	Sturgis Hospital		414	869	
010446	Mobile #112	1	1,599	2,049	0
50C617	Mich Neuro Assoc/Utica		32	43	
506821	Michigan Neuro Assoc/Clinton Twp		1,567	2,006	
020016	Mobile #113	1	1,783	3,044	0
140010	Borgess-Lee Memorial Hospital		127	196	
030030	Borgess-Pipp Health Center		99	219	
13C011	Southwest MI Imag.-Borgess Hlth		411	614	
39C001	Southwest Mich Imaging Ctr LLC		336	599	
39C008	Southwest Mich. Img. Ctr/Woodbridge		296	431	
750020	Three Rivers Health		514	985	
030056	Mobile #114	1	3,745	4,968	0
030032	Allegan General Hospital		155	311	
800020	Bronson South Haven Hospital		8	11	
82C004	Dynamic MRI		763	1,051	
70C012	Holland Medical Office		239	258	
63C791	OMIC, LLC		210	439	
41C011	Orthopaedic Associates of Michigan		1,406	1,463	
63C013	Parkwood Imaging		947	1,405	
63C087	Precise MRI of Michigan		17	30	

**MRI Service Utilization List
Nov 1, 2021 Footnotes**

AP – Adjusted Procedures

AAP – Available Adjusted Procedures

- 1 - Includes existing, approved, and applications for additional magnets that have been deemed submitted or under appeal.
- 2 - Adjustments are defined in Section 15 of the Certificate of Need Review Standards for Magnetic Resonance Imaging.
- 3 - New MRI service, not a full year of data available for this reporting period.
- 4 - This MRI site submitted an application for a fixed MRI unit/service under Section 3(2) of the currently approved MRI Standards. Section 17(1)(a)(ii) states “the MRI adjusted procedures, from the host site routes utilized to meet the requirements of Section 3(2)(c), shall be excluded beginning at the time the application is submitted and for three years from the date the fixed MRI unit becomes operational.”
- 5 - This fixed MRI Service has applied for expansion under Section 5(1)(b). Section 17(1)(a)(iii) states that “the MRI adjusted procedures utilized to meet the requirements of Section 5(1) shall be reduced by 8,000 and shall be excluded beginning at the time of the application is submitted and for three years from the date the fixed MRI unit becomes operational.”
- 6 - Fixed MRI services located in rural or micropolitan statistical areas are subject to the provisions of Section 15(2)(e) when proposing a subsequent fixed MRI unit (second, third, etc.) according to Section 5(1).
- 7 - This MRI Service is a dedicated pediatric magnet that was approved under Section 8. Section 17(1)(a)(i) states “dedicated pediatric MRI approved pursuant to Section 8 shall be excluded.”
- 8 – The magnet at this site was relocated from an original site with footnote no. 10 in accordance with Section 4(6). For volume purposes, however, these sites will be combined as one service for a period of 3 years from the start of clinical operation of the relocated magnet. Available adjusted procedures for either site will be reported under the original site.
- 9 – This MRI service does not have a full year of data due to missing data, invalid data, or the service not operating during a quarter(s).
- 10 – A fixed magnet from this MRI Service has been relocated in accordance with Section 4(6). The relocated magnet will be shown as a new MRI Service with footnote no. 8. All data from the relocated magnet will be reported at the new service site. For volume purposes, however, these sites will be combined as one service for a period of 3 years from the start of clinical operation of the relocated magnet. Available adjusted procedures for either site will be reported under the original site.
- 11 - This MRI Service is an Intra-operative MRI that was approved under Section 9. Section 9(8) states “The applicant shall not utilize the procedures performed on the IMRI unit to demonstrate need or to satisfy MRI CON review standards requirements.”

Note: The data represents all accepted data available to the department for the July 1, 2020 through June 30, 2021 reporting period. The data does not include:

- a. Data that was not submitted on a timely basis.
- b. Data that has not completed system edits.
- c. The subtraction of doctor commitments for Certificate of Need applications for Magnetic Resonance Imaging services that were filed on or after the above report preparation date.

Source: Certificate of Need Review Standards for MRI Services (Effective May 28, 2021)
Certificate of Need Section, Michigan Department of Health and Human Services