

MRI Service Utilization List, May 1, 2019

MOBILE ROUTES #168 - #210

Reporting Period January 1, 2018 through December 31, 2018

Service ID BHS ID	Service Name	No. of Clinical <u>1</u>	No. of Visits	No. of AP <u>2</u>	No. of AAP
050152	Mobile #168	1	1,666	2,327	0
47C014	Providence Med Ctr Livingston		485	642	
13C011	Southwest MI Imag-Borgess Hlth		419	643	
39C008	Southwest Mich Img Ctr/Woodbridge		311	411	
39C014	Southwest Mich. Imag. Ctr./Westside		68	85	
39C001	Southwest Michigan Imaging Ctr		10	18	
50C655	St. John Medical Ctr Macomb Twp		373	528	
050442	Mobile #174	1	4,681	7,966	966
25C027	Oakland Medical Group PC/Flint		1,360	2,055	
63C772	Oakland Medical Group/Roch Hills		2,098	4,041	
63C660	Oakland Medical Grp/Madison Heights		1,223	1,870	
060198	Mobile #179	1	1,390	3,115	0
63C041	Children's Specialty Ctr - Canton		55	88	
50C663	Childrens Specialty Ctr/Canton Twp		685	1,571	
636017	VHS Sinai-Grace Imaging Center		650	1,456	
070047	Mobile #187	2	7,456	12,064	0
670021	Spectrum Health - Reed City Campus		1,847	3,752	
41C037	Spectrum Health Medical Group		3,094	4,542	
41C038	Spectrum Health West Pavilion		2,515	3,770	
080258	Mobile #199	1	2,146	3,096	0
82C767	Oakwood Imaging Center West		2,146	3,096	
080390	Mobile #202	2	3,607	5,639	0
610010	Mercy Health Muskegon, Clinton		1,038	1,728	
476811	St. Joseph Mercy - Brighton		2,569	3,911	
090319	Mobile #207	1	1,986	2,793	0
50C021	Premier Imaging-Clinton Township		19	27	
63C755	Premier Imaging-Southfield		1,967	2,766	
100111	Mobile #209	1	2,831	4,356	0
63C819	Clarkston Imaging Center		1,978	2,716	
16C002	McLaren Northern Michigan Cheboygan		852	1,639	
09C603	West Side Medical Mall/Bay Regional		1	1	
100329	Mobile #210	1	2,790	4,158	0
820010	Beaumont Hospital - Wayne		185	314	
746815	Lake Huron Med Ctr North Campus		828	1,289	
740010	Lake Huron Medical Cnt. Port Huron		310	487	
630013	Oakland Regional Hospital		17	20	
82C735	Oakwood Imaging Ctr - Canton		1,450	2,048	

MRI Service Utilization List
May 1, 2019 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 January 1, 2018 through December 31, 2018 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 October 21, 2016)
Certificate of Need Section, Michigan Department of Health and Human Services