

MRI Service Utilization List, November 1, 2021
MOBILE ROUTES #34 - #50
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
900223	Mobile #34	2	7,820	14,438	437
50C691	H. F. Macomb Health Ctr/Shelby		141	189	
500110	H.F. Macomb Hosp - Clinton Township		3,050	5,015	
506842	Henry Ford Macomb Health		825	1,274	
70C012	Holland Medical Office		7	9	
400020	Kalkaska Memorial Health		1,874	3,949	
150021	Munson Charlevoix Hospital		1,138	2,364	
282604	Munson Community Health		52	113	
100020	Paul Oliver Memorial		720	1,494	
63C087	Precise MRI of Michigan		13	31	
910178	Mobile #41	1	4,175	6,700	0
820120	Beaumont Hospital - Dearborn		2	5	
63C733	Beaumont Medical Ctr-W. Bloomfield		4,173	6,695	
920077	Mobile #48	2	4,940	8,998	0
740030	Ascension River District		248	337	
130031	Bronson Battle Creek Hospital		340	529	
632641	Complete Imaging		18	37	
82C004	Dynamic MRI		268	386	
63C804	Gravity Imaging		576	1,311	
380010	Henry Ford Allegiance		1,651	2,549	
70C012	Holland Medical Office		5	5	
780010	Memorial Healthcare		330	614	
63C888	Mobile MRI Staffing, LLC		104	285	
82C037	New Clear Images LLC		450	1,130	
63C791	OMIC, LLC		55	120	
63C013	Parkwood Imaging		11	15	
63C087	Precise MRI of Michigan		705	1,403	
200359 190011	Sparrow Clinton Hospital		179	277	
920232	Mobile #50	1	1,810	3,045	0
28C013	Copper Ridge Health, P.C.		103	174	
640021	Mercy Health Lakeshore		726	1,360	
610020	Mercy Health Muskegon-Sherman		862	1,355	<u>4,9</u>
700010	North Ottawa Community		46	63	
41C040	St. Mary's Southwest		73	93	

**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 July1, 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