

MRI Service Utilization List, November 1, 2021
MOBILE ROUTES #66 - #73
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
960287	Mobile #66	2	6,412	9,552	0
740030	Ascension River District Hospital		7	13	
800041	Bronson Lakeview Hospital		7	8	
390020	Bronson Methodist Hospital		847	1,369	
63C861	Clear Imaging		2,627	3,665	
632641	Complete Imaging		12	32	
230021	Eaton Rapids Medical Center		452	607	
50C691	Henry Ford Macomb Health Ctr/Shelby		27	39	
82C024	Instant Imaging LLC		457	618	
780010	Memorial Healthcare		794	1,498	
41C077	Michigan Radiology		831	1,173	
150021	Munson Charlevoix Hospital		9	15	
230022	Sparrow Eaton Hospital		303	431	
750010	Sturgis Hospital		39	84	
960309	Mobile #67	1	2,712	4,151	0
800041	Bronson Lakeview Hospital		2,158	3,265	
390020	Bronson Methodist		554	886	
970008	Mobile #68	1	2,325	4,364	0
190011	Sparrow Clinton Hospital		1,155	1,824	
340021	Sparrow Ionia Hospital		1,170	2,540	
990128	Mobile #73	1	3,088	4,686	0
63C819	Clarkston Imaging Center		130	173	
63C686	Karmanos Ctr Farmington Hills		1,170	2,311	
63C892	Michigan Resonance Img/Auburn		1,786	2,200	
63C670	Oxford Community Clinic		2	2	

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