

**MRI Service Utilization List, November 1, 2016**  
**MOBILE ROUTES #18 - #28**  
**Reporting Period July 1, 2015 through June 30, 2016**

Service ID BHS ID	Service Name	No. of Clinical <u>1</u>	No. of Visits	No. of AP <u>2</u>	No. of AAP
<b>990259</b>	<b>Mobile #18</b>	<b>1</b>	<b>2,969</b>	<b>4,767</b>	<b>0</b>
150021	Charlevoix Area Hospital		554	1,093	
746815	Mercy Health Center		1,175	1,837	
740030	St. John River District Hospital		1,240	1,837	
<b>850054</b>	<b>Mobile #20</b>	<b>1</b>	<b>3,773</b>	<b>6,314</b>	<b>0</b>
830420	St. John Hospital & Med Ctr		1,851	3,370	
50C655	St. John MC/Macomb Township		1,922	2,944	
<b>850230</b>	<b>Mobile #21</b>	<b>1</b>	<b>3,241</b>	<b>4,782</b>	<b>0</b>
700010	North Ottawa Community Hospital		2,143	3,065	
620010	Spectrum Health Gerber Memorial		56	113	<u>4</u>
41C037	Spectrum Health Medical Group		23	33	
670021	Spectrum Health Reed City		13	34	
700030	Spectrum Health Zeeland Comm Hosp		1,006	1,537	<u>4</u>
<b>890148</b>	<b>Mobile #28</b>	<b>2</b>	<b>6,889</b>	<b>11,111</b>	<b>0</b>
63C732	Beaumont Med Ctr - Lake Orion		1,662	2,908	
63C733	Beaumont Med Ctr/West Bloomfield		406	748	
800041	Bronson Lakeview Hospital		1,429	1,982	
63C861	Clear Imaging		720	1,203	
230022	Hayes Green Beach Memorial Hospital		14	20	
82C024	Instant Imaging, LLC		231	300	
110070	Lakeland Hospital, Niles		1,988	2,962	
780010	Memorial Healthcare		428	971	
820190	St. Mary Mercy Hospital		11	17	

## MRI Service Utilization List November 1, 2016 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, 2015 through June 30, 2016 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 December 22, 2014)  
Certificate of Need Section, Michigan Department of Health and Human Services