

**MRI Service Utilization List, November 1, 2016**  
**MOBILE ROUTES #34 - #51**  
**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>900223</b>	<b>Mobile #34</b>	<b>2</b>	<b>5,577</b>	<b>8,989</b>	<b>0</b>
030032	Allegan General Hospital		296	631	
63C733	Beaumont Med Ctr/West Bloomfield		10	14	
800041	Bronson Lakeview Hospital		494	692	
63C861	Clear Imaging		1,217	2,096	
50C691	H. F. Macomb Health Ctr/Shelby		509	698	
500110	H.F. Macomb Hosp - Clinton Township		1,611	2,365	
70C012	Holland Medical Office		9	16	
63C804	Horizon Imaging-Berkley		230	567	
41C057	Imaging Outreach of Michigan		147	183	
63C052	M1 Imaging		16	28	
63C013	Parkwood Imaging		389	540	
63C878	Silver Pine Imaging		66	90	
820190	St. Mary Mercy Hospital		428	760	
060020	St. Mary's Standish Comm Hosp		125	247	
736811	St. Marys of Michigan Towne Centre		16	24	
750010	Sturgis Hospital		14	38	
<b>910178</b>	<b>Mobile #41</b>	<b>1</b>	<b>2,907</b>	<b>4,670</b>	<b>0</b>
820250	Beaumont Hospital - Taylor		2,907	4,670	<u>4</u>
<b>920077</b>	<b>Mobile #48</b>	<b>2</b>	<b>5,152</b>	<b>8,269</b>	<b>0</b>
632641	Complete Imaging		376	717	
82C004	Dynamic MRI		858	1,265	
25C042	Insight Imaging, PC		507	788	
400020	Kalkaska Memorial Health Center		1,371	2,825	
63C793	Michigan Orthopaedic Inst		1,232	1,283	
63C791	OMIC, LLC		808	1,391	
<b>920232</b>	<b>Network #50</b>	<b>1</b>	<b>10,277</b>	<b>16,126</b>	<b>0</b>
640021	Mercy Health Lakeshore		984	1,840	<u>9</u>
610020	Mercy Health Muskegon-Sherman		5,456	8,910	<u>9</u>
610030	Mercy Health Pt Muskegon-Oak		3,837	5,376	<u>9</u>
<b>930046</b>	<b>Mobile #51</b>	<b>1</b>	<b>3,089</b>	<b>4,549</b>	<b>0</b>
030032	Allegan General Hospital		329	686	
230021	Eaton Rapids Medical Center		8	10	
476811	St. Joseph Mercy - Brighton		2,752	3,853	

## 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