

MRI Service Utilization List, May 1, 2012

MOBILE ROUTES #80 - #94

Reporting Period January 1, 2011 through December 31, 2011

Service ID BHS ID	Service Name	No. of Clinical Units <u>1</u>	No. of Visits	No. of AP <u>2</u>	No. of AAP
990052	Mobile #80	3	5,833	11,109	0
070020	Baraga County Memorial Hospital		373	730	
520051	Bell Memorial Hospital		869	1,546	
150021	Charlevoix Area Hospital		66	139	
160020	Cheboygan Memorial Hospital		882	1,787	
270022	Grand View Hospital		838	1,738	
480020	Helen Newberry Joy Hospital		527	1,021	
310021	Keweenaw Memorial Medical Ctr		578	984	
41C037	Michigan Medical, P. C.		574	850	
360021	Northstar Health System		596	1,326	
770010	Schoolcraft Memorial Hospital		530	988	
990141	Mobile #81	1	2,432	3,326	0
63C851	Contemporary Img Associates/Novi		731	1,031	
82C732	Contemporary Img. Assoc. Downriver		1,701	2,295	
000105	Mobile #85	1	4,960	7,235	0
632660	Basha Diagnostics, PC/Royal Oak		2,625	3,984	<u>4</u>
50C611	Basha Diagnostics, Sterling Heights		1,484	2,251	<u>4</u>
63C892	Michigan Resonance Imaging/Auburn		424	474	
63C736	Michigan Resonance Imaging/Troy		45	66	
82C677	Universal Imaging/Dearborn Heights		290	356	
81C665	Universal Imaging/Ypsilanti		92	104	
000285	Mobile #87	1	2,011	2,800	0
140010	Lee Memorial Hospital		48	75	
50C656	Southfield Rehab. Co./Warren		1,963	2,725	
000327	Mobile #88	1	3,538	6,321	0
25C044	GLTR MRI		28	31	
82C768	Oakwood Imaging Ctr-Midwest		98	132	
820170	Oakwood Southshore Medical		3,412	6,158	
000378	Mobile #92	1	3,165	4,187	0
63C877	Affiliated Diagnostic of Oakland		1,010	1,837	
41C011	Orthopaedic Assoc. of Michigan		2,155	2,350	
010048	Mobile #94	1	2,585	4,721	0
630050	Botsford General Hospital		2,585	4,721	<u>4</u>

**MRI Service Utilization List
May 1, 2012 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 13 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 15(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 15(1)(a)(iii) states that “the MRI adjusted procedures utilized to meet the requirements of Section 5(1)(b) shall be reduced by 8,000 and shall be excluded beginning at the time of the application is deemed submitted and for three years from the date the new fixed MRI unit becomes operational.”
- 6 - Fixed MRI services located in rural or micropolitan statistical areas are subject to the provisions of Section 13(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 9. Section 15(1)(a)(i) states “dedicated pediatric MRI approved pursuant to Section 9 shall be excluded.”
- 8 – The magnet at this site was relocated from an original site with footnote no. 10 in accordance with Section 6(2). 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 6(2). 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 10. Section 10(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, 2011 through December 31, 2011 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 November 11, 2011)
Certificate of Need Section, Michigan Department of Community Health