

MRI Service Utilization List, November 1, 2021
MOBILE ROUTES #88 - #105
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
000327	Mobile #88	1	1,554	2,323	0
63C052	M1 Imaging		1,199	1,824	
41C040	Mercy Health Southwest Campus		355	499	
000378	Mobile #92	1	2,766	3,745	0
63C861	Clear Imaging		9	11	
82C024	Instant Imaging		2,433	3,287	
63C878	Silver Pine Imaging		324	447	
010048	Mobile #94	1	963	1,738	0
25C055	Complete Health Systems, Inc.		863	1,558	
63C061	Maxim MRI Services, LLC		100	180	
010074	Mobile #96	1	3,616	5,113	0
030032	Allegan General Hospital		2	4	
130031	Bronson Battle Creek		7	11	
63C861	Clear Imaging		13	21	
63C078	Focus Imaging, LLC		177	346	
810010	Forest Health Medical		4	6	
400020	Kalkaska Memorial Health		11	32	
822646	Regional Medical Imaging		13	19	
252612	Regional Medical Imaging		1,883	2,411	
190011	Sparrow Clinton Hospital		10	14	
230022	Sparrow Eaton Hospital		1,340	1,948	
340021	Sparrow Ionia Hospital		13	26	
750010	Sturgis Hospital		143	275	
010285	Mobile #105	1	764	1,078	0
030032	Allegan General Hospital		44	79	
800020	Bronson South Haven Hospital		326	466	
630110	Pontiac General Hospital		14	24	
230022	Sparrow Eaton Hospital		376	499	
750010	Sturgis Hospital		4	10	

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