

**MRI Service Utilization List, May 1, 2012**

**MOBILE ROUTES #96 - #113**

**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
<b>010074</b>	<b>Mobile #96</b>	<b>1</b>	<b>1,621</b>	<b>2,393</b>	<b>0</b>
82C770	Affiliated Medical of Dearborn		1,538	2,260	
63C861	Clear Imaging, LLC		11	21	
50C626	Harper Metro Radiology		59	93	
230022	Hayes Green Beach Memorial Hospital		13	19	
<b>010285</b>	<b>Mobile #105</b>	<b>1</b>	<b>2,581</b>	<b>4,082</b>	<b>0</b>
030032	Allegan General Hospital		227	491	
800041	Bronson Lakeview Hospital		408	591	
150021	Charlevoix Area Hospital		247	501	
63C861	Clear Imaging, LLC		905	1,394	
50C626	Harper Metro Radiology		252	376	
230022	Hayes Green Beach Memorial Hospital		542	729	
<b>010299</b>	<b>Mobile #106</b>	<b>1</b>	<b>2,649</b>	<b>3,864</b>	<b>0</b>
63C690	Clarkston Ambulatory Corp.		741	987	
63C861	Clear Imaging		645	1,043	
50C677	Mich Resonance Imaging/MCRMC		389	555	
63C797	Mich Resonance Imaging/POH		262	391	
63C724	Michigan Resonance Imag/Crittenton		86	145	<u>4</u>
50C630	Neurosurgery Group, P.C.		77	114	
63C670	Oxford Community Clinic		449	629	
<b>010385</b>	<b>Mobile #109</b>	<b>1</b>	<b>4,092</b>	<b>6,461</b>	<b>0</b>
030032	Allegan General Hospital		146	275	
630060	DMC Surgery Hospital		225	302	
50C626	Harper Metro Radiology		201	303	
230022	Hayes Green Beach Memorial Hospital		391	491	
63C878	Silver Pine Imaging		2,633	3,953	
750010	Sturgis Hospital		496	1,137	
<b>010446</b>	<b>Mobile #112</b>	<b>1</b>	<b>4,360</b>	<b>6,682</b>	<b>0</b>
50C617	Mich Neuro Assoc/Utica		335	504	
50C648	Michigan Neuro Assoc/Clinton Twp		3,191	4,862	
50C607	Michigan Neuro Assoc/St Clair Shore		834	1,316	
<b>020016</b>	<b>Mobile #113</b>	<b>1</b>	<b>1,631</b>	<b>2,221</b>	<b>0</b>
39C001	Southwest Mich Imaging Ctr		163	247	
39C014	Southwest Mich. Imag./Westside		680	942	
39C008	Southwest Mich. Imag./Woodbridge		788	1,032	

**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