

**MRI Service Utilization List, November 1, 2016**  
**MOBILE ROUTES #94 - #113**  
**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>010048</b>	<b>Mobile #94</b>	<b>1</b>	<b>1,352</b>	<b>1,422</b>	<b>0</b>
490030	Mackinac Straits Hospital		20	38	
63C793	Michigan Orthopaedic Institute		1,332	1,384	
<b>010074</b>	<b>Mobile #96</b>	<b>1</b>	<b>1,904</b>	<b>2,769</b>	<b>0</b>
030032	Allegan General Hospital		268	552	
230022	Hayes Green Beach Memorial Hospital		73	89	
41C011	Orthopaedic Assoc. of Michigan		1,073	1,135	
060020	St. Mary's Standish Comm Hosp		185	353	
750010	Sturgis Hospital		305	640	
<b>010285</b>	<b>Mobile #105</b>	<b>1</b>	<b>2,411</b>	<b>3,847</b>	<b>0</b>
800041	Bronson Lakeview Hospital		49	66	
230022	Hayes Green Beach Memorial Hospital		1,171	1,625	
63C686	Karmanos Cancer Ctr - Farmington		599	1,341	
800020	South Haven Community Hospital		592	815	
<b>010299</b>	<b>Mobile #106</b>	<b>1</b>	<b>3,309</b>	<b>4,932</b>	<b>0</b>
50C628	Mich Resonance Imag-McLaren Macomb		503	751	
50C677	Mich Resonance Imaging/MCRMC		556	789	
63C797	Mich Resonance Imaging/POH		1,650	2,537	
50C003	Michigan Resonance Img/Harper MOB		26	35	
50C630	Neurosurgery Group, PC/MI Resonance		538	771	
63C670	Oxford Community Clinic		36	49	
<b>010385</b>	<b>Mobile #109</b>	<b>1</b>	<b>3,617</b>	<b>5,263</b>	<b>0</b>
780010	Memorial Healthcare		452	1,069	
63C878	Silver Pine Imaging		3,165	4,194	
<b>010446</b>	<b>Mobile #112</b>	<b>1</b>	<b>3,587</b>	<b>4,444</b>	<b>0</b>
50C617	Mich Neuro Assoc/Utica		135	161	
506821	Michigan Neuro Assoc/Clinton Twp		3,452	4,283	
<b>020016</b>	<b>Mobile #113</b>	<b>1</b>	<b>2,492</b>	<b>4,007</b>	<b>0</b>
140010	Borgess-Lee Memorial Hospital		179	267	
030030	Borgess-Pipp Health Center		169	347	
110040	Lakeland Community Hosp/Watervliet		337	483	
13C011	Southwest MI Imag.-Borgess Hlth		542	799	
39C001	Southwest Mich Imaging Ctr LLC		7	11	
39C014	Southwest Mich. Imag. Ctr./Westside		168	213	
39C008	Southwest Mich. Img. Ctr/Woodbridge		427	562	
750020	Three Rivers Health		663	1,325	

## 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