

MRI Service Utilization List, November 2, 2009

MOBILE ROUTES #109 - #135

Reporting Period July 1, 2008 through June 30, 2009

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
010385	Mobile #109	1	4,179	6,572	0
810080	Chelsea Community Hospital		3,071	5,000	<u>4</u>
73C004	Covenant - Irving Site		110	122	
620010	Gerber Memorial Hospital		278	401	
50C626	Harper Metro Radiology		119	168	
230020	Hayes Green Beach Memorial Hospital		384	542	
630110	North Oakland Medical Ctrs		217	339	
010446	Mobile #112	1	3,534	5,399	0
63C716	Mich Neuro Assoc/Clarkston		6	10	
50C617	Mich Neuro Assoc/Utica		341	549	
50C648	Michigan Neuro Assoc/Clinton Twp		1,853	2,799	
50C607	Michigan Neuro Assoc/St Clair Shore		1,334	2,041	
020016	Mobile #113	1	1,700	2,605	0
030030	Borgess-Pipp Health Center		11	25	
39C001	Southwest Mich Imaging Ctr		588	992	
39C014	Southwest Mich. Imag./Westside		306	428	
39C008	Southwest Mich. Imag./Woodbridge		738	1,047	
750020	Three Rivers Area Hospital		57	113	
030056	Mobile #114	1	2,772	4,417	0
800041	Bronson LakeView Hospital		1,166	1,768	
620010	Gerber Memorial Hospital		43	54	
116055	Lakeland Health Park		6	8	
110070	Lakeland Medical Ctr-Niles		1,513	2,529	
130080	Oaklawn Hospital		44	58	
020098	Mobile #117	1	2,400	3,622	0
63C793	Advanced MRI Imaging, PLLC		1,203	1,459	
150020	Charlevoix Area Hospital		473	883	
33C610	Genesis Diagnostic Ctr/Lansing		56	82	
400020	Kalkaska Memorial Health Center		153	274	
79C003	Mid Michigan Diagnostic Corp.		122	279	
060020	St. Mary's Standish Comm Hosp		179	372	
82C677	Universal Imaging/Dearborn Heights		214	273	
030254	Mobile #135	1	5,285	8,310	1,310
63C733	Beaumont MOB/West Bloomfield		1,722	2,749	
63C732	Beaumont Med Ctr/Lake Orion		757	1,173	
50C676	Beaumont Medical Ctr N. Macomb		2,806	4,388	

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Footnotes

AP – Adjusted Procedures

AAP – Available Adjusted Procedures

- 1 - Includes existing, approved, and applications for additional magnets that have been deemed complete 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 MRI Service has applied for expansion under Section 5(1). Section 15(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 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 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 - This MRI service submitted an application for expansion of a mobile MRI service under Section 5(1)(a) of the currently approved MRI Standards. In compliance with CON Statute the number of Clinical Units is increased consistent with the date the application was deemed submitted.
- 9 – Missing or invalid data for this reporting period.

Note: These data represent all accepted data available to the Department for the July 1, 2008 through June 30, 2009 reporting period. These data DO 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 Magnetic Resonance Imaging Services (Effective November 5, 2009)
Health Policy And Access Division
Michigan Department of Community Health