

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH (MDCH)  
COMPUTED TOMOGRAPHY STANDARD  
ADVISORY COMMITTEE (CTSAC) MEETING**

Thursday December 9, 2010

Capitol View Building  
201 Townsend Street  
MDCH Conference Center  
Lansing, Michigan 48913

**APPROVED MINUTES**

**I. Call to Order**

Chairperson Brooks called the meeting to order @ 9:34 a.m.

A. Members Present:

James R Pedersen, International UAW (left @ 11:08 a.m.)  
Sharon L. Brooks, DDS, MS, Chairperson, Michigan Dental Assoc.  
Suresh Mukherji, MD, Vice-Chairperson, University of Michigan Health System  
Daniel Shumaker, MD, FA, Michigan Radiological Society  
Stephen Meier, Xoran technologies Inc (arrived @ 10:02 a.m.)  
Anthony L. Alcantara, MD, St. John Providence Health System  
Robert M. Goodman, DO, Blue Cross Blue Shield/ Blue Care Network  
(arrived @ 9:38 a.m.)  
Michael Altman, MD, Marquette General Health System  
David J. Kastan, MD, FSIR, Henry Ford Health System  
Bradford W. Betz, MD, Spectrum Health  
Renee K. Myers, Chrysler Group, LLC  
Lawrence Ashker, DO, Genesys Regional Medical Center  
Rod J. Zapolski, Mid Michigan Health

B. Members Absent:

Abdalmajid Katranji, MD, Michigan State Medical Society

C. Michigan Department of Community Health Staff present:

Tania Rodriguez  
Natalie Kellogg  
Stan Nash  
Brenda Rogers  
Matt Weaver  
William Hart Jr.

Larry Horvath  
Irma Lopez

## **II. Conflicts of Interests**

Vice-Chairperson Mukherji stated he used to consult with GE and Bayer.

## **III. Review of Agenda**

Motion by Dr. Altman and seconded by Pedersen to accept the agenda as presented. Motion Carried.

## **IV. Review of Minutes of November , 17 2010**

Motion by Dr. Shumaker and seconded by Dr. Altman to accept the minutes as presented. Motion Carried.

## **V. Rural Exemption for Dental CT Scanners- Discussion**

Dr. Altman gave a verbal & written proposal (See Attachment A).

Discussion Followed.

Motion by Dr. Altman and seconded by Vice-Chairperson Mukherji to exempt the Upper Peninsula (HSA 8) from the volume requirements of CON for initiation.

Motion voted on and passed by a vote of 13-Yes and 0-No.

## **VI. Minimum Threshold Replacement**

Dr. Betz gave a written and verbal proposal on replacement and project delivery requirements (See Attachment B).

Discussion Followed.

Public Comment: Dennis McCafferty Economic Alliance for Michigan, (EAM)

Motion by Dr. Betz and seconded by Dr. Shumaker to adopt item Section 7(1) (d) of the proposal (See Attachment B) including the change from "...four (4) multidetector rows or less..." to read "...sub 16 multidetector rows or less...."

Motion voted on and passed by a vote of 13-Yes and 0-No.

Break @ 11:04 a.m. - 11:21 a.m.

Discussion continued on the proposed change to Section 19(1)(c)(i) (See Attachment B).

Larry Horvath provided an overview on enforcement and compliance. He gave a brief summary of the 2009 Survey Table Volume Check (See Attachment C).

For the record, Dr. Betz suggested no change at this time. Dr. Shumaker concurred and suggested that a hard number needs to be found for volume which would be subject to enforcement.

**VII. Public Comment:**

Dennis McCafferty, EAM

Motion by Ms. Myers and seconded by Dr. Goodman to increase the volume threshold from 7500 to 10,000 for initiation only (anything in excess of 10,000).

Discussion Followed.

Chairperson Brooks recommended continuing the discussion at the next CT SAC Meeting.

Motion by Dr. Altman and seconded by Dr. Alcantera to table the motion vote for the upcoming SAC meeting.

Motion Carried in a vote of 12-Yes and 0-No.

Melissa Cupp, Weiner Associates  
Robert Meeker, Spectrum Health

**VIII. Next Steps and SAC Workplan**

- A. Volume Threshold for Initiation- Tabled from 12/9/10 Meeting
- B. Review of Draft Language

**IX. Future Meeting Date**

- A. January 13, 2011

**X. Adjournment**

Motion by Dr. Goodman and seconded by Vice-Chairperson Mukherji to adjourn the meeting at 12:52 p.m. Motion Carried.

**Draft for Dental CT CON in Michigan's  
Upper Peninsula (? and Rural Counties)**

**For the State of Michigan Certificate of Need meeting  
the following qualifications:**

- Designated as Rural or Micropolitan**
- Population base of 75,000 or less**
- Driving distance to existing Dental CT units of  
greater than 60 miles,**

**the following exception to the usual standards may  
apply:**

- Annual requirement decreased to minimum 100  
studies**
- Unit must be accessible as a referral by any  
applicable dental professional, not just those  
with financial or professional interest in unit**
- Annual reports must include breakdown of referrals  
by those with and without financial interest in unit**
- If another Dental CT service becomes available  
after the initiation of the unit in the same service  
area, the new unit must comply with the standard  
Dental CT CON requirements.**

## CT SAC

December 9, 2010

### Proposed revision to replacement/ project delivery requirements

This suggested revision is designed to encourage operators of obsolete CT scanners to replace them with higher quality, lower radiation machines:

#### **Section 7. Requirements for approval for applicants proposing to replace an existing CT scanner other than a dental CT scanner or hospital-based portable CT scanner**

Sec. 7. An applicant proposing to replace an existing CT scanner shall demonstrate each of the following, as applicable:

- (1) An applicant, other than an applicant meeting all of the applicable requirements of subsection (a), (b), (c) or (d) below, proposing to replace an existing fixed CT scanner shall demonstrate that the fixed CT scanner(s) performed at least an average of 7,500 CT equivalents per fixed CT scanner in the most recent 12-month period for which the Department has verifiable data.
  - (a) A hospital proposing to replace an existing CT scanner which is the only fixed CT scanner operated at that site by the hospital shall demonstrate each of the following:
    - (i) The proposed site is a hospital licensed under Part 215 of the Code.
    - (ii) The hospital operates an emergency room that provides 24-hour emergency care services as authorized by the local medical control authority to receive ambulance runs.
    - (iii) The replacement CT scanner will be located at the same site as the CT scanner to be replaced.
  - (b) An applicant proposing to replace an existing fixed CT scanner shall be exempt once from the volume requirements if the existing CT scanner demonstrates that it meets all of the following:
    - (i) The existing CT scanner has performed at least 5,000 CT equivalents in the most recent 12-month period for which the Department has verifiable data.
    - (ii) The existing CT scanner is fully depreciated according to generally accepted accounting principles.
    - (iii) The existing CT scanner has at one time met its minimum volume requirements.
  - (c) An applicant proposing to replace an existing fixed CT scanner on an academic medical center campus, at the same site, shall be exempt once, as of the effective date of the standards, from the minimum volume requirements for replacement if the existing CT scanner is fully depreciated according to generally accepted accounting principles.
  - d) **Because of the risks of excess radiation exposure associated with use of obsolete technology, an applicant proposing to replace an existing fixed CT scanner having a configuration of four (4) multidetector rows or less shall be exempt once, as of the effective date of the standards, from the minimum volume requirements for replacement if it meets both of the following:**
    - (i) **the proposed CT scanner to be obtained will have a configuration of sixteen (16) or more multidetector rows, and**
    - (ii) **the existing CT scanner is fully depreciated according to generally accepted accounting principles.**

#### **Section 19. Project delivery requirements -- terms of approval for all applicants**

Sec. 19. (1) An applicant shall agree that, if approved, the services provided by the CT scanner(s) shall be delivered in compliance with the following terms of CON approval:

- (a) Compliance with these standards
- (b) Compliance with applicable safety and operating standards
- (c) Compliance with the following quality assurance standards:
  - (i) The approved CT scanners shall be operating at the applicable required volumes within the time periods specified in these standards, and annually thereafter, **except that single CT scanners at free-standing sites shall be operating at 5,000 CT equivalents per year, beginning in the second 12-month period after beginning operation, and annually thereafter.**

CERTIFICATE OF NEED  
2009 Annual Survey Data  
Fixed CT Scanner Services

Facility		Facility Name	No.		
No	Type		Scanners	Total Equiv	Equiv/ Scanner
820170	H	OAKWOOD SOUTHWEST MEDICAL CENTER	1	34,346.00	34,346
380010	H	ALLEGIANCE HEALTH	2	60,892.00	30,446
820120	H	OAKWOOD HOSPITAL AND MEDICAL CENTER	3	87,090.75	29,030
810030	H	ST. JOSEPH MERCY ANN ARBOR HOSPITAL	3	84,043.50	28,015
630140	H	ST. JOSEPH MERCY OAKLAND HOSPITAL	2	51,056.75	25,528
410080	H	SAINT MARY'S HEALTH CARE	2	49,530.75	24,765
330060	H	EDWARD W SPARROW HOSPITAL	3	73,531.00	24,510
470020	H	ST. JOSEPH MERCY LIVINGSTON HOSPITAL	1	21,893.75	21,894
830220	H	HARPER UNIVERSITY HOSPITAL	3	62,915.50	20,972
730020	H	COVENANT MEDICAL CENTER - COOPER	3	62,768.75	20,923
82C706	F	OAKWOOD OUTPATIENT IMAGING	1	20,554.75	20,555
330020	H	INGHAM REGIONAL MEDICAL CENTER	2	40,728.00	20,364
250072	H	GENESYS REGIONAL MEDICAL CENTER	3	58,044.50	19,348
730050	H	ST. MARY'S OF MICHIGAN	2	38,534.00	19,267
820230	H	HENRY FORD WYANDOTTE HOSPITAL	2	38,388.25	19,194
580030	H	MERCY MEMORIAL HOSPITAL	2	38,181.50	19,091
500060	H	MOUNT CLEMENS REGIONAL MEDICAL CENTER	3	56,080.75	18,694
390020	H	BRONSON METHODIST HOSPITAL	3	55,681.75	18,561
500110	H	HENRY FORD MACOMB HOSPITAL	3	54,884.75	18,295
210010	H	ST. FRANCIS HOSPITAL	1	18,061.00	18,061
410010	H	SPECTRUM HEALTH BLODGETT HOSPITAL	2	35,572.75	17,786
280010	H	MUNSON MEDICAL CENTER	3	52,807.25	17,602
500070	H	ST. JOHN MACOMB-OAKLAND HOSP (MACOMB)	3	52,272.00	17,424
830190	H	HENRY FORD HOSPITAL	6	103,951.25	17,325
830450	H	SINAI-GRACE HOSPITAL	3	51,596.50	17,199
736811	F	ST. MARY'S OF MICHIGAN TOWNE CENTRE	1	17,197.50	17,198
840010	H	MERCY HOSPITAL	1	17,132.50	17,133
090050	H	BAY REGIONAL MEDICAL CENTER	2	34,243.25	17,122
160020	H	CHEBOYGAN MEMORIAL HOSPITAL	1	17,068.25	17,068
560020	H	MIDMICHIGAN MEDICAL CENTER-MIDLAND	2	34,091.75	17,046
130080	H	OAKLAWN HOSPITAL	1	16,978.25	16,978
170020	H	CHIPPEWA COUNTY WAR MEMORIAL HOSPITAL	1	16,789.25	16,789
630160	H	WILLIAM BEAUMONT HOSPITAL, TROY	5	83,336.25	16,667
350010	H	ST. JOSEPH HEALTH SYSTEM - TAWAS	1	16,654.00	16,654
590060	H	SPECTRUM HEALTH UNITED MEMORIAL - UNITED	1	16,612.50	16,613
410040	H	SPECTRUM HEALTH BUTTERWORTH HOSPITAL	5	82,570.50	16,514
820190	H	ST. MARY MERCY LIVONIA HOSPITAL	3	48,720.00	16,240
630130	H	PROVIDENCE HOSPITAL AND MEDICAL CENTER	3	48,710.00	16,237
630030	H	WILLIAM BEAUMONT HOSPITAL, ROYAL OAK	9	145,668.00	16,185
820010	H	OAKWOOD ANNAPOLIS HOSPITAL	2	32,050.25	16,025
370010	H	CENTRAL MICHIGAN COMMUNITY HOSPITAL	1	15,926.00	15,926
820070	H	GARDEN CITY HOSPITAL	2	31,838.50	15,919
740020	H	PORT HURON HOSPITAL	2	31,772.50	15,886
130031	H	BATTLE CREEK HEALTH SYSTEM	2	31,679.25	15,840
25C035	F	MCLAREN IMAGING CENTER	1	15,833.50	15,834
250050	H	MCLAREN REGIONAL MEDICAL CENTER	3	47,279.25	15,760
826830	F	HENRY FORD MEDICAL CENTER- FAIRLANE	2	31,445.75	15,723
830500	H	DETROIT RECEIVING HOSPITAL	2	31,417.00	15,709
110070	H	LAKELAND HOSPITAL, NILES	1	15,136.75	15,137
63C699	F	MILLENNIUM DIAGNOSTIC CENTER	1	15,040.25	15,040
460020	H	EMMA L. BIXBY MEDICAL CENTER	1	14,953.25	14,953
700020	H	HOLLAND HOSPITAL	2	29,820.00	14,910

CERTIFICATE OF NEED  
2009 Annual Survey Data  
Fixed CT Scanner Services

Facility No	Type	Facility Name	No.		
			Scanners	Total Equiv	Equiv/ Scanner
290010	H	GRATIOT MEDICAL CENTER	1	14,877.75	14,878
240030	H	NORTHERN MICHIGAN REGIONAL HOSPITAL	2	29,555.00	14,778
500020	H	HENRY FORD MACOMB HOSPITAL - WARREN CAMP	1	14,740.50	14,741
630070	H	CRITTENTON HOSPITAL MEDICAL CENTER	2	29,220.50	14,610
630050	H	BOTSFORD HOSPITAL	3	43,502.25	14,501
390010	H	BORGESS MEDICAL CENTER	3	42,890.25	14,297
830420	H	ST. JOHN HOSPITAL & MEDICAL CENTER	4	56,510.00	14,128
820030	H	WILLIAM BEAUMONT HOSPITAL, GROSSE POINTE	2	28,175.25	14,088
780010	H	MEMORIAL HEALTHCARE	1	13,758.25	13,758
41C010	F	MMPC	1	13,558.25	13,558
620010	H	GERBER MEMORIAL HOSPITAL	1	13,452.75	13,453
200020	H	MERCY HOSPITAL - GRAYLING	1	13,307.00	13,307
740010	H	ST. JOSEPH MERCY PORT HURON HOSPITAL	1	12,840.50	12,841
50C627	F	HENRY FORD STERLING HEIGHTS MEDICAL CENT	1	12,584.25	12,584
610020	H	MERCY HEALTH PARTNERS - MERCY CAMPUS	2	25,011.50	12,506
81C600	F	EAST ANN ARBOR HEALTH CENTER	1	12,463.00	12,463
230022	H	HAYES GREEN BEACH MEMORIAL HOSPITAL	1	11,952.50	11,953
180010	H	MIDMICHIGAN MEDICAL CENTER CLARE	1	11,937.25	11,937
300010	H	HILLSDALE COMMUNITY HEALTH CENTER	1	11,857.00	11,857
810060	H	UNIVERSITY OF MICHIGAN HOSPITALS	13	153,212.75	11,786
820250	H	OAKWOOD HERITAGE HOSPITAL	2	23,373.50	11,687
110050	H	LAKELAND HOSPITAL, ST. JOSEPH	2	23,155.25	11,578
630177	H	PROVIDENCE MEDICAL CENTER-PROVIDENCE PAR	3	33,951.75	11,317
630080	H	ST. JOHN MACOMB-OAKLAND HOSP (OAKLAND)	2	22,504.25	11,252
330050	H	SPARROW HEALTH SYSTEM - ST. LAWRENCE CAM	2	22,419.25	11,210
630176	H	HENRY FORD WEST BLOOMFIELD HOSPITAL	3	33,381.25	11,127
540030	H	MECOSTA COUNTY MEDICAL CENTER	1	11,086.50	11,087
120010	H	COMMUNITY HEALTH CENTER OF BRANCH COUNTY	1	10,749.00	10,749
73C011	F	COVENANT MEDICAL CENTER - MACKINAW	1	10,748.50	10,749
810080	H	CHELSEA COMMUNITY HOSPITAL	1	10,420.50	10,421
690020	H	OTSEGO MEMORIAL HOSPITAL	1	10,342.00	10,342
650010	H	WEST BRANCH REGIONAL MEDICAL CENTER	2	20,635.00	10,318
632641	F	BASHA DIAGNOSTICS, P.C.	1	10,286.25	10,286
826849	F	HENRY FORD CENTER FOR HEALTH SERVICES	1	10,143.25	10,143
700030	H	ZEELAND COMMUNITY HOSPITAL	1	10,136.00	10,136
416822	F	SPECTRUM HEALTH SOUTH PAVILION	1	9,837.75	9,838
630014	H	HURON VALLEY-SINAI HOSPITAL	3	29,146.00	9,715
33C611	F	SPARROW RAMBLEWOOD IMAGING CENTER	1	9,681.75	9,682
520050	H	MARQUETTE GENERAL HEALTH SYSTEM	3	28,817.25	9,606
630110	H	DOCTORS' HOSPITAL OF MICHIGAN	1	9,492.50	9,493
82C734	F	CANTON HEALTH CENTER	1	9,419.25	9,419
040010	H	ALPENA REGIONAL MEDICAL CENTER	2	18,723.75	9,362
310020	H	PORTAGE HOSPITAL	1	9,227.25	9,227
190011	H	CLINTON MEMORIAL HOSPITAL	1	9,224.75	9,225
50C676	F	BEAUMONT MEDICAL CENTER NORTH MACOMB	1	9,069.25	9,069
47C006	F	WOODLAND IMAGING CENTER, LLC	1	9,037.75	9,038
830080	H	CHILDREN'S HOSPITAL OF MICHIGAN	1	8,923.50	8,924
440010	H	LAPEER REGIONAL MEDICAL CENTER	2	17,832.25	8,916
502619	F	EASTLAND DIAGNOSTICS	1	8,683.50	8,684
800041	H	BRONSON LAKEVIEW HOSPITAL	1	8,632.25	8,632
392611	F	BRONSON SERVICES, LLC	1	8,624.00	8,624
800020	H	SOUTH HAVEN COMMUNITY HOSPITAL	1	8,349.00	8,349

CERTIFICATE OF NEED  
2009 Annual Survey Data  
Fixed CT Scanner Services

Facility No	Type	Facility Name	No.		
			Scanners	Total Equiv	Equiv/ Scanner
820040	H	HENRY FORD COTTAGE HOSPITAL	1	8,292.75	8,293
410060	H	METROPOLITAN HOSPITAL	3	24,790.75	8,264
320020	H	HURON MEMORIAL HOSPITAL	1	8,066.75	8,067
63C600	F	OAKLAND MEDICAL GROUP	1	7,904.00	7,904
82C722	F	SOUTHGATE CT, PLC	1	7,836.25	7,836
610010	H	MERCY HEALTH PARTNERS - HACKLEY CAMPUS	3	23,382.50	7,794
63C751	F	HEALTHFIRST IMAGING CENTER - HAGGERTY	1	7,688.25	7,688

**Compliant - 111 sites (46% compliant)**

700010	H	NORTH OTTAWA COMMUNITY HOSPITAL	1	7,470.25	7,470
080010	H	PENNOCK HOSPITAL	1	7,467.00	7,467
510020	H	WEST SHORE MEDICAL CENTER	1	7,413.00	7,413
340021	H	SPARROW IONIA HOSPITAL	1	6,731.50	6,732
460052	H	HERRICK MEDICAL CENTER	1	6,386.50	6,387
030032	H	ALLEGAN GENERAL HOSPITAL	1	6,314.00	6,314
740030	H	ST. JOHN RIVER DISTRICT HOSPITAL	1	6,284.50	6,285
260011	H	MIDMICHIGAN MEDICAL CENTER - GLADWIN	1	6,254.75	6,255
750010	H	STURGIS HOSPITAL	1	6,038.50	6,039
140010	H	BORGESS-LEE MEMORIAL HOSPITAL	1	5,997.50	5,998
760041	H	MARLETTE REGIONAL HOSPITAL	1	5,932.00	5,932
520051	H	BELL MEMORIAL HOSPITAL	1	5,925.25	5,925
750020	H	THREE RIVERS HEALTH	1	5,693.00	5,693
590010	H	CARSON CITY HOSPITAL	1	5,678.75	5,679
310021	H	ASPIRUS KEWEENAW HOSPITAL	1	5,525.25	5,525
670021	H	SPECTRUM HEALTH REED CITY HOSPITAL	1	5,300.50	5,301
060020	H	ST. MARY'S OF MICHIGAN STANDISH HOSPITAL	1	5,056.00	5,056
030031	H	BORGESS-PIPP HOSPITAL	1	4,998.75	4,999
320030	H	SCHEURER HOSPITAL	1	4,965.00	4,965
110040	H	COMMUNITY HOSPITAL WATERVLIET	1	4,913.50	4,914
500030	H	ST. JOHN NORTH SHORES HOSPITAL	1	4,541.25	4,541
150021	H	CHARLEVOIX AREA HOSPITAL	1	4,487.75	4,488
810040	H	ST. JOSEPH MERCY SALINE HOSPITAL	1	4,444.25	4,444
790032	H	CARO COMMUNITY HOSPITAL	1	4,273.50	4,274
230021	H	EATON RAPIDS MEDICAL CENTER	1	4,247.75	4,248
360021	H	NORTHSTAR HEALTH SYSTEM	1	4,167.00	4,167
480020	H	HELEN NEWBERRY JOY HOSPITAL	1	4,076.50	4,077
790031	H	HILLS & DALES GENERAL HOSPITAL	1	3,942.75	3,943
640021	H	MERCY HEALTH PARTNERS, LAKESHORE CAMPUS	1	3,905.50	3,906
770010	H	SCHOOLCRAFT MEMORIAL HOSPITAL	1	3,512.00	3,512
760030	H	MCKENZIE MEMORIAL HOSPITAL	1	3,335.00	3,335
590030	H	SHERIDAN COMMUNITY HOSPITAL	1	3,309.75	3,310
400020	H	KALKASKA MEMORIAL HEALTH CENTER	1	3,279.75	3,280
490030	H	MACKINAC STRAITS HEALTH SYSTEM, INC.	1	2,926.50	2,927
020010	H	MUNISING MEMORIAL HOSPITAL	1	2,865.25	2,865
590201	H	SPECTRUM HEALTH UNITED MEMORIAL - KELSEY	1	2,699.00	2,699
100020	H	PAUL OLIVER MEMORIAL HOSPITAL	1	2,569.75	2,570
070020	H	BARAGA COUNTY MEMORIAL HOSPITAL	1	2,011.75	2,012
660020	H	ASPIRUS ONTONAGON HOSPITAL	1	1,507.00	1,507
320040	H	HARBOR BEACH COMMUNITY HOSPITAL	1	1,172.00	1,172
630060	H	DMC SURGERY HOSPITAL	1	726.25	726
760010	H	DECKERVILLE COMMUNITY HOSPITAL	1	261.00	261

**Hospital w/ ED and 1 scanner - 42 sites (63% compliant)**

CERTIFICATE OF NEED  
2009 Annual Survey Data  
Fixed CT Scanner Services

Facility No	Type	Facility Name	No.		
			Scanners	Total Equiv	Equiv/ Scanner
82C751	F	MICHIGAN BEST DIAGNOSTICS	1	0.00	0
44C005	F	LAPEER COUNTY IMAGING, PC	1	0.00	0
63C851	F	CONTEMPORARY IMAGING	1	4,504.75	4,505
82C753	F	ST. JOSEPH MERCY CANTON HEALTH CENTER	1	3,970.75	3,971
41C039	F	LEMMEN HOLTON CANCER PAVILION	2	12,551.50	6,276
63C837	F	ASSOCIATED RADIOLOGISTS OF CLARKSTON	1	5,974.25	5,974
25C039	F	MID MICHIGAN DIAGNOSTIC CORPORATION	1	2,854.50	2,855
830520	H	KARMANOS CANCER CENTER	1	2,569.50	2,570
39C017	F	HEALTHCARE MIDWEST IMAGING CENTER	1	2,422.50	2,423
63C835	F	NOVI REGIONAL IMAGING - SINAI HOSPITAL	1	1,365.00	1,365
636905	F	PROVIDENCE MED CTR - FARMINGTON HILLS	1	1,315.25	1,315
63C813	F	BOTSFORD COMPREHENSIVE CANCER CENTER	1	1,203.00	1,203
39C016	F	WESTSIDE FAMILY MEDICAL CTR-BORGESS	1	799.50	800
63C784	F	MICHIGAN HEAD AND SPINE INSTITUTE	1	445.75	446
63C834	F	PREMIER IMAGING	1	403.75	404
41C044	F	ADVANCED UROLOGY OF GRAND RAPIDS	1	276.75	277
50C663	F	CHILDREN'S SPECIALTY CENTER-CLINTON TWP	1	254.25	254
69C001	F	GREAT LAKES MRI SPECIALISTS	1	201.75	202
25C040	F	CT CENTER OF FLINT LLC	1	137.00	137
58C009	F	BEDFORD IMAGING CENTER	1	72.75	73

**20 new services, no volume check required to date (71% compliant)**

63C733	F	BEAUMONT MEDICAL CENTER, WEST BLOOMFIELD	1	7,492.75	7,493
116055	F	CENTER FOR OUTPATIENT SERVICES	2	14,949.50	7,475
41C040	F	SAINT MARY'S SOUTHWEST	1	7,420.00	7,420
250040	H	HURLEY MEDICAL CENTER	3	22,095.50	7,365
38C004	F	ALLEGIANCE HEALTH OUTPATIENT FACILITY	1	7,064.00	7,064
25C029	F	GENESYS PHYSICIANS INTEGRATED DIAGNOSTIC	1	6,814.50	6,815
50C612	F	ROMEO PLANK DIAGNOSTIC CENTER	1	6,803.75	6,804
63C727	F	ROCHESTER DIAGNOSTIC CENTER	1	6,503.50	6,504
220020	H	DICKINSON COUNTY HEALTHCARE SYSTEM	2	12,946.00	6,473
25C019	F	GREATER FLINT IMAGING-BALLENGER	1	6,409.25	6,409
25C001	F	GENESYS PHYSICIANS INTEGRATED DIAGNOSTIC	1	6,395.50	6,396
33C605	F	MID-MICHIGAN MRI, INC. @ MSU	1	6,384.00	6,384
50C616	F	HARPER METRO CT	1	6,376.75	6,377
50C635	F	INTERNAL MEDICINE ASSOCIATES OF MT. CLEM	1	6,288.00	6,288
82C668	F	OAKWOOD HEALTHCARE CENTER-CANTON	1	5,888.25	5,888
50C655	F	ST. JOHN MEDICAL CENTER - MACOMB TOWNSHI	1	5,793.00	5,793
63C789	F	COMPREHENSIVE MEDICAL CENTER	1	5,648.75	5,649

**17 sites between 75% - 99% of required volume (78%)**

41C038	F	SPECTRUM HEALTH WEST PAVILION	1	5,515.25	5,515
63C798	F	HEALTHFIRST IMAGING CENTER - WOODWARD	1	5,444.00	5,444
41C021	F	SPECTRUM HEALTH - EVERGREEN IMAGING CTR	1	5,273.50	5,274
630120	H	POH MEDICAL CENTER	2	10,545.25	5,273
63C805	F	DR. PRAMOD RAVAL, MD, PC	1	4,980.75	4,981
13C003	F	BECKLEY ROAD MEDICAL IMAGING & OPEN MRI	1	4,821.25	4,821
25C020	F	GREATER FLINT IMAGING-CENTER RD	1	4,747.25	4,747
63C730	F	CAT SCAN CENTER OF CLARKSTON	1	4,729.50	4,730
25C017	F	REGIONAL MEDICAL IMAGING	1	4,332.50	4,333
63C671	F	FARMBROOK RADIOLOGY ASSOCIATES	1	4,256.75	4,257

CERTIFICATE OF NEED  
2009 Annual Survey Data  
Fixed CT Scanner Services

Facility		Facility Name	No.		
No	Type		Scanners	Total Equiv	Equiv/ Scanner
63C722	F	CLARKSTON HEALTH CENTER	1	4,171.25	4,171
70C008	F	HOLLAND HOSPITAL MEDICAL IMAGING CENTER	1	4,126.25	4,126
530010	H	MEMORIAL MEDICAL CENTER OF WEST MICHIGAN	2	7,563.50	3,782
<b>13 sites between 50%-75% of required volume</b>					
81C664	F	HURON VALLEY CT CENTER	1	3,658.75	3,659
63C732	F	BEAUMONT MEDICAL CENTER, LAKE ORION	1	3,608.75	3,609
63C742	F	GENERAL IMAGING SERVICES-ROCHESTER HILLS	1	3,548.50	3,549
25C022	F	REGIONAL MEDICAL IMAGING	1	3,402.00	3,402
63C704	F	ASSOCIATED RADIOLOGISTS OF CLARKSTON	1	3,351.25	3,351
09C603	F	WEST SIDE MEDICAL MALL	1	3,311.50	3,312
39C010	F	BORGESS AT WOODBRIDGE HILLS	1	3,247.25	3,247
82C687	F	AFFILIATED MEDICAL OF DEARBORN	1	3,213.00	3,213
50C659	F	BEAUMONT MEDICAL CENTER, ST. CLAIR SHORE	1	3,085.50	3,086
63C696	F	BEAUMONT OUTPATIENT SERVICES AT UNASOURC	1	2,913.00	2,913
63C739	F	POH MEDICAL CENTER - OXFORD	1	2,847.50	2,848
82C735	F	OAKWOOD CANTON IMAGING	1	2,674.25	2,674
23C001	F	INGHAM REGIONAL - GRAND LEDGE RADIOLOGY	1	2,639.50	2,640
50C618	F	WASHINGTON CENTER IMAGING SERVICES	1	2,468.00	2,468
81C674	F	MICHIGAN HEART, PC	1	2,421.50	2,422
81C677	F	CHELSEA COMMUNITY PROFESSIONAL BUILDING	1	2,346.25	2,346
37C001	F	MID MICHIGAN RADIOLOGY ASSOCIATES, P.C.	1	2,238.00	2,238
50C654	F	BEAUMONT MEDICAL CENTER, WARREN	1	2,130.00	2,130
44C003	F	GREATER FLINT IMAGING-LAPEER	1	2,018.75	2,019
41C036	F	EAST BELTLINE IMAGING	1	1,979.25	1,979
63C808	F	OAKLAND IMAGING SERVICES, PLLC	1	1,925.50	1,926
632663	F	ROSE IMAGING CENTER	1	1,863.00	1,863
506842	F	HENRY FORD MACOMB HEALTH CENTER - CHESTE	1	1,619.00	1,619
822649	F	MISSION HEALTH MEDICAL CENTER- PROVIDENC	1	1,534.75	1,535
82C680	F	VAN ELSLANDER CANCER CENTER	1	1,464.75	1,465
63C719	F	PROVIDENCE MEDICAL CENTER-FARMINGTON HIL	1	1,324.25	1,324
61C005	F	HACKLEY HEALTH AT THE LAKES	1	1,217.00	1,217
63C731	F	BALD MOUNTAIN DIAGNOSTIC IMAGING	1	1,159.00	1,159
78C004	F	MEMORIAL DIAGNOSTIC IMAGING	1	1,154.00	1,154
25C006	F	GENESYS PHYSICIANS INTEGRATED DIAGNOSTIC	1	1,079.50	1,080
50C623	F	THE CT CENTER	1	877.25	877
822642	F	DRS. HARRIS, BIRKHILL, WANG, SONGE & ASS	1	836.00	836
502622	F	DR. L. REYNOLDS ASSOCIATES, PC	1	773.75	774
09C002	F	ST. MARY'S MEDICAL IMAGING OF BAY CITY	1	701.00	701
63C677	F	LIFETEST MICHIGAN, LLC	1	567.75	568
632649	F	MICHIGAN INSTITUTE FOR NEUROLOGICAL DISO	1	518.75	519
63C737	F	BARCLAY IMAGING CENTER	1	382.25	382
82C667	F	ST. JOSEPH MERCY HEALTH - CANTON	1	365.50	366
830521	H	TRIUMPH HOSPITAL DETROIT	1	348.75	349
50C614	F	LIFE SCAN IMAGING CORPORATION	1	61.50	62
<b>40 sites below 50% of required volume</b>					

CERTIFICATE OF NEED  
2009 Annual Survey Data  
Fixed CT Scanner Services

Facility No	Type	Facility Name	No. Scanners	Total Equip	Equip/ Scanner
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**SUMMARY NOTES:**

- 1) 243 fixed sites with 360 scanners
- 2) 111 fixed sites volume compliant
- 3) 42 fixed sites with low volume are hospitals with ED and one scanner
- 4) 20 sites are new and not yet due for volume compliance check
- 5) 20 fixed sites within 75% of required volume
- 6) 190 fixed sites either compliant with terms and conditions or within 75% range of volume; or 78% of current providers
- 7) 53 fixed sites currently non-compliant; or 22% of current providers
- 8) This analysis does not include dental scanner sites