

MRI Service Utilization List, November 1, 2021

MOBILE ROUTES #51 - #65

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
930046	Mobile #51	1	4,218	4,706	0
030032	Allegan General Hospital		5	10	
230021	Eaton Rapids Medical Center		10	12	
63C793	Michigan MRI		4,203	4,684	
930161	Mobile #53	1	3,206	8,682	1,682
63C672	Northland Radiology-Southfield		3,204	8,680	
81C665	Northland Radiology-Ypsilanti		2	2	
950021	Mobile #55	1	1,611	3,243	0
63C860	AIN Imaging		26	49	
140010	Borgess-Lee Memorial Hospital		46	65	
82C677	Genesis M.D. Diagnostic		93	216	
63C879	Healthcare Imaging		617	1,007	
25C042	Insight Imaging Center		180	247	
50C006	Scan Clear		649	1,659	
950032	Mobile #56	1	1,437	2,073	0
140010	Borgess-Lee Memorial Hospital		9	12	
030030	Borgess-Pipp Health Center		48	103	
33C617	Mid-Michigan Physicians, PC/LA		1,380	1,958	
950054	Mobile #58	1	1,766	2,487	0
39C008	SWMIC/ Woodbrigde		10	10	
39C001	Southwest Mich Imaging Ctr LLC		1	2	
736811	St. Mary's of Michigan		1,754	2,471	
750020	Three Rivers Health		1	4	
950146	Mobile #59	3	10,107	18,868	0
506842	HF Macomb Hlt - Chesterfield		2,200	3,464	
50C627	HF Med Ctr - Sterling Heights		2,211	4,101	
63C839	Henry Ford MC - Columbus		971	1,908	
50C691	Henry Ford Macomb Health Ctr/Shelby		199	303	
826830	Henry Ford Medical Center/Fairlane		2,941	6,074	
506815	Henry Ford Medical Center/Lakeside		1,585	3,018	
960246	Mobile #64	1	3,033	4,615	0
640021	Mercy Health Lakeshore Campus		857	1,620	
41C040	Mercy Health Southwest Campus		822	1,116	
700010	North Ottawa Community Hth System		1,354	1,879	
960250	Mobile #65	1	1,796	3,611	0
040010	MidMichigan Medical Center-Alpena		32	66	
180010	MidMichigan Medical Center/Clare		1,758	3,532	
260011	MidMichigan Medical Center/Gladwin		6	13	

**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