## MRI Service Utilization List, November 1, 2021

## **MOBILE ROUTES #75 - #87**

## Reporting Period July 1, 2020 through June 30, 2021

Service ID BHS ID	Service Name	No. of Clinical	No. of Visits	No. of AP	No. of <u>2</u> AAP
970337	Mobile #75	2	2,369	4,009	0
140010	Borgess-Lee Memorial Hospital		147	213	
030030	Borgess-Pipp Health Center		158	326	
110040	Lakeland Community Hosp/Watervliet		1	1	
13C011	Southwest MI ImagBorgess Hlth		569	912	
39C001	Southwest MI Imaging Ctr		377	660	
39C008	Southwest Mich. Img. Ctr/Woodbridge		553	805	
750020	Three Rivers Health		564	1,092	
980058	Mobile #76	1	2,866	4,524	0
63C819	Clarkston Imaging Center		105	140	
16C002	McLaren - Northern MI Cheboygan		488	992	
090050	McLaren Bay Region		2,186	3,260	
500060	McLaren Macomb		87	132	
980305	Mobile #79	1	1,766	2,265	0
63C784	Premier Imaging		762	940	
50C021	Premier Imaging-Clinton Township		1,004	1,325	
990052	Mobile #80	3	9,806	15,948	0
270022	Aspirus Grand View Hospital		1,370	2,974	
360021	Aspirus Iron River Hospital		650	1,411	
310021	Aspirus Keweenaw Hospital		738	1,569	
070020	Baraga County Memorial Hospital		340	670	
520051	Bell Memorial Hospital		1,087	1,996	
810010	Forest Health Medical		50	65	
480020	Helen Newberry Joy Hospital		590	1,153	
490030	Mackinac Straits Hospital		134	280	
150021	Munson Charlevoix Hospital		12	32	
41C011	Orthopaedic Assoc of Michigan		4,111	4,286	
770010	Schoolcraft Memorial Hospital		724	1,512	
990141	Mobile #81	1	6,299	7,666	667
63C851	Regional Medical Imaging		4,811	5,719	
822646	Southgate Radiology		1,488	1,947	
000105	Mobile #85	1	2,746	5,777	0
63C860	AIN Imaging, PLC		2,675	5,675	
50C033	AIN Imaging, PLC		71	102	
000285	Mobile #87	1	1,649	1,922	0
140010	Borgess-Lee Memorial Hospital		10	21	
50C656	Southfield Rehab. Co./Warren		1,619	1,873	
13C011	Southwest MI Img/Borgess		20	28	

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## 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