

MRI Service Utilization List, November 1, 2025

MOBILE ROUTES #179 - #216

Reporting Period July 1, 2024 through June 30, 2025

Service ID BHS ID	Service Name	No. of Clinical Units 1	No. of Visits	No. of AP 2	Footnotes	No. of AAP
060198	Mobile #179	1	799	1,809		0
636017	Children's Specialty Center of Mich		456	991		
50C663	Childrens Specialty Ctr/Clinton Twp		343	818		
070047	Mobile #187	2	1,164	1,799		0
41C038	CLOSED Spectrum Health West Pav	**Closed	775	1,256	4	
706001	CLOSED Spectrum Hlth Grand Haven		389	543		
080258	Mobile #199	1	3,328	5,320		0
820010	Corewell Health Wayne Hospital		376	607		
82C046	Livonia Medical Center-Imaging		2,952	4,713		
080390	Mobile #202	2	8,216	12,798		0
61C014	Mercy Hlth Muskegon Hlth Pavilion		3,786	5,563		
640021	Trinity Health Shelby Hospital		15	29		
476811	Trinity Health Surg Ctr- Brighton		4,415	7,206	4	
090319	Mobile #207	1	1,496	2,136		0
63C101	Premier Imaging - Novi		609	905		
50C021	Premier Imaging-Clinton Township		343	477		
63C755	Premier Imaging-Southfield		544	754		
100111	Mobile #209	1	2,941	4,600		0
63C819	Clarkston Imaging Center		2,119	3,288		
63C686	Karmanos Ctr Farmington Hills		146	352		
25C073	McLaren Flint - Fenton Imaging		599	812		
500060	McLaren Macomb		1	1		
50C037	McLaren Macomb-Bay River		2	2		
320020	McLaren Thumb Region		74	145		
100329	Mobile #210	1	2,011	3,253		0
82C041	Beaumont Outpatient Campus-Livonia		409	658		
820010	Corewell Health Wayne Hosp		364	539		
630050	Corewell Hlth Farmington Hills		337	570		
740010	Lake Huron Medical Center		898	1,483		
746815	Lake Huron Medical Center - North		3	3		
110278	Mobile #216	1	3,768	6,988		0
190011	U of M Health-Sparrow Clinton		2,103	3,306		
340021	U of M Health-Sparrow Ionia		1,665	3,682		

**MRI Service Utilization List
November 1, 2025 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 16 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 18(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 18(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 16(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 18(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, 2024, through June 30, 2025, 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 January 26, 2023)
Certificate of Need Section, Michigan Department of Health and Human Services