

**MRI Service Utilization List, November 1, 2025**

**MOBILE ROUTES #18 - #41**

**Reporting Period July 1, 2024 through June 30, 2025**

Service ID BHS ID	Service Name	No. of Clinical Units <u>1</u>	No. of Visits	No. of AP <u>2</u>	Footnotes	No. of AAP
<b>990259</b>	<b>Mobile #18</b>	<b>1</b>	<b>3,025</b>	<b>5,023</b>		<b>0</b>
760030	McKenzie Health System		119	268		
750020	Three Rivers Health		443	899		
470020	Trinity Health Livingston Hospital		944	1,507		
826858	Trinity Health Surgery Ctr Canton		1,219	1,874		
190011	U of M Health-Sparrow Clinton		300	475		
<b>850054</b>	<b>Mobile #20</b>	<b>1</b>	<b>2,574</b>	<b>4,812</b>		<b>0</b>
830420	Ascension St. John Hospital		1,849	3,342		
50C655	St. John Medical Ctr Macomb Twp		725	1,470		
<b>850230</b>	<b>Mobile #21</b>	<b>2</b>	<b>3,899</b>	<b>6,652</b>		<b>0</b>
670021	Corewell Health Reed City Hospital		1,015	2,354		
706001	Spectrum Health Grand Haven Ctr		2,884	4,298		
<b>890148</b>	<b>Mobile #28</b>	<b>2</b>	<b>4,282</b>	<b>7,640</b>		<b>0</b>
392611	Bronson Advanced Radiology		368	532		
230021	Eaton Rapids Medical Center		30	41		
63C839	Henry Ford Medical Ctr-Columbus		1,143	2,019		
63C113	Henry Ford Medical Ctr-Royal Oak		1,694	3,026		
70C012	Holland Medical Office Building		7	7		
490030	Mackinac Straits Hosp and Hlth Ctr		595	1,169		
150021	Munson Charlevoix Hospital		123	226		
282604	Munson Healthcare Foster Family		11	23		
280010	Munson Medical Center		35	68		
63C013	Parkwood Imaging		31	51		
750010	Sturgis Hospital		169	336		
750020	Three Rivers Health		76	142		
<b>900223</b>	<b>Mobile #34</b>	<b>2</b>	<b>5,712</b>	<b>10,930</b>		<b>0</b>
506842	HF Macomb Hlt - Chesterfield		2,976	5,301		
500110	Henry Ford Hlth Macomb Hosp		9	21		
490030	Mackinac Straits Hosp and Hlth Ctr		810	1,586		
150021	Munson Charlevoix Hospital		614	1,299		
282604	Munson Healthcare Foster Family		191	387		
280010	Munson Medical Center		768	1,638		
100020	Paul Oliver Memorial Hospital		344	698		
<b>910178</b>	<b>Mobile #41</b>	<b>2</b>	<b>5,544</b>	<b>10,063</b>		<b>0</b>
63C733	Beaumont Med Ctr/West Bloomfield		4,086	7,014		
820120	Corewell Health Dearborn Hosp		1	1		
670021	Corewell Health Reed City Hospital		768	1,770		
700030	Corewell Health Zeeland Hospital		689	1,278		

## **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