

MRI Service Utilization List, November 1, 2025

MOBILE ROUTES #59 - #68

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
950146	Mobile #59	3	9,857	19,869		0
506842	HF Macomb Hlt - Chesterfield		54	101		
50C627	HF Med Ctr - Sterling Heights		1,837	3,771		
826830	Henry Ford Health Med Ctr/Fairlane		3,384	7,031		
506815	Henry Ford Health Med Ctr/Lakeside		1,706	3,336		
500110	Henry Ford Hlth Macomb Hosp		2,876	5,630		
960246	Mobile #64	1	4,181	7,224		224
41C040	Mercy Health Southwest Campus		2,192	3,054		
28C013	Novello Imaging, PLC		1,989	4,170		
960250	Mobile #65	1	3,065	9,124		0
180010	MyMichigan Medical Center/Clare		2,851	8,506	<u>4</u>	
260011	MyMichigan Medical Center/Gladwin		209	602		
040010	MyMichigan Medical Ctr-Alpena		5	16		
960287	Mobile #66	2	6,629	9,826		0
130031	Bronson Battle Creek Hospital		630	911		
800020	Bronson South Haven Hospital		744	1,080		
230022	CLOSED-U of M Health-Sparrow Eaton		11	18		
63C861	Clear Imaging		1,600	2,494		
110040	Corewell Health Watervliet Hospital		383	583		
230021	Eaton Rapids Medical Center		288	397		
380010	Henry Ford Health Jackson Hosp		30	57		
82C024	Instant Imaging LLC		1,431	2,120		
150021	Munson Charlevoix Hospital		14	30		
63C791	OMIC, LLC		6	8		
750010	Sturgis Hospital		94	204		
41C077	The Imaging Center MRI, LLC		1,398	1,924		
960309	Mobile #67	1	3,896	6,002		0
800041	Bronson Lakeview Hospital		3,087	4,552		
390020	Bronson Methodist Hospital		13	20		
760030	McKenzie Health System		206	445		
470020	Trinity Health Livingston Hospital		370	630		
826858	Trinity Health Surgery Ctr Canton		220	355		
970008	Mobile #68	1	3,547	6,528		0
82C048	H.F. Med Ctr Plymouth @ Haggerty		3,404	6,292		
470020	Trinity Health Livingston Hospital		143	236		

**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