

MRI Service Utilization List, November 1, 2025

MOBILE ROUTES #73 - #87

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
990128	Mobile #73	2	3,123	6,351		0
63C819	Clarkston Imaging Center		863	1,390		
63C686	Karmanos Ctr Farmington Hills		1,031	3,173		
63C892	Michigan Resonance Img/Auburn		924	1,299		
63C670	Oxford Community Clinic		305	489		
970337	Mobile #75	2	617	1,243		0
39C030	Ascension Borgess 1700 Gull Rd		280	630		
030032	Ascension Borgess Allegan		36	81		
140010	Ascension Borgess Lee Hospital		149	239		
030031	Ascension Borgess Pipp Hospital		152	293		
980058	Mobile #76	1	3,467	5,935		0
16C002	McLaren - Northern MI Cheboygan		184	341		
090050	McLaren Bay Region		1,342	1,865		
65C002	McLaren Bay Region West		1,020	1,935		
320020	McLaren Thumb Region		921	1,794		
980305	Mobile #79	1	1,448	2,039		0
50C021	Premier Imaging-Clinton Township		944	1,315		
63C755	Premier Imaging-Southfield		504	724		
990052	Mobile #80	3	10,887	20,699		0
360021	Aspirus Iron River Hospital		871	1,869		
270022	Aspirus Ironwood Hospital		1,545	3,538		
310021	Aspirus Keweenaw Hospital		945	2,077		
070020	Baraga County Memorial Hospital		483	971		
520051	Bell Hospital		1,240	2,537		
480020	Helen Newberry Joy Hospital		663	1,311		
770010	Schoolcraft Memorial Hospital		1,110	2,386		
190011	U of M Health-Sparrow Clinton		215	353		
230022	U of M Health-Sparrow Eaton		3,815	5,657		
990141	Mobile #81	2	12,261	16,728		2,728
252612	Regional Medical Imaging		2,541	3,737		
822646	Regional Medical Imaging		2,917	4,094		
63C851	Regional Medical Imaging		6,803	8,897		
000105	Mobile #85	1	4,022	8,385		0
50C033	AIN Imaging, PLC		69	116		
63C860	AIN Imaging, PLC		3,953	8,269	4	
000285	Mobile #87	1	1,967	2,667		0
47C014	Providence Medical Ctr Livingston		1,967	2,667		

**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