

MRI Service Utilization List, November 1, 2025

MOBILE ROUTES #88 - #106

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
000327	Mobile #88	1	2,781	4,840		0
63C052	M1 Imaging		2,219	3,926		
63C120	Michigan Radiology Institute		562	914		
000378	Mobile #92	1	3,483	5,147		0
63C861	Clear Imaging		1,404	2,096		
82C024	Instant Imaging, LLC		2,079	3,051		
010048	Mobile #94	1	2,306	3,168		0
63C044	Ascend Imaging		288	430		
25C055	Complete Health Systems, Inc.		7	10		
580030	Promedica Monroe Regional Hospital		741	806		
50C043	Warren MRI Management LLC		1,270	1,922		
010074	Mobile #96	1	3,466	5,395		0
392611	Bronson Advanced Radiology		72	106		
130031	Bronson Battle Creek Hospital		13	18		
390020	Bronson Methodist Hospital		2,970	4,830		
70C012	Holland Medical Office Building		400	426		
230022	U of M Health-Sparrow Eaton		11	15		
010285	Mobile #105	1	2,746	5,669		0
800020	Bronson South Haven Hospital		38	52		
750020	CLOSED- Three Rivers Health		75	149		
230021	Eaton Rapids Medical Center		122	160		
490030	Mackinac Straits Hosp and Hlth Ctr		22	46		
150021	Munson Charlevoix Hospital		646	1,376		
282604	Munson Healthcare Foster Family		203	428		
280010	Munson Medical Center		966	2,162		
100020	Paul Oliver Memorial Hospital		398	842		
750010	Sturgis Hospital		70	130		
230022	U of M Health-Sparrow Eaton		206	324		
010299	Mobile #106	1	4,916	6,886		0
63C819	Clarkston Imaging Center		678	1,221		
63C858	Elite MRI of Michigan-Auburn		1,683	2,053		
63C762	Elite MRI of Michigan-Waterford		976	1,173		
50C677	McLaren Macomb - Shelby		91	148		
63C892	Michigan Resonance Imaging/Auburn		1,488	2,291		

**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