

MRI Service Utilization List, November 1, 2024

MOBILE ROUTES #216 - #234

Reporting Period July 1, 2023 through June 30, 2024

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
110278	Mobile #216	1	3,429	6,208		0
190011	U of M Health-Sparrow Clinton		1,678	2,562		
340021	U of M Health-Sparrow Ionia		1,751	3,646		
120345	Mobile #219	1	1,641	2,016		0
63C078	Focus Imaging LLC		7	12		
50C656	Southfield Rehab Co./Warren		137	161		
630013	Surgeons Choice Medical Ctr		1,497	1,843		
170222	Mobile #226	2	3,963	7,210		0
63C109	Focus Diagnostic Inc		13	19		
63C110	Focus Life Centers, Inc.		12	22		
63C116	Madison Heights Imaging Center LLC		3,370	6,104		
63C103	Michigan Imaging Center LLC		549	1,035		
82C770	Southeast Michigan Imaging		19	30		
190161	Mobile #230	1	3,924	6,329		0
50C040	Beaumont Outpatient Campus-Lenox		2	2		
82C041	Beaumont Outpatient Campus-Livonia		1,364	2,158		
820120	Corewell Health Dearborn Hosp		821	1,537		
820170	Corewell Health Trenton Hospital		1,190	2,073		
50C681	St. Clair Shores Family Med Center		547	559		
200035	Mobile #233	1	3,610	5,403		0
820120	Corewell Health Dearborn Hosp		461	878		
700030	Corewell Health Zeeland Hospital		1,013	1,845		
82C043	Dearborn Outpatient Center		1,661	1,969		
50C681	St. Clair Shores Family Med Center		475	711		
200241	Mobile #234	1	1,931	2,903	** Data Error	0
63C819	Clarkston Imaging Center		492	732		
82C677	Genesis MD Diagnostic Imaging		6	10		
500060	McLaren Macomb		174	264		
50C037	McLaren Macomb - Bay River		239	332		
560020	MyMichigan Medical Center- Midland		324	493		
826858	Trinity Health Surgery Ctr Canton		696	1,072		

**MRI Service Utilization List
November 1, 2024 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, 2023, through June 30, 2024, 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