

MRI Service Utilization List, November 1, 2024

MOBILE ROUTES #59 - #73

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
950146	Mobile #59	3	9,141	18,107		0
50C627	HF Med Ctr - Sterling Heights		1,741	3,543		
826830	Henry Ford Health Med Ctr/Fairlane		3,240	6,623		
506815	Henry Ford Health Med Ctr/Lakeside		1,768	3,365		
500110	Henry Ford Hlth Macomb Hosp		2,392	4,576		
960246	Mobile #64	1	2,802	3,890		0
41C040	Mercy Health Southwest Campus		2,802	3,890		
960250	Mobile #65	1	2,679	5,741		0
180010	MyMichigan Medical Center/Clare		2,168	4,771		
260011	MyMichigan Medical Center/Gladwin		236	490		
040010	MyMichigan Medical Ctr-Alpena		275	480		
960287	Mobile #66	2	5,949	8,571		0
800020	Bronson South Haven Hospital		578	869		
63C861	Clear Imaging		2,744	3,972		
230021	Eaton Rapids Medical Center		394	530		
380010	Henry Ford Health Jackson Hosp		12	17		
82C024	Instant Imaging LLC		17	22		
150021	Munson Charlevoix Hospital		24	54		
750010	Sturgis Hospital		330	713		
41C077	The Imaging Center MRI, LLC		1,838	2,377		
230022	U of M Health-Sparrow Eaton		12	17		
960309	Mobile #67	1	3,890	5,883		0
800041	Bronson Lakeview Hospital		3,015	4,426		
390020	Bronson Methodist Hospital		96	149		
470020	Trinity Health Livingston Hospital		493	860		
826858	Trinity Health Surgery Ctr Canton		286	448		
970008	Mobile #68	1	3,311	6,089		0
82C048	H.F. Med Ctr Plymouth @ Haggerty		3,107	5,745		
470020	Trinity Health Livingston Hospital		204	344		
990128	Mobile #73	1	3,963	7,470		470
63C819	Clarkston Imaging Center		671	1,052		
63C686	Karmanos Ctr Farmington Hills		1,324	3,964		
63C892	Michigan Resonance Img/Auburn		1,967	2,453		
63C670	Oxford Community Clinic		1	1		

**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