

**MRI Service Utilization List, November 1, 2024**

**MOBILE ROUTES #88 - #106**

**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
<b>000327</b>	<b>Mobile #88</b>	<b>1</b>	<b>2,809</b>	<b>4,848</b>		<b>0</b>
63C052	M1 Imaging		2,015	3,519		
63C120	Michigan Radiology Institute		794	1,329		
<b>000378</b>	<b>Mobile #92</b>	<b>1</b>	<b>3,450</b>	<b>4,843</b>		<b>0</b>
63C861	Clear Imaging		11	19		
82C024	Instant Imaging, LLC		3,439	4,824		
<b>010048</b>	<b>Mobile #94</b>	<b>1</b>	<b>1,423</b>	<b>2,042</b>		<b>0</b>
63C044	Ascend Imaging		189	256		
63C061	CLOSED-Maxim MRI Services, LLC		347	598		
25C055	Complete Health Systems, Inc.		68	91		
580030	Promedica Monroe Regional Hospital		526	602		
50C043	Warren MRI Management LLC		293	495		
<b>010074</b>	<b>Mobile #96</b>	<b>1</b>	<b>3,052</b>	<b>4,661</b>		<b>0</b>
130031	Bronson Battle Creek Hospital		550	812		
390020	Bronson Methodist Hospital		1,990	3,217		
70C012	Holland Medical Office Building		495	604		
750010	Sturgis Hospital		6	13		
230022	U of M Health-Sparrow Eaton		11	15		
<b>010285</b>	<b>Mobile #105</b>	<b>1</b>	<b>760</b>	<b>1,150</b>		<b>0</b>
130031	Bronson Battle Creek Hospital		138	206		
800020	Bronson South Haven Hospital		16	19		
030032	CLOSED-Ascension Borgess Allegan		63	124		
230021	Eaton Rapids Medical Center		110	146		
490030	Mackinac Straits Hosp and Hlth Ctr		24	36		
750010	Sturgis Hospital		17	29		
750020	Three Rivers Health		5	10		
190011	U of M Health-Sparrow Clinton		12	18		
230022	U of M Health-Sparrow Eaton		375	562		
<b>010299</b>	<b>Mobile #106</b>	<b>1</b>	<b>5,482</b>	<b>6,803</b>		<b>0</b>
63C819	Clarkston Imaging Center		647	1,126		
63C858	Elite MRI of Michigan-Auburn		2,330	2,550		
63C762	Elite MRI of Michigan-Waterford		1,357	1,472		
50C677	McLaren Macomb - Shelby		298	481		
63C892	Michigan Resonance Imaging/Auburn		850	1,174		

**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