



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary DHHS

Mark Payne, Director  
Health Service Regulation

November 22, 2016

Ms. Sandy Godwin  
1638 Owen Drive  
Fayetteville, NC 28304

**Exempt from Review – Replacement Equipment**

**Record #:** 2097  
**Facility Name:** Cape Fear Valley Medical Center  
**FID #:** 943057  
**Business Name:** Cape Fear Valley Medical Center  
**Business #:** 335  
**Project Description:** Replace existing MRI scanner  
**County:** Cumberland

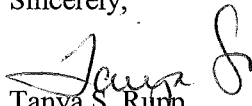
Dear Ms. Godwin:

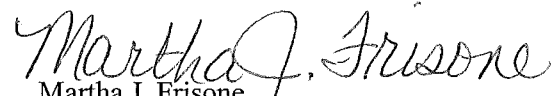
The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of October 20, 2016, the above referenced proposal is exempt from certificate of need review in accordance with G.S 131E-184(f). Therefore, you may proceed to acquire without a certificate of need the GE MR450w GEM 32ch MRI scanner to replace the GE Signa HDXT 1.5T MRI scanner. This determination is based on your representations that the existing unit will be removed from North Carolina and will not be used again in the State without first obtaining a certificate of need.

Moreover, you need to contact the Agency's Construction and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,

  
Tanya S. Rupp  
Project Analyst

  
Martha J. Frisone  
Assistant Chief, Certificate of Need

cc: Construction Section, DHSR  
Paige Bennett, Assistant Chief, Healthcare Planning, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR



**Healthcare Planning and Certificate of Need Section**

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Telephone: 919-855-3873 • Fax: 919-715-4413

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

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CAPE FEAR VALLEY HEALTH



BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY MEDICAL CENTER  
CAPE FEAR VALLEY REHABILITATION CENTER  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY SPECIALTY HOSPITAL  
HOKE HOSPITAL  
BLOOD DONOR CENTER  
BREAST CARE CENTER  
CANCER CENTER  
CAPE FEAR VALLEY MEDICAL GROUP  
CARELINK  
CAPE FEAR VALLEY HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK CRITICAL CARE TRANSPORT  
SLEEP CENTER

October 20, 2016

Ms. Martha Frisone, Assistant Chief  
Health Planning and Certificate of Need Section  
North Carolina Division of Facilities Services  
809 Ruggles Dr.  
Raleigh, NC 27603

Re: Replace an existing MRI located at Cape Fear Valley Medical Center

*BWS 335  
NR 2097*

Dear Ms. Frisone:

In accordance with G.S. 131E-184(f) Cape Fear Valley Health System proposes to replace an existing MRI scanner located at Cape Fear Valley Medical Center in Fayetteville, North Carolina. The following information and documentation is provided for your review.

- 1. A copy of the health service facility's current license.

Please see **Attachment 1** for a copy of the CFVHS 2016 License.

- 2. A copy of the certificate of need for the equipment proposed to be replaced.

The existing GE 1.5 T HDX MRI scanner was put into operation around 12 years ago. The CON for the project cannot be located however, documentation for the certificate of need for the acquisition and implementation of this equipment at that time is included in **Attachment 2**.

- 3. If no certificate of need was issued for the equipment proposed to be replaced, provide documentation that a certificate of need was not required when the equipment proposed to be replaced was initially acquired.

Not applicable, the existing equipment was acquired approximately 12 years ago as discussed in #2 above.

- 4. Documentation that the equipment proposed to be replaced is currently in use. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.

Please see **Attachment 3** for a letter from Chiekezi Ekechi, Corporate Director for Radiological Services, Cape Fear Valley Medical Center, which documents that the equipment to be replaced is currently in use.

CAPE FEAR VALLEY HEALTH

BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY  
MEDICAL CENTER  
CAPE FEAR VALLEY  
REHABILITATION CENTER  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY  
SPECIALTY HOSPITAL  
HOKE HOSPITAL

BLOOD DONOR CENTER  
BREAST CARE CENTER  
CANCER CENTER  
CAPE FEAR VALLEY  
MEDICAL GROUP  
CARELINK  
CAPE FEAR VALLEY  
HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK  
CRITICAL CARE TRANSPORT  
SLEEP CENTER

5. Documentation that the equipment proposed to be replaced will be sold or otherwise disposed of once the proposed replacement equipment is installed and operational. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.

Please see **Attachment 4** for a letter from GE, who will be removing the equipment from CFVMC, which documents that the existing equipment will be sold or otherwise disposed of once the proposed replacement equipment is installed and operational.

6. Documentation that the proposed replacement equipment is comparable to the equipment proposed to be replaced. See the definition of "replacement equipment" in G.S. 131E-176(22a) and the rule at 10 NCAC 14C .0303.

The current GE 1.5 T HDX MRI scanner is 12 years old and replacement parts are no longer available. The GE 1.5T MR450W will provide faster, clear, better data and information than the older equipment and will be capable of meeting the treatment needs of a larger variety of patients (See brochure in **Attachment 5**). The new equipment will allow current services provided at Cape Fear Valley Medical Center to be provided faster with better equipment but will not result in the expansion of diagnostic services currently provided.

Please see the Replacement Equipment Comparison Form included in **Attachment 5** for documentation that the proposed replacement equipment is comparable to the equipment proposed to be replaced.

7. Documentation that clinical patient services are provided at the site where the equipment proposed to be replaced is currently located.

Please see **Attachment 3** for a letter from Chiekezi Ekechi, Corporate Director for Radiological Services, Cape Fear Valley Medical Center, which documents that the equipment to be replaced is currently in use at Cape Fear Valley Medical Center at 1638 Owen Drive in Fayetteville, NC and that the replacement equipment will be located at the same location, where clinical patient services are provided. In addition, please see **Attachment 9** which includes relevant pages of the 2016 Cape Fear Valley Health System Annual Licensure Renewal Application which demonstrates that clinical patient services, in particular diagnostic MRI imaging services, are provided at Cape Fear Valley Medical Center at 1638 Owen Drive in Fayetteville.

8. Documentation that financial control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.

Please see **Attachment 6** for a letter from Sandy Godwin, Executive Director, Corporate Financial & Strategic Planning for Cape Fear Valley Health System, which documents that financial control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.





CAPE FEAR VALLEY HEALTH

BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY MEDICAL CENTER  
CAPE FEAR VALLEY REHABILITATION CENTER  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY SPECIALTY HOSPITAL  
HOKE HOSPITAL

- 9. Documentation that administrative control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.

Please see Attachment 6 for a letter from Sandy Godwin, Executive Director, Corporate Financial & Strategic Planning for Cape Fear Valley Health System, which documents that administrative control of the entire licensed health service facility is exercised at the site where the equipment proposed to be replaced is currently located.

Existing Equipment Location

BLOOD DONOR CENTER  
BREAST CARE CENTER  
CANCER CENTER  
CAPE FEAR VALLEY MEDICAL GROUP  
CARELINK  
CAPE FEAR VALLEY HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK CRITICAL CARE TRANSPORT  
SLEEP CENTER

- 10. The street address for the site where the equipment proposed to be replaced is currently located.

1638 Owen Drive  
Fayetteville, NC 28304

- 11. The building name and number where the equipment proposed to be replaced is currently located.

Cape Fear Valley Medical Center  
Radiology Department  
1638 Owen Drive  
Fayetteville, NC 28304

- 12. The room number where the equipment proposed to be replaced is currently located.

The existing equipment is located in the Cape Fear Valley Medical Center Radiology Department on the first floor in the MRI Suite.

- 13. A floor plan drawn to scale showing the location of the equipment proposed to be replaced.

Please see Attachment 7 for a floor plan of the Cape Fear Valley Medical Center Radiology which shows the location of the equipment proposed to be replaced.

- 14. A site plan drawn to scale identifying the building where the equipment proposed to be replaced is currently located.

Please see Attachment 7 for a site plan identifying the location of the Cape Fear Valley Medical Center Radiology which shows the location of the equipment proposed to be replaced.



CAPE FEAR VALLEY HEALTH

BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY  
MEDICAL CENTER  
CAPE FEAR VALLEY  
REHABILITATION CENTER  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY  
SPECIALTY HOSPITAL  
HOKE HOSPITAL

15. If the site where the equipment proposed to be replaced consists of multiple buildings, identify which of those buildings is the main building on the site plan.

Please see Attachment 7 for a site plan which identifies the location on the site plan.

16. If the equipment proposed to be replaced is located in a building that is not strictly contiguous to the main building, provide documentation that the main building is located within 250 yards of the building where the equipment is currently located.

Not applicable, the equipment proposed to be replaced is located in the main hospital building.

BLOOD DONOR CENTER  
BREAST CARE CENTER  
CANCER CENTER  
CAPE FEAR VALLEY  
MEDICAL GROUP  
CARELINK  
CAPE FEAR VALLEY  
HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK  
CRITICAL CARE TRANSPORT  
SLEEP CENTER

Proposed Replacement Equipment Location

17. The street address of the site where the proposed replacement equipment will be located.

1638 Owen Drive  
Fayetteville, NC 28304

18. The building name and number where the proposed replacement equipment will be located.

Cape Fear Valley Medical Center  
Radiology Department  
1638 Owen Drive  
Fayetteville, NC 28304

19. The room number where the proposed replacement equipment will be located.

The replacement equipment is located in the Cape Fear Valley Medical Center Radiology Department on the first floor in the MRI Suite.

20. A floor plan drawn to scale showing the location of the proposed replacement equipment.

Please see Attachment 7 for a floor plan of the Cape Fear Valley Medical Center Radiology Department which shows the location of the equipment proposed to be replaced.

21. A site plan drawn to scale identifying the building where the proposed replacement equipment will be located.



CAPE FEAR VALLEY HEALTH

- BEHAVIORAL HEALTH CARE
- BLADEN COUNTY HOSPITAL
- CAPE FEAR VALLEY MEDICAL CENTER
- CAPE FEAR VALLEY REHABILITATION CENTER
- HEALTH PAVILION NORTH
- HIGHSMITH-RAINEY SPECIALTY HOSPITAL
- HOKE HOSPITAL

Please see Attachment 7 for a floor plan of the Cape Fear Valley Medical Center Radiology Department which shows the location of the equipment proposed to be replaced.

22. If the site where the proposed replacement equipment will be located consists of multiple buildings, identify which of those buildings is the main building on the site plan.

Please see Attachment 7 for a site plan identifying the location of the Cape Fear Valley Medical Center Radiology Department which shows the location of the equipment proposed to be replaced.

- BLOOD DONOR CENTER
- BREAST CARE CENTER
- CANCER CENTER
- CAPE FEAR VALLEY MEDICAL GROUP
- CARELINK
- CAPE FEAR VALLEY HOMECARE & HOSPICE, LLC
- CUMBERLAND COUNTY EMS
- FAMILY BIRTH CENTER
- HEART & VASCULAR CENTER
- HEALTHPLEX
- LIFELINK CRITICAL CARE TRANSPORT
- SLEEP CENTER

23. If the proposed replacement equipment will be located in a building that is not strictly contiguous to the main building, provide documentation that the main building is located within 250 yards of the building where the proposed replacement equipment will be located.

Not applicable, the equipment proposed to be replaced is located in the main hospital building.

The above information has been provided in accordance with the requirements identified in G.S. 131#-184(f) for replacement equipment. In addition, the capital expenditure for the project is included in Attachment 8.

If you have any questions concerning this request, please do not hesitate to call Chiekezi Ekechi at (910) 615-8660 or me at (910) 615-6852.

Sincerely,

Sandy T. Godwin  
Executive Director, Corporate Financial & Strategic Planning  
Cape Fear Valley Health System

# State of North Carolina

Department of Health and Human Services  
Division of Health Service Regulation

*Effective May 26, 2016, this license is issued to*

*Cumberland County Hospital System, Inc.*

*to operate a hospital known as*

*Cape Fear Valley Medical Center*

*located in Fayetteville, North Carolina, Cumberland County.*

*This license is issued subject to the statutes of the  
State of North Carolina, is not transferable and shall remain  
in effect until amended by the issuing agency.*

*Facility ID: 943057*

*License Number: H0213*

**Bed Capacity: 611**

*General Acute 501, Rehabilitation 78, Psych 28, Substance Abuse 4,*

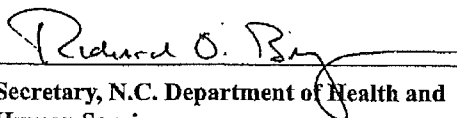
**Dedicated Inpatient Surgical Operating Rooms: 5**

**Dedicated Ambulatory Surgical Operating Rooms: 0**

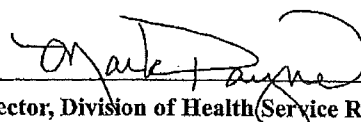
**Shared Surgical Operating Rooms: 13**

**Dedicated Endoscopy Rooms: 4**

Authorized by:

  
Secretary, N.C. Department of Health and  
Human Services



  
Director, Division of Health Service Regulation



North Carolina Department of Health and Human Services  
Division of Health Service Regulation

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Mark Payne  
Assistant Secretary for Audit and  
Health Service Regulation

June 1, 2016

Mr. Michael Nagowski, CEO  
Cape Fear Valley Medical Center  
P O Box 2000  
Fayetteville, NC 28302

**Re: General Acute Bed Addition (11)  
CON/Project I.D: M-10294-14**

**Effective: 05/25/2016**

Dear Mr. Nagowski:

A new license is enclosed which reflects the following:

From	To
General Acute Beds: 490	General Acute Beds: 501

This license is issued pursuant to Chapter 131E-75 et seq., Hospital Licensure Act. The new license should be posted in a public area.

Notice of Right to Appeal. You have the right to appeal this decision pursuant to the provisions of Article 3 of Chapter 150B of the North Carolina General Statutes. In order to preserve this right, you must file a petition for contested case hearing in the Office of Administrative Hearings. Your petition must be received by the Office of Administrative Hearings no later than thirty days after the date on which this letter was mailed to you. For complete instructions on the filing of a petition, you may write or call the Office of Administrative Hearings at the following address and telephone number:

Office of Administrative Hearings  
6714 Mail Service Center  
Post Office Drawer 27447  
Raleigh, NC 27699-6700 - Telephone (919) 431-3000



<http://www.ncdhhs.gov/dhsr/>

Phone: 919-855-4620 / Fax: 919-715-3073

Location: 1205 Umstead Drive v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603

Mailing Address: 2712 Mail Service Center • Raleigh, North Carolina 27699-2712

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Mr. Michael Nagowski, CEO  
June 1, 2016  
Page Two

If you file a petition for contested case hearing, you must also serve a copy of the petition on the Department of Health and Human Services. You may serve the Department by mailing a copy of your petition to Emery E. Milliken, General Counsel, at the following address: Department of Health Service Regulation, Office of Legal Affairs, Adams Building, Room 111, 2005 Mail Service Center, Raleigh, NC 27699-2005.

We will notify the appropriate agencies by copy of this letter. Please contact our office if there are any questions about this process.

Sincerely,

*Linda M. Johnson*

Linda M.. Johnson, Administrative Assistant II  
Acute and Home Care  
Licensure and Certification Section

Enclosure

cc: Construction Section Chief  
Medical Facility Planning  
Certificate of Need Section Chief  
DMA



BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY MEDICAL CENTER  
CAPE FEAR VALLEY REHABILITATION CENTER  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY SPECIALTY HOSPITAL  
HOKE HOSPITAL

October 7, 2016

Ms. Martha Frisone, Assistant Chief  
Health Planning and Certificate of Need Section  
North Carolina Division of Facilities Services  
809 Ruggles Dr.  
Raleigh, NC 27603

BLOOD DONOR CENTER  
BREAST CARE CENTER  
CANCER CENTER  
CAPE FEAR VALLEY MEDICAL GROUP  
CARELINK  
CAPE FEAR VALLEY HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK CRITICAL CARE TRANSPORT  
SLEEP CENTER

Re: Replace an existing MRI scanner located in the Cape Fear Valley Medical Center Radiology Department  
Attachment 2 – Documentation of Certificate of Need

Dear Ms. Frisone:

I am the Executive Director, Corporate Financial & Strategic Planning at Cape Fear Valley Health System. CFVHS is replacing an older, GE 1.5T HDX MRI scanner with a new GE 1.5T MR450W scanner. The proposed replacement equipment will be located in the Radiology Department at CFVMC at 1638 Owen Drive in Fayetteville, NC. This location is part of the main hospital at Cape Fear Valley Medical Center.

The existing MRI scanner was put into operation around 12 years ago. Our research on the existing equipment reflects that in 2002 a CON was issued, Project I.D. #M-6603-02, which stated that CFVMC would have two MRIs at completion of the project; we believe the existing MRI was acquired as a result of this CON. The third MRI at CFVMC, reflected in the 2016 SMFP, was added when Highsmith Rainey Memorial Hospital merged with CFVMC. We have been unable to locate the original CON for this project. Please consider this letter as documentation that a Certificate of Need was received when the equipment was initially acquired.

We look forward to receiving notification from the Certificate of Need Section that the replacement equipment is consistent with the statutory language and is indeed exempt from CON review.

Please do not hesitate to contact me with any questions.

Sincerely,

Sandy T Godwin  
Executive Director, Corporate Financial & Strategic Planning  
Cape Fear Valley Health System  
910.615.6700

Attachment



Michael Nagowski, Chief Executive Officer  
Bradley Broussard, MD, Chief of Staff

BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY  
MEDICAL CENTER  
CAPE FEAR VALLEY  
REHABILITATION CENTER  
HEALTH PAVILION HOKE  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY  
SPECIALTY HOSPITAL

September 30, 2016

Ms. Martha Frisone, Assistant Chief  
Health Planning and Certificate of Need Section  
North Carolina Division of Facilities Services  
809 Ruggles Dr.  
Raleigh, NC 27603

Re: Replace an existing MRI located in Cape Fear Valley Medical Center  
Radiology Department.

BLOOD DONOR CENTER  
CANCER CENTER  
CARELINK  
CAPE FEAR VALLEY  
HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK  
CRITICAL CARE TRANSPORT  
PRIMARY CARE PRACTICES  
SLEEP CENTER

Dear Ms. Frisone,

I am the Corporate Director for Radiological Services at Cape Fear Valley Health System (CFVHS). In this role, I am responsible for the day to day operation of radiology services at Cape Fear Valley Medical Center (CFVMC).

This letter is to provide documentation that the MRI CFVHS is proposing to replace is currently in use in the CFVMC Radiology Department at 1638 Owen Drive, Fayetteville, NC. We currently provide both inpatient and outpatient clinical patient services at the current location. In addition, the proposed replacement equipment will be located in the same location as the current equipment.

The equipment to be purchased is a GE 1.5T MR450W and will be used to diagnose patients consistent with what is done today on our older MRI which is a GE 1.5T HDX MRI. While the MRI will have updated technology and will be faster and better quality, the equipment is comparable to the equipment being replaced. Attached to this letter is a brochure with information about the new equipment and the old equipment.

We look forward to receiving notification from the Certificate of Need Section that the replacement equipment is consistent with the statutory language and is indeed exempt from CON review.

Please do not hesitate to contact me with any questions.

Sincerely,

Chiekezi Ekechi, RT(R), MBA  
Corporate Director for Radiological Services  
Cape Fear Valley Health System



GE Healthcare  
PO Box 414  
Milwaukee, WI 53187

October 17, 2016

Chiekezi Ekechi  
Corporate Director of Imaging Services  
Cape Fear Valley Health System  
1638 Owen Drive  
Fayetteville, NC 28304

**RE: GE Signa HDXT 1.5T MRI**

Dear CK,

Thank you for allowing General Electric Healthcare (GEHC) the opportunity to earn your business. Cape Fear Valley Health System is a valued customer and we truly appreciate the partnership we share.

The purpose of this letter is to inform you that General Electric Healthcare will be responsible for removing your existing GE 1.5T MRI Scanner as part of your upcoming GE Optima MR450w 32ch GEM 1.5T MRI purchase and estimate the de-installation and removal will be completed at no additional charge to Cape Fear Valley Health System. Cape Fear Valley Health System will be responsible for the cost of any scan room construction/renovation, clearing the rig path, rigging costs, and opening the scan room access panel. We will work closely with your facilities planning department to insure proper timing of the de-installation. The system will be de-installed, removed, and shipped by our GE team to our Goldseal business in Waukesha, WI. We understand and confirm that this unit may not be returned to the State of North Carolina without proper authorization from the North Carolina Certificate of Need (CON) section of DHSR.

Thank you again for the opportunity to earn your business. If you have any additional questions, feel free to call me at any time.

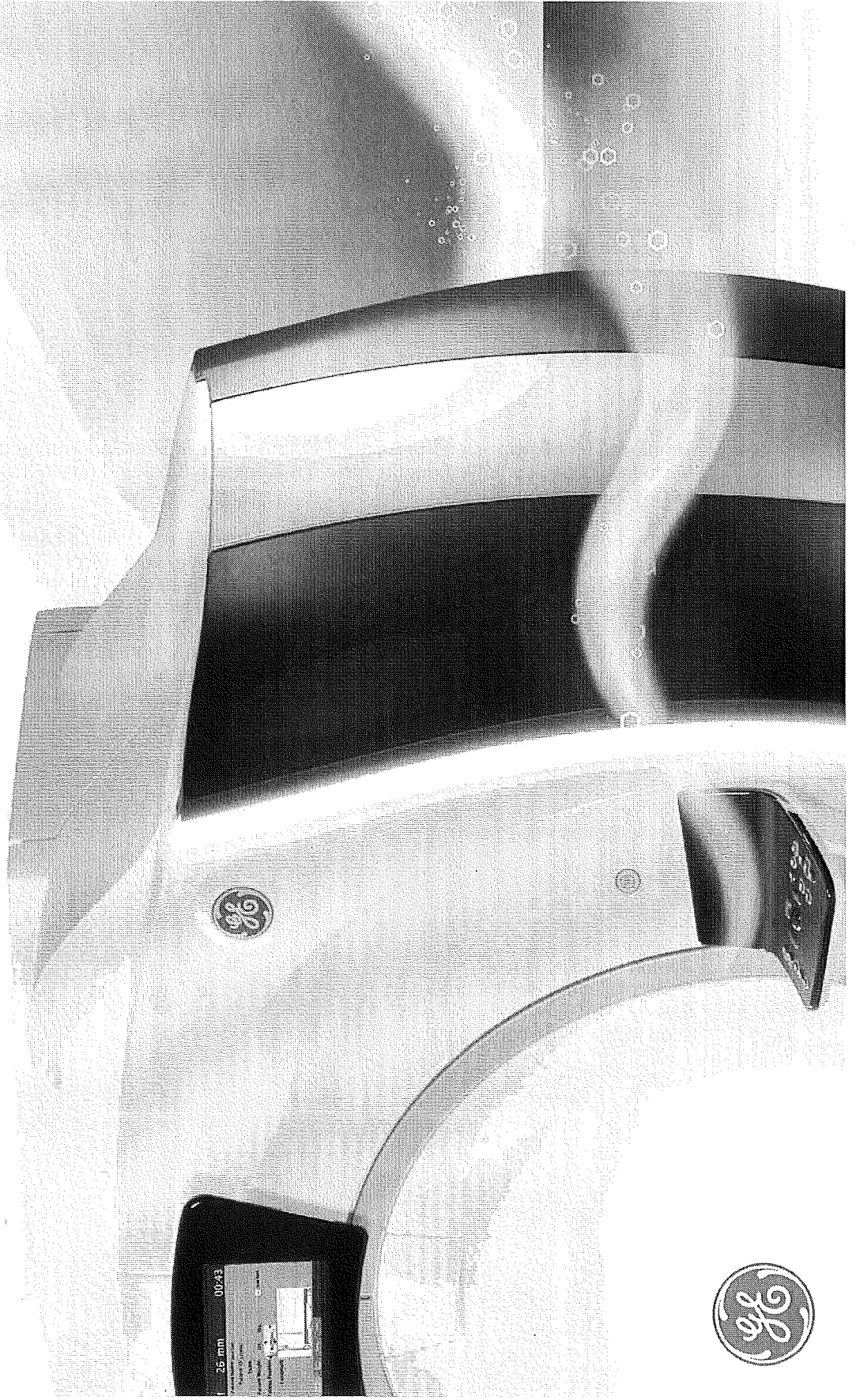
Sincerely,

F. Scott Ramsey  
Region Modality Leader, MRI  
General Electric Healthcare  
919-621-1657  
scott.ramsey@ge.com

GE Healthcare

# CARING DESIGN. INSIGHTFUL TECHNOLOGY.

Optima<sup>®</sup> MR450w 1.5T

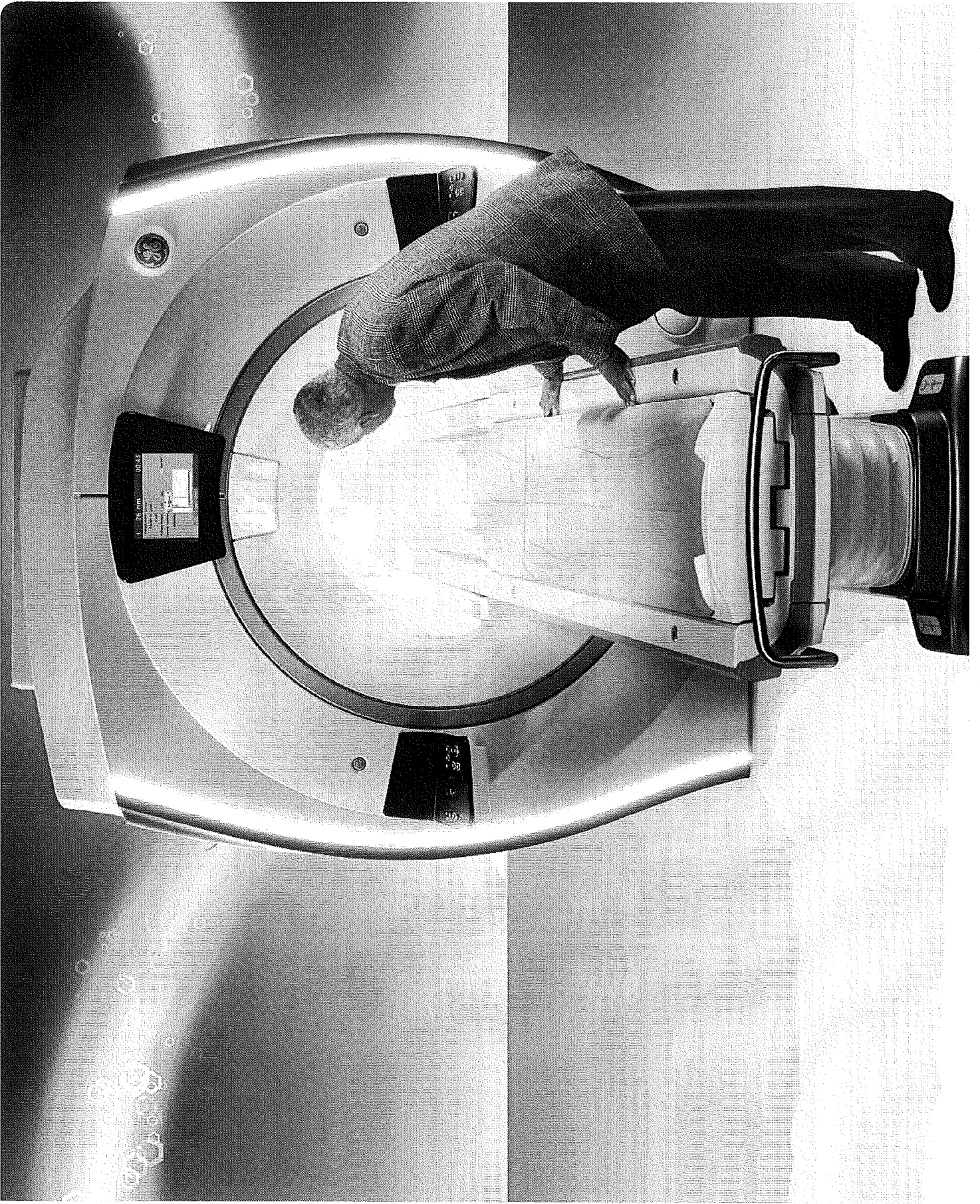


# "THE CARING SHAPE AND WARM LIGHT" MAKE IT INVITING."

Every piece of equipment you own represents a balance of technology and design. The Optima MR450w not only exemplifies this philosophy, it takes it further. We've brought together the versatility of 1.5T performance with the care of a wider bore design. And that's just the beginning.

See how the Optima MR450w gives you the right experience, the right capabilities and the right investment.







# CARING DESIGN.

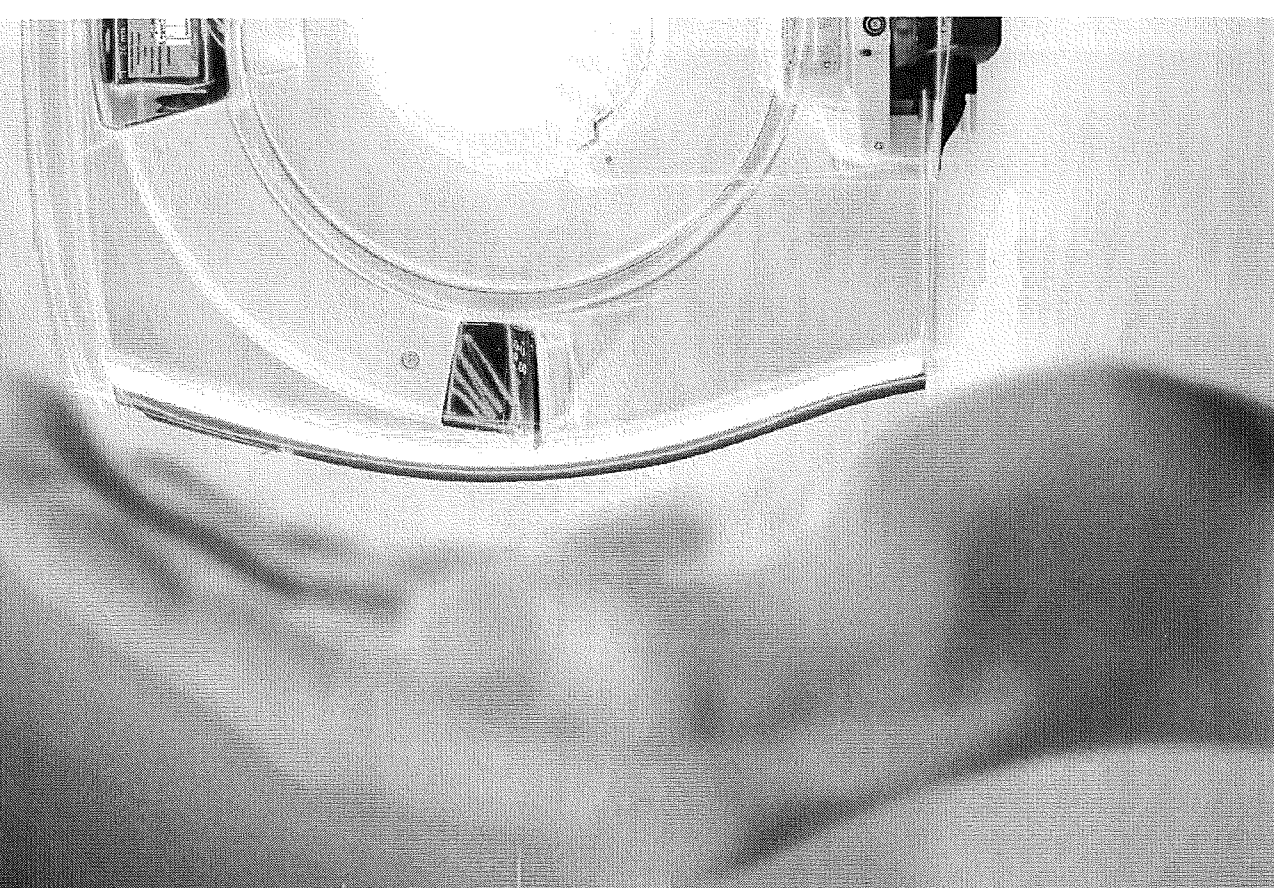
## MR IN A NEW LIGHT.

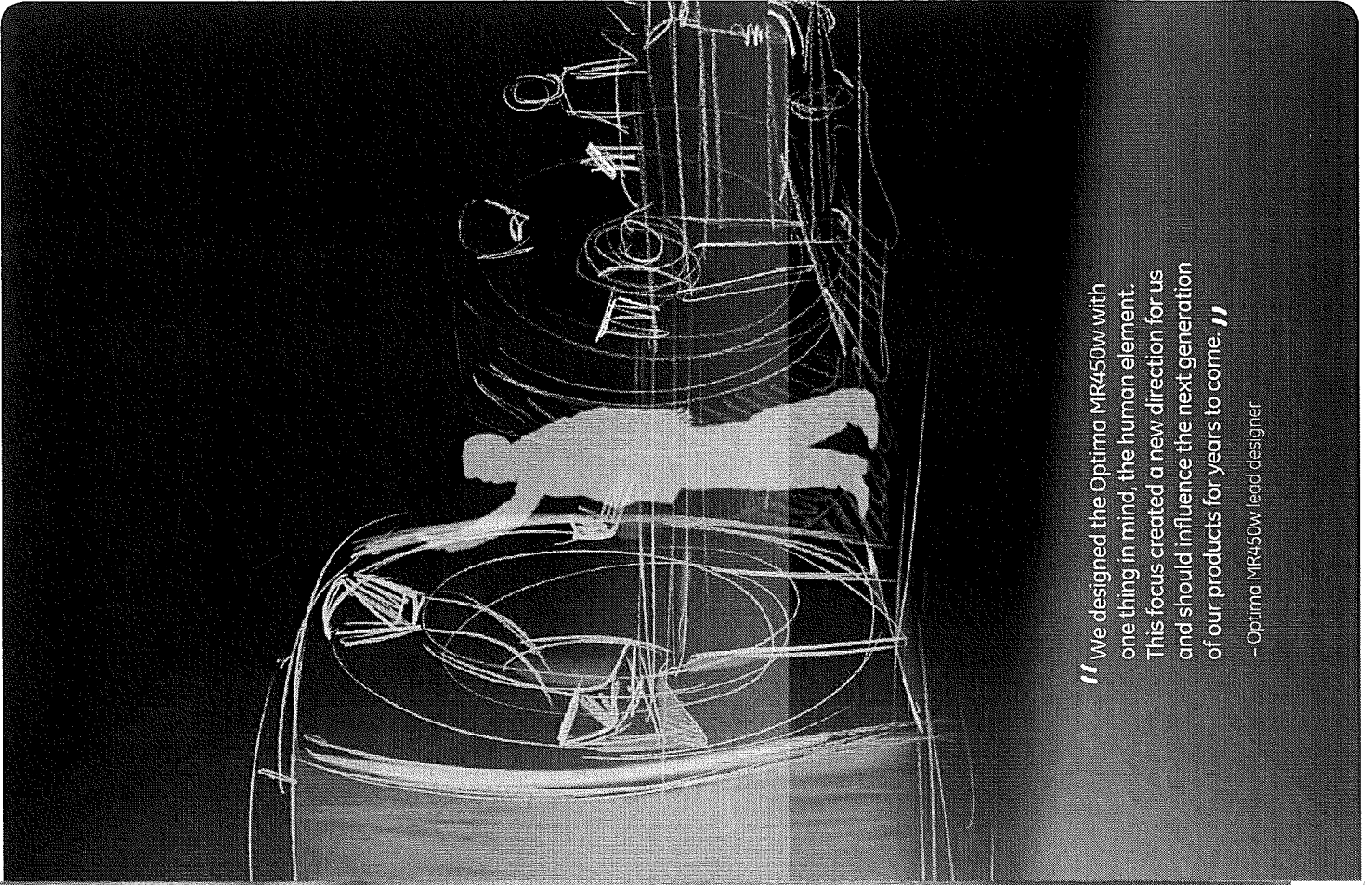
Sometimes something as simple as a light, such as the sophisticated LED lighting on the Optima MR450w, can be enough to get people's attention. This small, but important design choice represents our focus on the human element in MR.

Using the symbol of caring hands as our inspiration, the Optima MR450w was designed to be welcoming to the patient and intuitive for the technologist. We listened to patients who asked us for a comfortable scan experience. We not only widened the bore and created soft, flexible coils, but we completely re-designed the table surface with different cushion densities to help alleviate pressure points for a more relaxing exam.

We also listened to technologists describe their use of the on-system controls. So we built a sleek, ergonomically friendly interface to mimic the same consumer-designed devices they use in their home every day. This allows them to focus their attention where it belongs, on their patients.

The result? A new system inviting to patients and user-friendly for technologists.





“ We designed the Optima MR450w with one thing in mind, the human element. This focus created a new direction for us and should influence the next generation of our products for years to come. ”

- Optima MR450w lead designer





# INSIGHTFUL TECHNOLOGY.

## CUTTING-EDGE MADE PRACTICAL.

Sometimes all you need is the right tool for the right job. With the Optima MR450w, we've taken the right amount of technology and combined it with the right gantry design. Namely the performance you only get from 1.5T with the open architecture of a 70 cm wide bore. It's cutting-edge technology fine-tuned to meet your everyday needs.

### Optical RF (OptiX)

OptiX Optical RF offers high channel count, analog to digital-optical signal conversion where it matters – inside the scan room to minimize noise and signal degradation, but away from the patient to enhance comfort and safety.

### Usable FOV

Our 70 cm flared, open bore design with a large 50 x 50 x 50 cm field of view results from excellent homogeneity, gradient linearity and RF uniformity. In order to properly image off-center anatomy such as a shoulder or hip, you need a large, usable field of view, which the Optima MR450w delivers.

### Gradients

Gradient speed, accuracy and reproducibility often determine the success of demanding acquisitions like fMRI, DTI and Fiesta. The gradient and RF body coils are water and air-cooled for optimum duty-cycle performance, short TRs and TEs, producing sharp and clear images.



**“**Under that sleek exterior is some of the most versatile technology we've ever built into an MR. Our goal has been to deliver a 1.5T system with a 70 cm bore with no compromises. In fact, the Optima MR450w is engineered to be 30 percent lighter than our previous systems without sacrificing performance.**”**

—Optima MR450w lead engineer

**④**  
**Acoustic Reduction Technology (ART)**  
The right MR experience goes beyond bore size and positioning. Patients today are also asking for a quiet MR exam. Acoustic Reduction Technology (ART) delivers just that, reducing acoustic noise. ART is such a practical application, it will become an essential part of your brain, spine and MSK scans. And because ART reduces noise by optimizing the gradient performance, there's virtually no compromise in image quality.



# FLEXIBLE COILS.

## EMBRACE THE PATIENT.

Coils are to MR what lenses are to a camera. They help focus the energy of MR into a clearer picture of your patients. However, no two patients are alike and traditional coil design can sometimes emphasize function over comfort. And an uncomfortable, moving patient can sometimes lead to poor image quality and time-consuming re-scans.

Not any more. The Geometry Embracing Method (GEM) Suite is designed to bring a new level of comfort to patients, minimizing anxiety and motion during the exam. Crafted to embrace the patient, these flexible coils make for a relaxed scan experience. This also makes it easier for technologists to correctly position their patients without strain or difficulty.

Imagine what your patients will say when you can now offer feet-first imaging for all exam types, lightweight, flexible coils and a re-designed table surface that alleviates pressure points. They'll probably thank you.

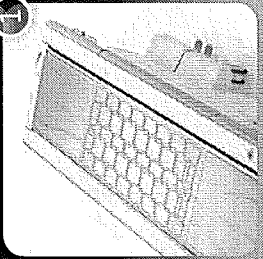
**“We've completely changed how we think about coil design. With GEM Suite, patients can expect a more comfortable exam with open, flexible coils that naturally follow the contours of the human body.”**

— GEM Suite lead coil engineer

### **GEM express patient table and posterior array**

The GEM express patient table is a mobile patient transport with an embedded high-density, posterior RF coil array. The integrated posterior array supports both head-first and feet-first imaging for all anatomies and can help eliminate the need to reposition patients within an exam, as well as the need for coil exchanges.

1



### **GEM anterior array**

The GEM anterior array facilitates extended coverage of chest, abdomen, pelvis and cardiac imaging. It is lightweight, flexible, thin and pre-formed to conform to the patient's size and shape.

2

### **GEM lower extremity array**

The GEM lower extremity array facilitates imaging of the thighs and lower legs. The coil incorporates an innovative self-supporting hinge design between the upper and lower elements to accommodate various patient sizes and simplify patient setup.



4

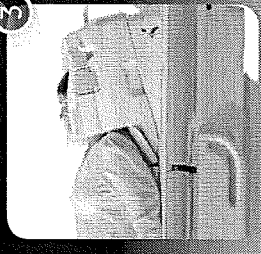
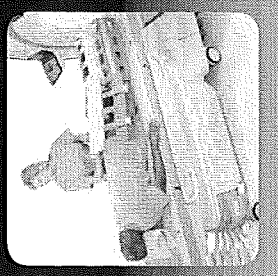
**GEM Flex Suite**

The GEM Flex Suite is a set of lightweight and flexible arrays that accommodate a wide range of patient sizes and shapes. The suite consists of three high-density 16-channel arrays, knee support with a fixation device and a coil fixation pad for high-resolution imaging of the hips, knees, ankles, feet, wrists, elbows and shoulders. These coils remove the need for the patient to fit into a hard-shell array that is not designed for their particular body type.

3

**GEM head and neck unit**

The GEM head and neck unit (HNU) can support head-first or feet-first imaging. The open-face design provides an unobstructed view for patients. GEM comfort tilt helps improve patient comfort by elevating the superior end of the coil. This enhances image quality by positioning the anatomy, for example in kyphotic patients, closer to the coil elements.





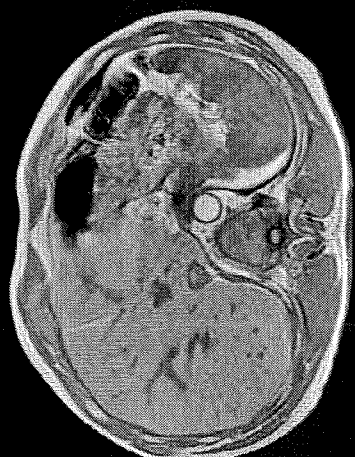
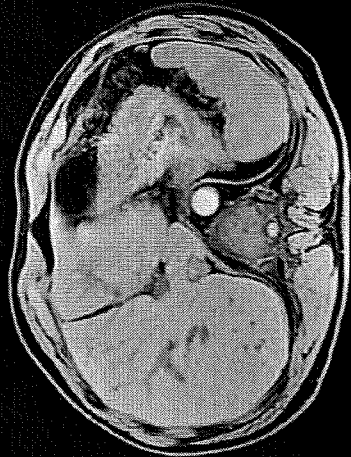
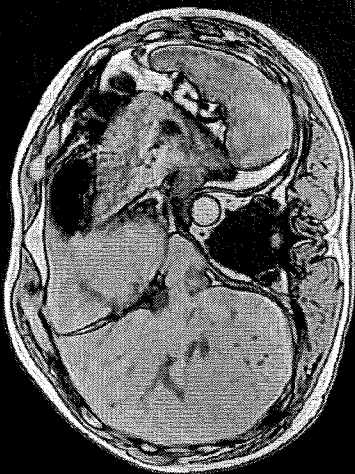


# INTUITIVE APPLICATIONS.

SEE TO UNDERSTAND.

Even with the right balance of design and technology, intuitive applications are what truly drive better understanding of what you need to see. The Optima MR450w offers the latest advanced applications to help you utilize the full potential of 1.5T MR imaging.

How about acquiring contrast-quality images without using contrast? With Inhance DeltaFlow, one of the many applications available on the Optima MR450w, you can. Patients can now be evaluated without contrast injections. That's a win-win for you and the patient.

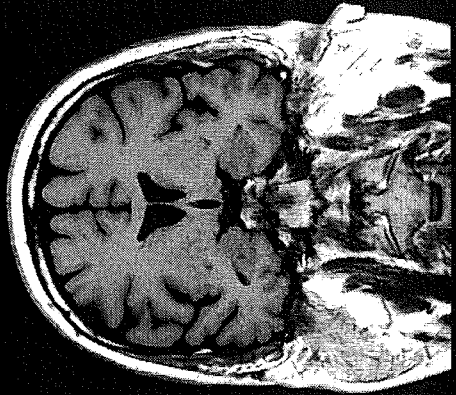




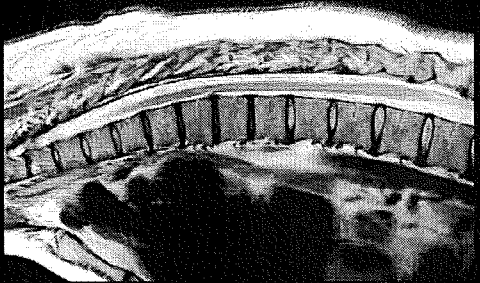
NEURO



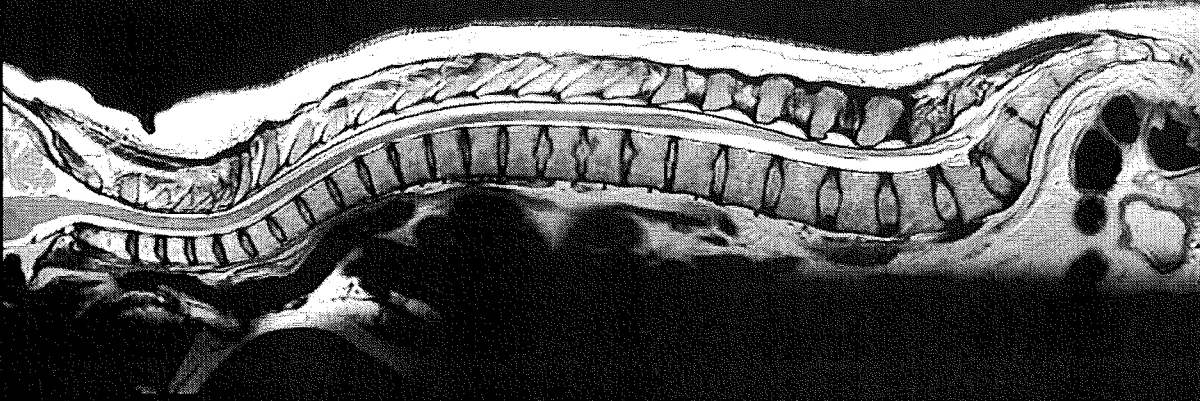
Brain  
T2 PROPELLER Sagittal  
384 x 384 5 mm



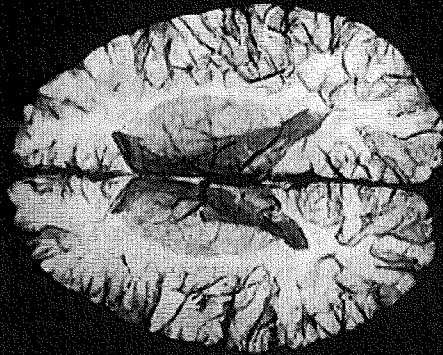
Brain  
T1 FLAIR PROPELLER Coronal  
288 x 288 3 mm



T-Spine  
T2 PROPELLER Sagittal  
320 x 320 3 mm



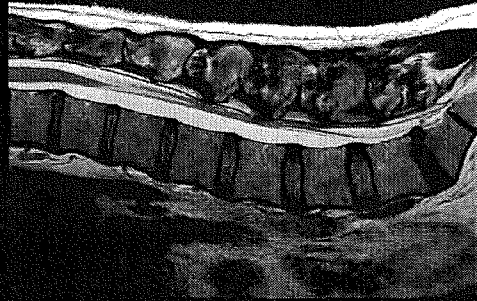
Whole Spine  
T2 ffrSE Sagittal  
512 x 288 3 mm



Brain  
3D SWAN Axial  
384 x 288 2.2 mm

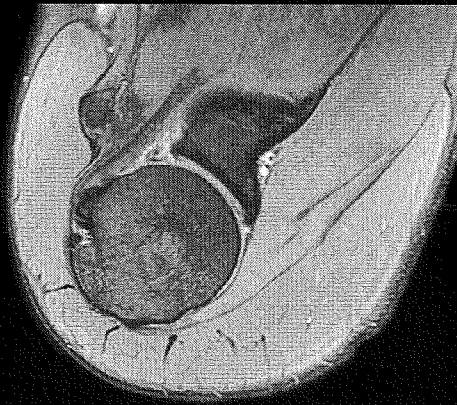


C-Spine  
T2 ffrSE Sagittal  
384 x 224 3 mm

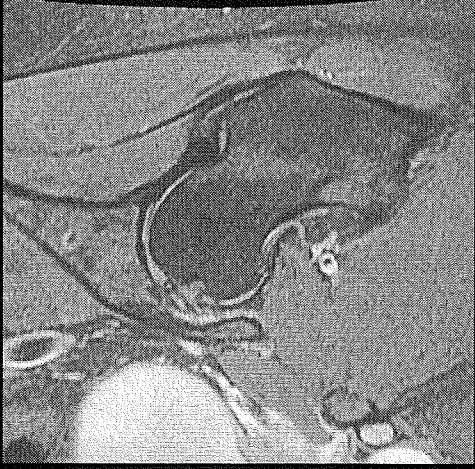


L-Spine  
T2 ffrSE Sagittal  
448 x 256 4 mm

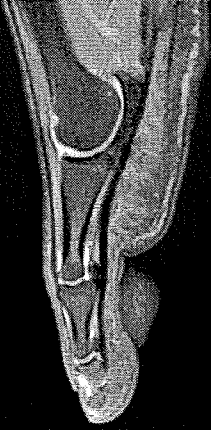
MUSCULOSKELETAL



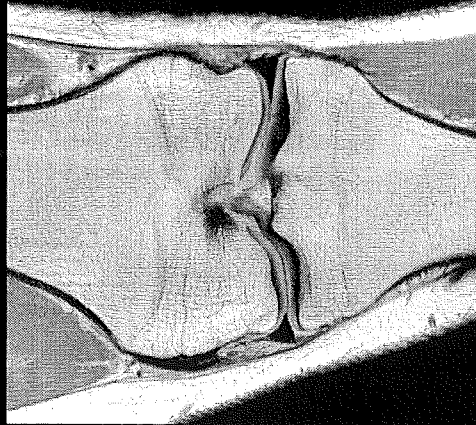
Shoulder  
3D MERGE  
320 x 256 2.4 mm



Hip  
PD FSE Fat Sat Coronal  
320 x 256 4 mm



Toes  
T2 IDEAL Water Image  
320 x 224 2.2 mm



Knee  
PD FSE Coronal  
1024 x 416 3.5 mm

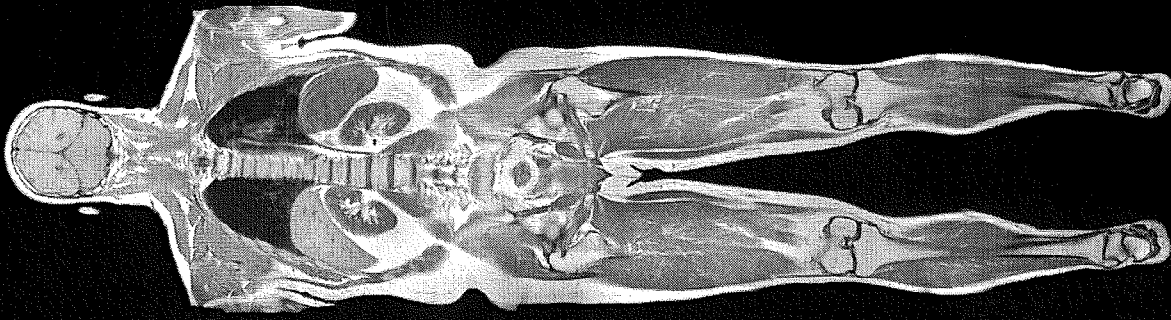


Knee  
PD FSE Fat Sat Sagittal  
384 x 224 3.5 mm

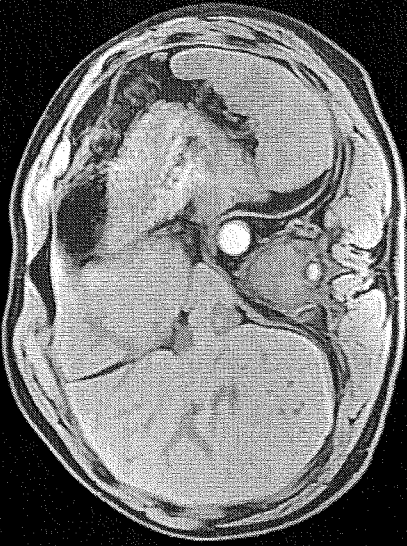


Elbow  
T2 IfrFSE Fat Sat Coronal  
320 x 224 3 mm

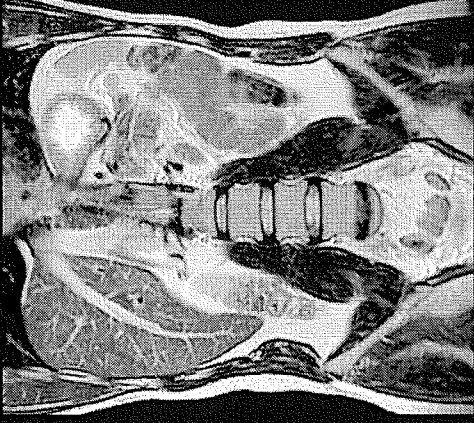
BODY



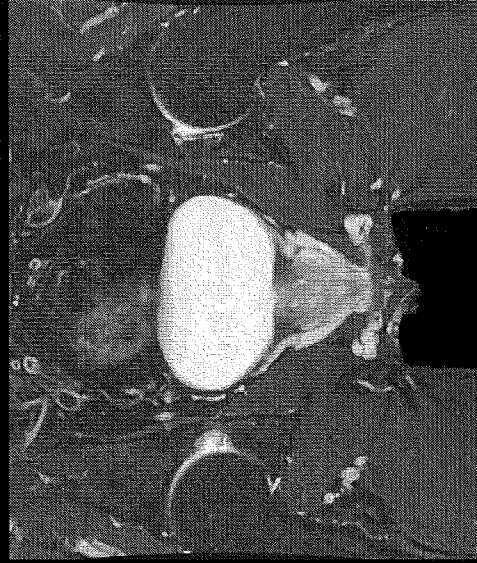
Whole Body  
T1 FSE Coronal  
384 x 256 FOV 44 cm  
5 station pasted



Abdomen  
LAVA Flex Axial  
320 x 192 4.4 mm



Abdomen  
T2 FSE Coronal  
320 x 256 6 mm

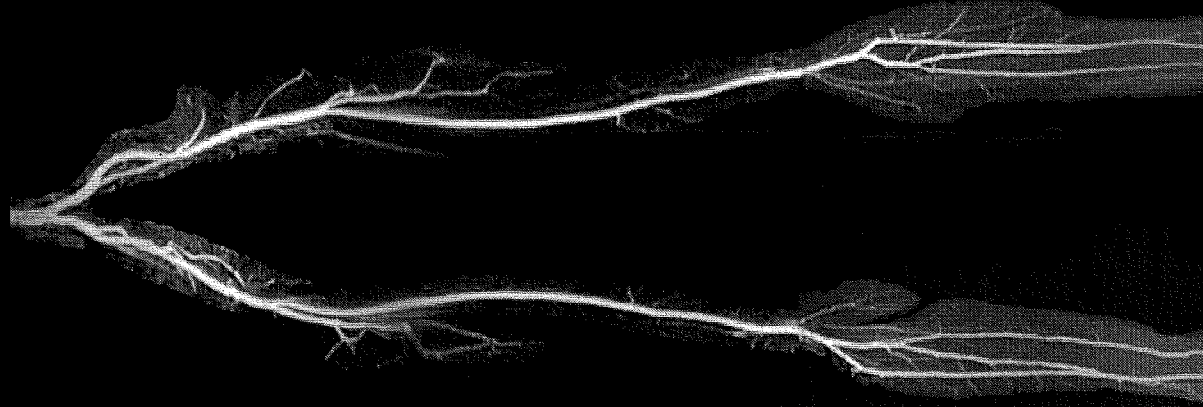


Mole Pelvis  
T2 ffrFSE Fat Sat Coronal  
320 x 256 4 mm



MRCP  
3D ffrFSE  
320 x 320 1.6 mm

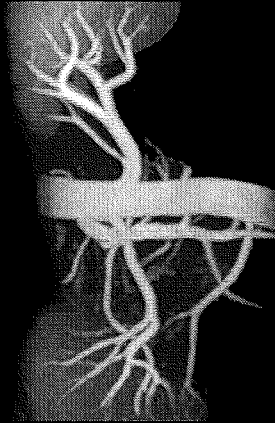
# VASCULAR



Inhance DeltaFlow  
3 stations w/ ARC



Inhance 3D Velocity  
320 x 256 1.2 mm



Inhance Inflow IR  
256 x 256 2 mm

# INTUITIVE APPLICATIONS.

## CONTRAST WITHOUT CONTRAST

### 3D ASL

Non-contrast brain perfusion. Quantitative perfusion imaging without contrast.

### Inhance Inflow IR

Consistent and reliable non-contrast, free-breathing imaging of the arterial and venous vascular, such as the renal and portal vein.

### Inhance DeltaFlow

High-resolution, rapid, non-contrast lower extremity/peripheral vascular three-station imaging typically in less than six minutes.

### Inhance 3D Velocity

High-resolution, fast, non-contrast imaging of the arterial and venous structure in the brain.

## BREAST

### VIBRANT Flex

Generates up to four contrasts with high-resolution in just one short scan and virtually eliminates fat suppression failures in breast imaging, even over a large FOV with irregular anatomy.

### VIBRANT

Lays the foundation of breast MRI with a high combined spatial detail and scanning speed including bilateral shimming to ensure uniform bilateral fat saturation.

### Breast Biopsy

In-room Operator Console (IROC) supports needle localization for breast biopsy.

## NEURO

### Cube

3D FSE-based sequence for isotropic resolution in all contrasts (T1, T2, & T2 FLAIR).

## SWAN

High-resolution visualization and delineation of small vessels and microbleeds.

## PROPELLER

Motion-insensitive T1, FLAIR, T2, T2 FLAIR and DWI for efficient imaging of uncooperative patients.

## 3D MERGE

Improves grey-white matter contrast in the spinal cord.

## MUSCULOSKELETAL

### PROPELLER

Motion-insensitive T1, T2 and PD imaging to improve the visualization of subtle structures such as cartilage, meniscus, ligaments and labrum.

### IDEAL

This unique fat/water separation technique provides multiple contrasts from one acquisition for consistent, uniform fat suppression virtually every time.

### CartiGram

A non-invasive imaging method to assess articular cartilage integrity, detect early cartilage degeneration and monitor patient progress.

## BODY

### LAVA Flex

A rapid 3D sequence for consistent and reliable fat saturation in one breath hold.

### MRCP (MR cholangiography)

High-resolution reliable visualization of the biliary ducts.

## PROPELLER

Motion-insensitive, free-breathing T2 abdominal imaging.

### Whole Body w/ GEM Suite

Perform whole body imaging without repositioning the patient or coils.

### MR-Touch

Non-invasive measure of liver stiffness.

## sDWI

Ability to visualize pathology and measure ADC values in a single breath hold in the liver and beyond.





# GO FURTHER.

## BEYOND RADIOLOGY.

Being ready for the future means having a system that can not only grow beyond its original design, but surpass it. The Optima MR450w was designed with the ability to go further than the traditional boundaries of radiology. If you're looking for a system capable of imaging during surgical procedures, ready for MR-guided focused ultrasound or adept in radiation therapy planning, look no further. Our exclusive, detachable table options are just one example of the many features developed to keep you at the forefront of healthcare.

Along with one of our many, customizable service plans, GE Healthcare has a 25-year history of providing you with select, no-charge enhancements to keep your systems and application capabilities up to date, ensuring you get the most out of your investment. Safeguard the future performance of your Optima MR450w with our latest digital services to help fix issues fast and even stop problems before they happen.

### InSite<sup>®</sup>

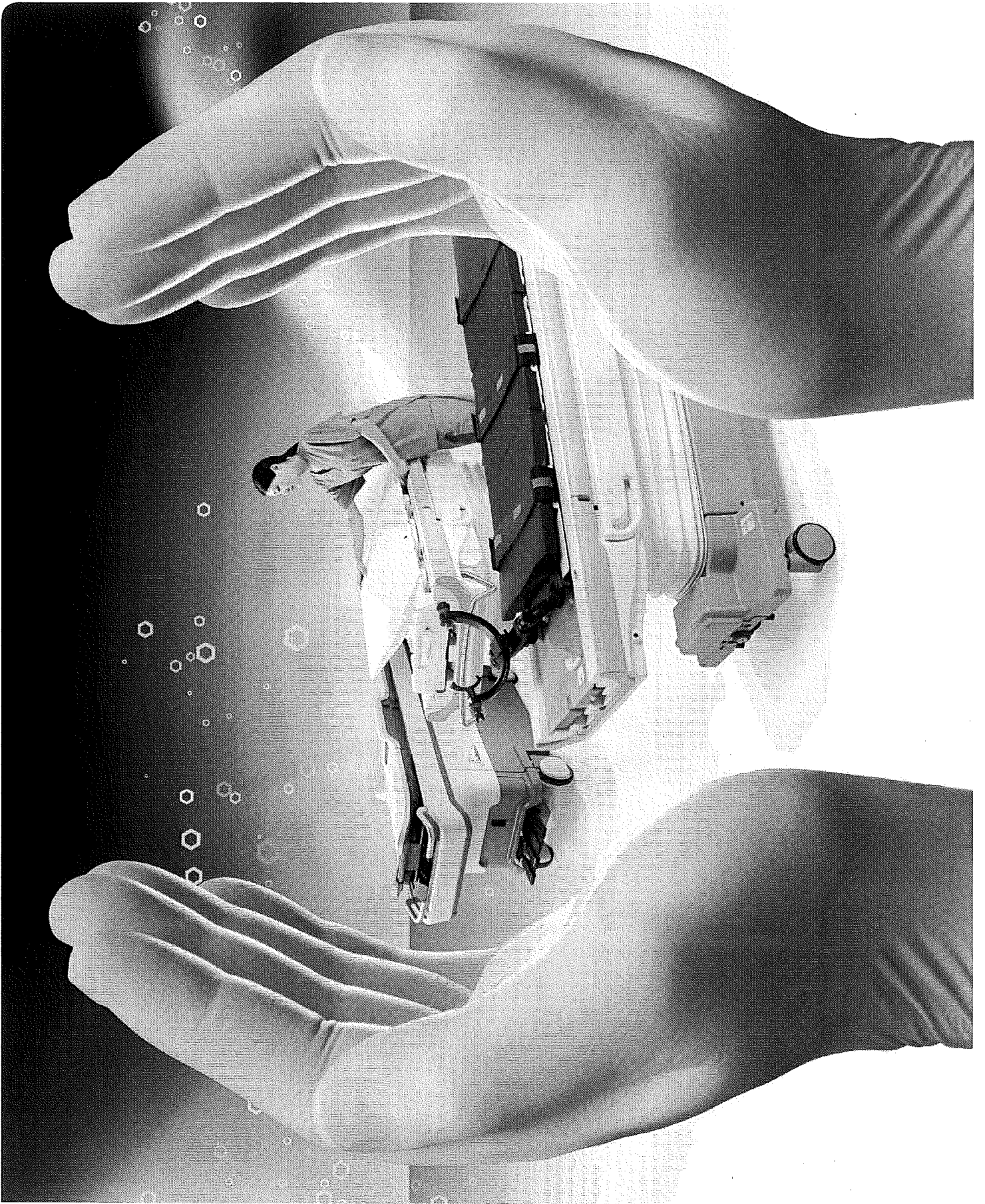
InSite remote digital services enable us to reach out over broadband connections to understand and care for your critical equipment.

### InSite OnWatch

InSite OnWatch proactive technology can help avoid unplanned downtime by identifying service issues before they occur – even before you know anything is wrong.

### iLinq<sup>®</sup>

iLinq allows you to request applications support and also receive a quick response from our technical experts, all at the touch of an on-screen button.







# "IT'S WIDE BORE DONE RIGHT. AGAIN."

This is what just one MR expert felt when they saw the Optima MR450w for the first time. It exemplifies our goal to design an MR with as much emotion as technical prowess. This approach has led us to develop one of the most patient and user-friendly MR systems we've ever built.

WHAT WILL YOU FEEL WHEN  
YOU SEE IT FOR THE FIRST TIME?

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GE Healthcare, a division of General Electric Company.

\* Trademark of General Electric Company

## About GE Healthcare

GE Healthcare provides transformational medical technologies and services that are shaping a new age of patient care. Our broad expertise in medical imaging and information technologies, medical diagnostics, patient monitoring systems, drug Optima, biopharmaceutical manufacturing technologies, performance improvement and performance solutions services help our customers to deliver better care to more people around the world at a lower cost. In addition, we partner with healthcare leaders, striving to leverage the global policy change necessary to implement a successful shift to sustainable healthcare systems.

Our "healthymagination" vision for the future invites the world to join us on our journey as we continuously develop innovations focused on reducing costs, increasing access and improving quality around the world. Headquartered in the United Kingdom, GE Healthcare is a unit of General Electric Company (NYSE: GE). Worldwide, GE Healthcare employees are committed to serving healthcare professionals and their patients in more than 100 countries. For more information about GE Healthcare, visit our website at [www.gehealthcare.com](http://www.gehealthcare.com)

GE Healthcare  
3200 North Grandview Blvd  
Waukesha, WI 53188  
U.S.A  
[www.gehealthcare.com](http://www.gehealthcare.com)



imagination at work

## EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	GE Signa HDXT 1.5T	GE MR450w GEM 32ch
Manufacturer of Equipment	General Electric	General Electric
Tesla Rating for MRIs	1.5T	1.5T
Model Number	Signa Excite HDX	NA
Serial Number	175270MR8	NA
Provider's Method of Identifying Equipment	Identification tags and CF data base	NA
Specify if Mobile or Fixed	Fixed	Fixed
Mobile Trailer Serial Number/VIN #	NA	NA
Mobile Tractor Serial Number/VIN #	NA	NA
Date of Acquisition of Each Component	1998	NA
Does Provider Hold Title to Equipment or Have a Capital Lease?	Title	Will hold title
Specify if Equipment Was/Is New or Used When Acquired	New	New
Total Capital Cost of Project (Including Construction, etc.)	Unknown	\$2,299,396.00
Total Cost of MRI Equipment	Unknown	\$1,325,365.00
Fair Market Value of Equipment (Trade in Value)	\$205,000	\$1,325,365.00
Net Purchase Price of Equipment	Unknown	\$1,325,365.00
Locations Where Operated	Cape Fear Valley Medical	Cape Fear Valley Medical
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	None	None
Percent of Change in Per Procedure Operating Expenses (by Procedure)	None	None
Type of Procedures Currently Performed on Existing Equipment	MRJ's compatible with software	NA
Type of Procedures New Equipment is Capable of Performing	NA	Additional diagnostic exams available with newer software



  
**CAPE FEAR VALLEY HEALTH**

BEHAVIORAL HEALTH CARE  
BLADEN COUNTY HOSPITAL  
CAPE FEAR VALLEY  
MEDICAL CENTER  
CAPE FEAR VALLEY  
REHABILITATION CENTER  
HEALTH PAVILION NORTH  
HIGHSMITH-RAINEY  
SPECIALTY HOSPITAL  
HOKE HOSPITAL

September 30, 2016

Ms. Martha Frisone, Assistant Chief  
Health Planning and Certificate of Need Section  
North Carolina Division of Facilities Services  
809 Ruggles Drive  
Raleigh, NC 27603

BLOOD DONOR CENTER  
BREAST CARE CENTER  
CANCER CENTER  
CAPE FEAR VALLEY  
MEDICAL GROUP  
CARELINK  
CAPE FEAR VALLEY  
HOMECARE & HOSPICE, LLC  
CUMBERLAND COUNTY EMS  
FAMILY BIRTH CENTER  
HEART & VASCULAR CENTER  
HEALTHPLEX  
LIFELINK  
CRITICAL CARE TRANSPORT  
SLEEP CENTER

Re: Replace an existing MRI located at Cape Fear Valley Medical Center

Dear Ms. Frisone:

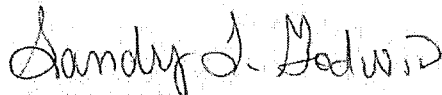
I am the Executive Director, Corporate Financial & Strategic Planning at Cape Fear Valley Health System (CFVHS). Cape Fear Valley Medical Center (CFVMC) is our flagship tertiary care hospital. CFVMC is replacing an older, GE MRI with a new GE MRI. The proposed replacement equipment will be located at CFVMC in the Radiology Department at 1638 Owen Drive in Fayetteville, NC. This location is part of the main hospital at Cape Fear Valley Medical Center.

All administrative and financial control for CFVHS and CFVMC are exercised at the site where the equipment proposed to be replaced is currently located. This is documented through this letter and reflected on the Cumberland County Hospital System, Inc. 2016 Annual Licensure Renewal Application on page 1 and page 3.

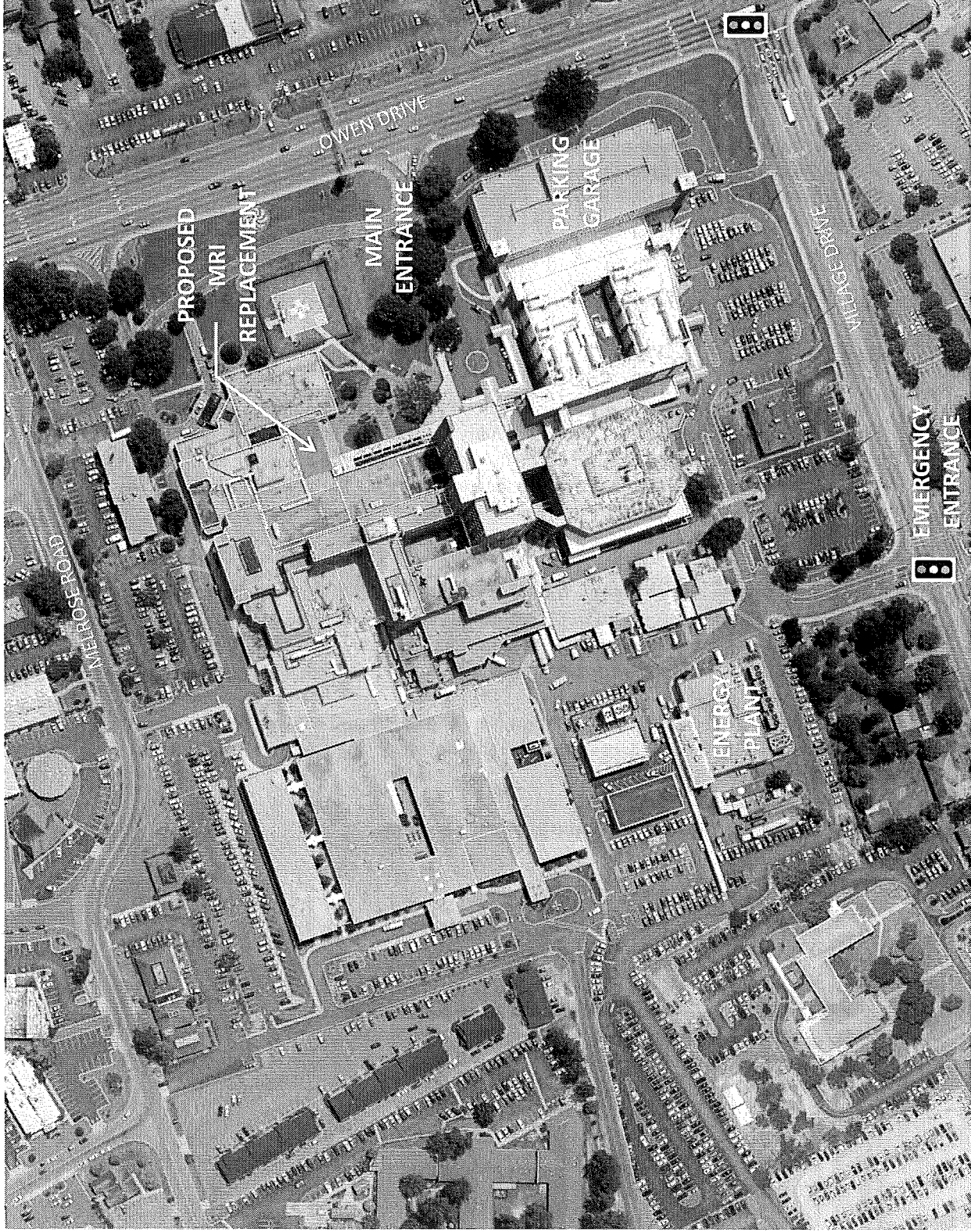
We look forward to receiving notification from the Certificate of Need Section that the replacement equipment is consistent with the statutory language and is indeed exempt from CON review.

Please do not hesitate to contact me with any questions.

Sincerely,



Sandy T. Godwin  
Executive Director, Corporate Financial & Strategic Planning  
Cape Fear Valley Health System  
910.615.6700

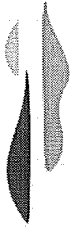


SITE PLAN

MRI REPLACEMENT

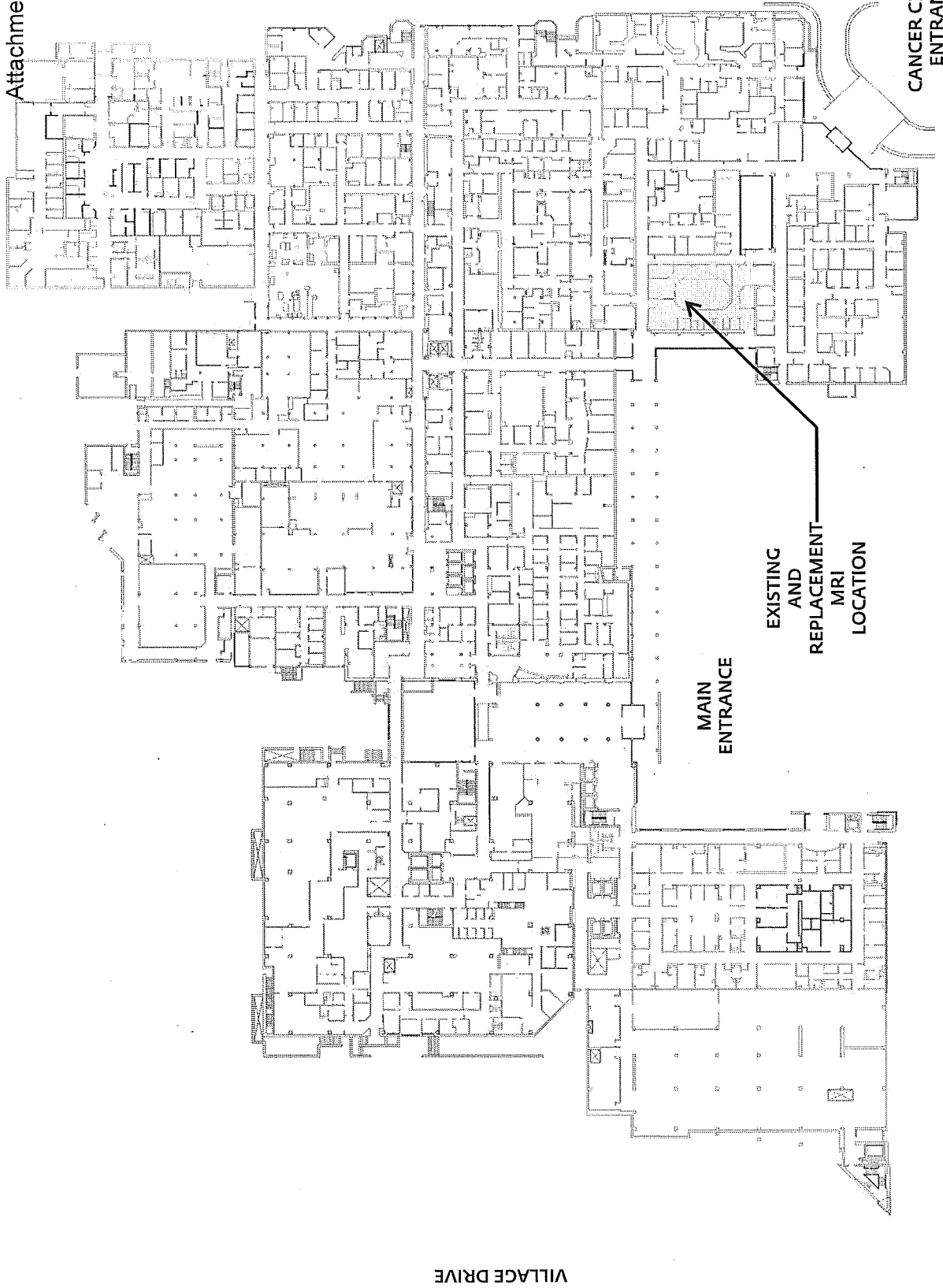
SEPTEMBER 30, 2016

CAPE FEAR VALLEY MEDICAL CENTER



CAPE FEAR VALLEY HEALTH





MELROSE ROAD

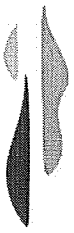
CANCER CENTER ENTRANCE

MAIN ENTRANCE

EXISTING AND REPLACEMENT MRI LOCATION

VILLAGE DRIVE

OWEN DRIVE



OVERALL 1<sup>ST</sup> FLOOR PLAN

SEPTEMBER 30, 2016

CAPE FEAR VALLEY HEALTH

MRI REPLACEMENT

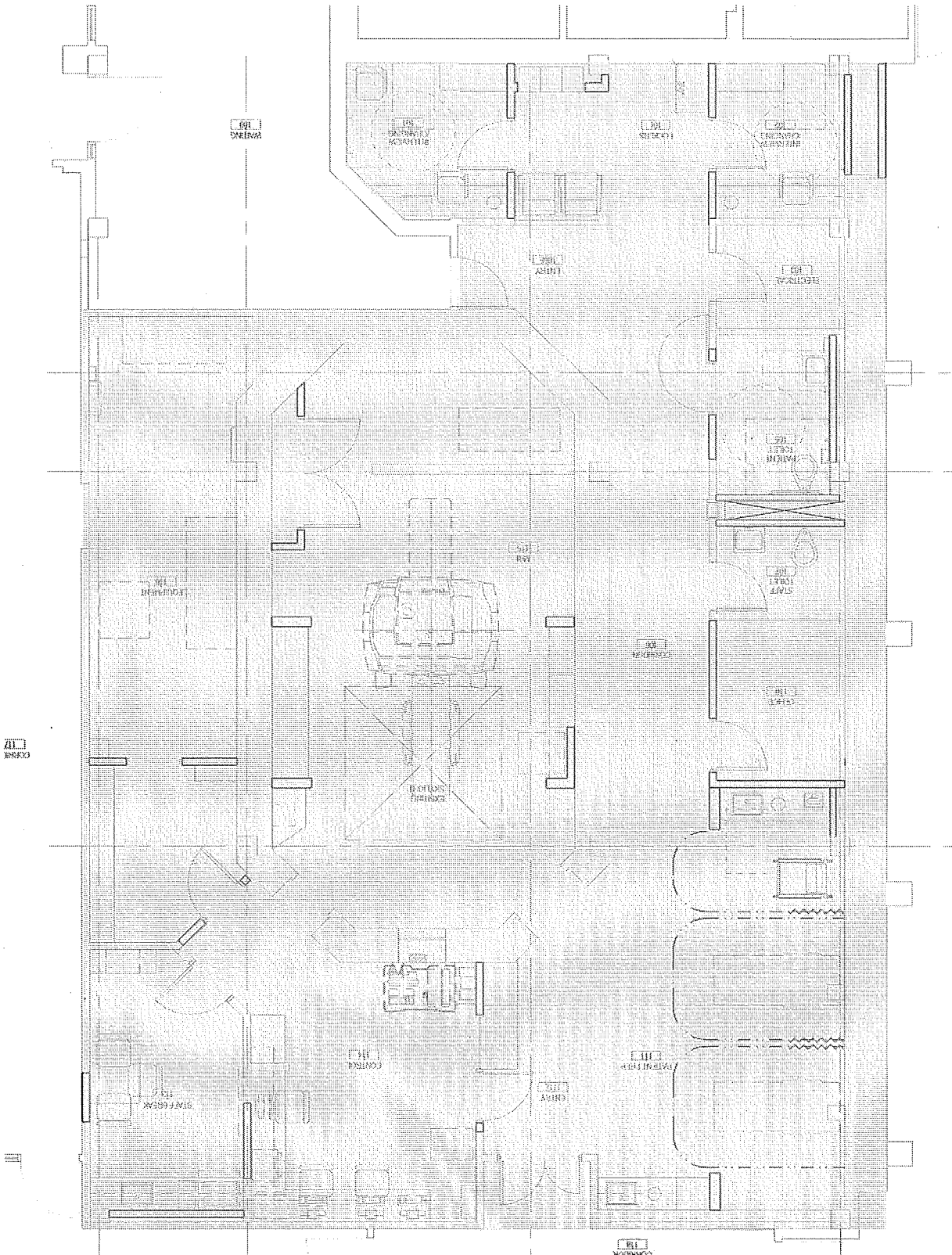
CAPE FEAR VALLEY MEDICAL CENTER



PROPOSED FLOOR PLAN

SEPTEMBER 30, 2016

Attachment 7



<b>A. Site Costs</b>				
(1) Full purchase price of land	NA			
# Acres _____ Price per Acre \$ _____	NA			
(2) Closing costs	NA			
(3) Site Inspection and Survey	NA			
(4) Legal fees and subsoil investigation	NA			
(5) Site Preparation Costs [Include]	NA			
Soil Borings	NA			
Clearing and Grading	NA			
Roads and Parking	NA			
Sidewalks	NA			
Water and Sewer	NA			
Excavation and Backfill	NA			
Termite Treatment	NA			
<b>Sub-Total Site Preparation Costs</b>		NA		
(6) Other (Specify)				
(7) <b>Sub-Total Site Costs</b>			NA	
<b>B. Construction Contract</b>				
(8) Cost of Materials [Include]	Included			
General Requirements	Included			
Concrete/Masonry	Included			
Woods/Doors & Windows/Finishes	Included			
Thermal & Moisture Protection	Included			
Equipment/Specialty Items	Included			
Mechanical/Electrical	Included			
<b>Sub-Total Cost of Materials</b>	Included			
(9) Cost of Labor		Included		
(10) Other (Abatement)		\$4,000.00		
(11) <b>Sub-Total Construction Contract</b>			\$ 778,581.00	
<b>C. Miscellaneous Project Costs</b>				
(12) Building Purchase		NA		
(13) Fixed Equipment Purchase/Lease		\$ 1,325,365.00		
(14) Movable Equipment Purchase/Lease		\$ 50,950.00		
(15) Interiors (furniture, signs, art, etc.)		\$ 5,500.00		
(16) Landscaping		NA		
(17) Consultant Fees		NA		
Architect/Engineering Fees	\$53,500.00			
Legal Fees	\$ -			
Market Analysis	\$ -			
Other (CON)	\$0.00			
Total Consultant Fees		\$53,500.00		
(18) Financing Costs (e.g. Bond, Loan, etc.)		\$ -		
(19) Interest During Construction		\$ -		
(20) Other (Contingency)		\$85,500.00		
(21) <b>Sub-Total Miscellaneous</b>			\$ 1,520,815.00	
<b>D. Total Capital Cost of Project</b>				
<b>(Sum A-C above)</b>				\$ 2,299,396.00

REC'D JAN 13 2016

North Carolina Department of Health and Human Services  
 Division of Health Service Regulation  
 Acute and Home Care Licensure and Certification Section  
 1205 Umstead Drive, 2712 Mail Service Center  
 Raleigh, North Carolina 27699-2712  
 Telephone: (919) 855-4620 Fax: (919) 715-3073

## For Official Use Only

License # H0213

Medicare # 340028

FID #: 943057

PC   Date 1/15/16

License Fee:

\$11,250.00

**2016  
 HOSPITAL LICENSE  
 RENEWAL APPLICATION**

Legal Identity of Applicant: Cumberland County Hospital System, Inc.  
 (Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As  
 (d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: Cape Fear Valley Medical Center  
 Other: Southeastern Regional Rehabilitation Center;  
 Other: \_\_\_\_\_

Facility Mailing Address: P O Box 2000  
 Fayetteville, NC 28302-2000

Facility Site Address: 1638 Owen Dr  
 Fayetteville, NC 28304  
 County: Cumberland  
 Telephone: (910) ~~609-4000~~ 615-6700  
 Fax: (910) ~~609-6160~~ 615-6160

Administrator/Director: Michael Nagowski  
 Title: CEO  
 (Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Michael Nagowski Title: CEO  
 (Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Sandy Godwin Telephone: 910-615-6852  
 E-Mail: stgodwin@capefearvalley.com

**PAID**  
 CK NO. 891488  
 DATE 1-13-16  
\$11,250

2016 Renewal Application for Hospital:  
Cape Fear Valley Medical Center

License No: H0213  
 Facility ID: 943057

All responses should pertain to October 1, 2014 through September 30, 2015.

### 10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: \_\_\_\_\_

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)	0	3	3
70540	MRI Orbit/Face/Neck w/o	2	3	5
70542	MRI Orbit/Face/Neck with contrast	0	0	0
70543	MRI Orbit/Face/Neck w/o & with	5	13	18
70544	MRA Head w/o	472	260	732
70545	MRA Head with contrast	0	0	0
70546	MRA Head w/o & with	4	24	28
70547	MRA Neck w/o	29	15	44
70548	MRA Neck with contrast	0	0	0
70549	MRA Neck w/o & with	122	141	263
70551	MRI Brain w/o	1,293	856	2,149
70552	MRI Brain with contrast	11	6	17
70553	MRI Brain w/o & with	322	525	847
70554	MR functional imaging, w/o physician admin	0	0	0
70555	MR functional imaging, with physician admin	0	0	0
71550	MRI Chest w/o	1	2	3
71551	MRI Chest with contrast	0	0	0
71552	MRI Chest w/o & with	2	2	4
71555	MRA Chest with OR without contrast	0	1	1
72141	MRI Cervical Spine w/o	86	217	303
72142	MRI Cervical Spine with contrast	0	0	0
72156	MRI Cervical Spine w/o & with	50	67	117
72146	MRI Thoracic Spine w/o	58	73	131
72147	MRI Thoracic Spine with contrast	0	1	1
72157	MRI Thoracic Spine w/o & with	67	65	132
72148	MRI Lumbar Spine w/o	129	411	540
72149	MRI Lumbar Spine with contrast	1	1	2
72158	MRI Lumbar Spine w/o & with	98	149	247
72159	MRA Spinal Canal w/o OR with contrast	0	0	0
72195	MRI Pelvis w/o	20	35	55
72196	MRI Pelvis with contrast	1	1	2
72197	MRI Pelvis w/o & with	21	41	62
72198	MRA Pelvis w/o OR with contrast	0	0	0
73218	MRI Upper Ext, other than joint w/o	5	2	7
73219	MRI Upper Ext, other than joint with contrast	0	0	0
Subtotals for this page		2,799	2,914	5,713



2016 Renewal Application for Hospital:  
**Cape Fear Valley Medical Center**

License No: **H0213**  
 Facility ID: **943057**

All responses should pertain to October 1, 2014 through September 30, 2015.

### 10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			TOTAL** Procedures
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	
13	3,458	3,471	25	3,633	3,658	7,129

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

\*\* Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

### 10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: \_\_\_\_\_

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed ( <i>do not include any Policy AC-3 scanners</i> )	
# of fixed MRI scanners-open ( <i>do not include any Policy AC-3 scanners</i> )	3
Number of Policy AC-3 MRI scanners used for general clinical purposes	
Total Fixed MRI Scanners	3

### 10d. Mobile MRI

N/A

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – if multiple sites: \_\_\_\_\_

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed only at this site							

\* An MRI procedure is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

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**Patient Origin - MRI Services**

Facility County: Cumberland

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 16.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	2	40. Greene		76. Randolph	
5. Ashe		41. Guilford	3	77. Richmond	1
6. Avery		42. Halifax		78. Robeson	362
7. Beaufort	1	43. Harnett	112	79. Rockingham	1
8. Bertie		44. Haywood	1	80. Rowan	
9. Bladen	113	45. Henderson		81. Rutherford	
10. Brunswick	2	46. Hertford		82. Sampson	168
11. Buncombe	1	47. Hoke	243	83. Scotland	14
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	6	87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee	23	89. Tyrrell	
18. Catawba		54. Lenoir	2	90. Union	
19. Chatham	1	55. Lincoln	1	91. Vance	1
20. Cherokee		56. Macon		92. Wake	10
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	12	60. Mecklenburg	2	96. Wayne	4
25. Craven		61. Mitchell		97. Wilkes	1
26. Cumberland	4,455	62. Montgomery		98. Wilson	1
27. Currituck		63. Moore	16	99. Yadkin	
28. Dare		64. Nash		100. Yancey	2
29. Davidson		65. New Hanover	3		
30. Davie		66. Northampton	1	101. Georgia	5
31. Duplin	7	67. Onslow	3	102. South Carolina	13
32. Durham		68. Orange		103. Tennessee	4
33. Edgecombe		69. Pamlico		104. Virginia	5
34. Forsyth	1	70. Pasquotank		105. Other States	58
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	5,667

Are mobile MRI services currently provided at your hospital? Yes \_\_\_\_\_ No