



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

February 19, 2018

David French
PO Box 2154
Reidsville, NC 27323

Exempt from Review – Replacement Equipment

Record #: 2517
Facility Name: Alliance Healthcare Services, Inc.
FID #: 020756
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Temporarily replace mobile PET/CT Unit 110
Counties: Burke, Caldwell, Cleveland, Davidson, Haywood, Henderson, Jackson, Mecklenburg, Randolph, Rowan, Rutherford, Stanly, Surry, and Watauga

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of February 12, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens Biograph 6 (PET/CT Unit 44, Serial #1M9A6A8256H022243) to temporarily replace the Siemens Biograph 6 (PET/CT Unit 110, Serial #1M9A6A8256H022233). This determination is based on your representations that the PET/CT Unit 44 will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, you need to contact the Agency's Construction, Radiation Protection, 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.

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

WWW.NCDHHS.GOV

TELEPHONE 919-855-3873

LOCATION: EDGERTON BUILDING • 809 RUGGLES DRIVE • RALEIGH, NC 27603

MAILING ADDRESS: 2704 MAIL SERVICE CENTER • RALEIGH, NC 27699-2704

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER

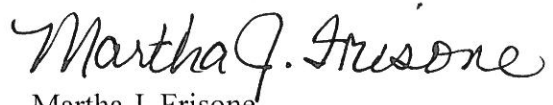


If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Julie M. Faenza
Project Analyst



Martha J. Frisone
Chief, Healthcare Planning and
Certificate of Need Section

cc: Construction Section, DHSR
Radiation Protection Section, DHSR
Acute and Home Care Licensure and Certification Section, DHSR
Sharetta Blackwell, Program Assistant, Healthcare Planning, DHSR

ALLIANCE HEALTHCARE SERVICES

c/o Rodney Skelding
8390 Hunting Court
Stokesdale, NC 27357

February 12, 2017

Martha Frisone, Chief
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704



RE: Alliance Imaging Inc. – Emergency Exemption Notice for Mobile PET/CT 110

Dear Ms. Frisone:

I am writing on behalf of my client, Alliance Healthcare Services d/b/a/Alliance Imaging Inc., regarding the need to temporarily replace mobile PET/CT Unit 110, Serial Number 1M9A6A8256H022233. This unit has been out of service for two days and repair parts have been ordered. The temporary replacement unit is PET/CT 44, Serial Number 1M9A6A8256H022243, which will be brought to North Carolina to serve host sites that are normally scheduled to be served by PET/CT 110. Once the PET/CT 110 unit is repaired and operational in North Carolina, PET/CT 44 shall be removed from the State.

A previous exemption has been approved to permanently replace the PET/CT 110 with either one new GE PET/CT scanner or one new Siemens PET/CT scanner to be purchased by Alliance, each with a total capital cost of less than \$2,000,000. However, the permanent replacement unit is not yet available for delivery to North Carolina.

This letter provides justification and written notice regarding the temporary replacement equipment in accordance with NCGS 131 E-184. Alliance Imaging Inc. also provides documentation that the replacement equipment conforms to the Certificate of Need laws and Administrative rules:
G.S. 131E-176 (22a) Replacement equipment definition
G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment
10A NCAC 14C.0303 Replacement Equipment Administrative Rules

Overview

The existing PET/CT scanner requires replacement for several reasons:

- 1) The existing PET/CT 110 is ten years old and has required frequent repairs due to the age and condition of the unit.
- 2) Service to the existing host sites will be disrupted if a replacement mobile PET/CT unit cannot be provided.
- 3) Patient diagnosis and treatment at the host sites will be seriously disrupted without access to PET/CT.

Alliance Imaging recognizes the need to provide high quality, cost effective, and reliable mobile PET/CT scanner service.

Compliance Documentation

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is demonstrated because the temporary replacement unit PET/CT 44, Serial Number 1M9A6A8256H022243, is owned by Alliance and has a capital cost of less than \$2,000,000. No additional shipping or installation costs are expected. The temporary replacement PET/CT equipment will be used for the same diagnostic purposes as the existing equipment. Once PET/CT 100 is repaired and becomes operational, PET/CT 44 will be removed from North Carolina.

In addition, Alliance Imaging is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment

The proposed replacement PET/CT equipment conforms to the rules as follows:

10A NCAC 14C.0303 Replacement Equipment

(a) *The purpose of this Rule is to define the terms used in the definition of "replacement equipment" set forth in G.S. 131E-176(22a).*

Alliance Imaging Inc. has reviewed this rule definition.

(b) *"Activities essential to acquiring and making operational the replacement equipment" means those activities which are indispensable and requisite, absent which the replacement equipment could not be acquired or made operational.*

Alliance Imaging Inc. has reviewed this rule definition.

(c) *"Comparable medical equipment" means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.*

Alliance Imaging Inc. has reviewed this rule definition.

(d) *Replacement equipment is comparable to the equipment being replaced if:*

(1) *it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and*

The replacement PET/CT scanner is comparable to the equipment being replaced because the replacement equipment will also obtain PET/CT images and data. The proposed replacement mobile PET/CT scanner is used to acquire the same type of PET/CT images and data.

(2) *it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment in use and is not used to provide a new health service; and*

Alliance Imaging Inc. certifies that the replacement mobile PET/CT equipment will be used for the same diagnostic purposes as the existing unit.

(3) *The acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.*

As seen in Attachment 1, the proposed replacement shall not result in more than a 10% increase in operating expenses to the host sites within the first 12 months after replacement

(e) *Replacement equipment is not comparable to the equipment being replaced if:*

(1) *the replacement equipment is new or reconditioned, the existing equipment was purchased second hand and the replacement equipment is purchased less than three years after the acquisition of the existing equipment.*

Not applicable. The replacement equipment is functionally similar to the existing equipment and will be used for the same diagnostic procedures as the existing equipment. The temporary replacement PET/CT equipment is used and owned by Alliance. The PET/CT unit to be replaced was acquired by Alliance more than ten years ago.

(2) *The replacement equipment is new, the existing equipment was reconditioned when purchased, and the replacement equipment is purchased less than three years after the acquisition of the existing equipment; or*

Not applicable. The existing equipment (PET/CT 110) was new when it was acquired in 2008 and the permanent replacement equipment will be purchased new and owned by Alliance; in the interim, PET/CT 110 will be temporarily replaced by PET/CT 44.

(3) *The replacement equipment is capable of performing procedures that could result in the provision of a new health service or type of procedure that has not been provided with the existing equipment; or*

Not applicable. The replacement equipment is functionally similar to the existing equipment and will be used for the same diagnostic procedures as the existing equipment.

(4) *The replacement equipment is purchased and the existing equipment is leased, unless the lease is a capital lease;*

Not applicable. Both the existing and the replacement equipment are owned by Alliance.

(5) *The replacement equipment is a dedicated PET scanner and the existing equipment is:*

(A) *a gamma camera with coincidence capability; or*

(B) *nuclear medicine equipment that was designed, built, modified to detect only the single photon emitted from nuclear events other than positron annihilation.*

Not applicable. The existing equipment is not a gamma camera or nuclear medicine equipment.

EQUIPMENT COMPARISON

| | EXISTING EQUIPMENT | TEMPORARY REPLACEMENT EQUIPMENT |
|--|--|---|
| Type of Equipment (List Each Component) | PET CT | PET CT |
| Manufacturer of Equipment | Siemens | Siemens |
| Tesla Rating for MRIs | NA | NA |
| Model Number | Siemens Biograph 6 | Siemens Biograph 6 |
| Serial Number | 1M9A6A8256H022233 | 1M9A6A8256H022243 |
| Provider's Method of Identifying Equipment | PETCT110 | PET/CT 44 |
| Specify if Mobile or Fixed | Mobile | Mobile |
| Mobile Trailer Serial Number/VIN # | 1M9A6A8256H022233 | Not yet assigned |
| Mobile Tractor Serial Number/VIN # | NA - No changes | NA - No changes |
| Date of Acquisition of Each Component | 2008 | 2018 |
| Does Provider Hold Title to Equipment or Have a Capital Lease? | Holds Title | Holds Title |
| Specify if Equipment Was/Is New or Used When Acquired | New when acquired | New when acquired |
| Total Capital Cost of Project (no construction involved) | NA | NA |
| Total Cost of Equipment | NA | \$1,902,817 (in 2006) |
| Fair Market Value of Equipment | NA | NA |
| Net Purchase Price of Equipment | NA | NA |
| Locations Where Operated * | See attached 2018 Inventory Form for PET/CT110 | Same sites as 2018 Inventory Form for PET/CT110 |
| Number Days In Use/To be Used in N.C. Per Year | 365 | 365 |
| Percent of Change in Patient Charges (by Procedure) | NA | No increase will result |
| Percent of Change in Per Procedure Operating Expenses (by Procedure) | NA | No increase will result |
| Type of Procedures Currently Performed on Existing Equipment | PET CT Procedures | PET CT Procedures |
| Type of Procedures New Equipment is Capable of Performing | NA | PET CT procedures |

Thank you for your review and consideration of this information. Please call me at the office at 336 349-6250 or 336 432-8308 (cell phone) if you have any questions.

Sincerely,



David French
Consultant to Alliance Imaging Inc.
P.O. Box 2154
Reidsville, NC 27323
djfrench45@gmail.com

Attachments:

Attachment 1 - Letter from Rodney Skelding
Attachment 2 - 2018 PETCT 110 Inventory Form

Cc: Rodney Skelding
Manager of Operations
Alliance Healthcare Services
8390 Hunting Court
Stokesdale, NC 27357

Melissa VanOostrom
Manager of Operations
Alliance Healthcare Services
Phone: 910-340-1494

Andre' D. Kellogg, Sr., MPA
Director of Operations
Alliance Healthcare Services
Phone: 404-317-7800

ALLIANCE HEALTHCARE SERVICES

c/o Rodney Skelding
8390 Hunting Court
Stokesdale, NC 27357

February 12, 2018

Ms. Martha Frisone, Chief
Health Planning and Certificate of Need Section
2704 Mail Service Center
Raleigh, NC 27699-2704

RE: Temporary Equipment Replacement for PET/CT Unit 110

Dear Ms. Frisone,

Alliance Imaging intends to temporarily replace its existing mobile PET/CT 110, serial number 1M9A6A8256H022233, with a replacement unit, PET/CT 44.

In accordance with 10A NCAC 14C.030 Replacement Equipment Administrative Rules, Alliance agree that the replacement PET/CT equipment will not result in more than a 10 percent increase in expense or charges to any of the PET/CT host sites within the first twelve months after the equipment is acquired.

Thank you for your consideration. Please call me at 336 580-9061 if you have any questions.

Sincerely,

Rodney Skelding

Rodney Skelding
rskelding@allianceradiology-us.com



**Registration and Inventory of Medical Equipment
Mobile Positron Emission Tomography Scanners
January 2018 PET CT 110**

Instructions

This is the legally required "Registration and Inventory of Medical Equipment" (G.S. 131E-177) for mobile positron emission tomography scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 26, 2018**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov
 - b. Mail the form to Sharetta Blackwell, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Sharetta Blackwell in Healthcare Planning at (919) 855-3865 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

Section 1: Contact Information

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

Alliance Healthcare Services
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

18201 Von Karman #600
(Street and Number)

| | | | |
|----------------------|------------------|---------------------|------------------------------|
| <u>Irvine</u> | <u>CA</u> | <u>92612</u> | <u>(800) 544-3215</u> |
| (City) | (State) | (Zip) | (Phone Number) |

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

| | |
|-------------------------------|----------------------------------|
| <u>Rodney Skelding</u> | <u>Manager Operations</u> |
| (Name) | (Title) |

| | |
|----------------------------|--|
| <u>336 580 9061</u> | <u>rskelding@allianceradiology-us.com</u> |
| (Phone Number) | (Email) |

4. Information Compiled or Prepared by: **David French**
(Name)

| | |
|------------------------------|------------------------------------|
| <u>(336) 349-6250</u> | <u>djfrench45@gmail.com</u> |
| (Phone Number) | (Email) |

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017



(Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|--|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6650-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>1</u> | Service Site Number <u>2</u> |
| Service Site Information: Please include all of the information requested for each location. | Novant Matthews 1500 Matthews Township Parkway Matthews, NC 28105 Mecklenburg | Cleveland Regional Medical Cent 201 East Grover St Shelby, NC 28150 Cleveland |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 14 |
| <u>Procedures* – Outpatient</u> | Outpatient 16 | Outpatient 575 |
| Total # of procedures* for report period | <u>Total 16</u> | <u>Total 589</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 16 hrs 12/21/2016 – 9/30/2016 | 589 hrs 12/21/2016 – 9/30/2016 |
| Total number of hours in operation by site for report period. | 16 hrs | 589hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|---|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>3</u> | Service Site Number <u>4</u> |
| Service Site Information: Please include all of the information requested for each location. | Novant - Huntersville 10030 Gilead Road Huntersville, NC 28078 Mecklenburg | Lake Norman Medical Center 171 Fairview Road Mooresville, NC 28117 Mecklenburg |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 3 | Outpatient 199 |
| Total # of procedures* for report period | <u>Total 3</u> | <u>Total 199</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 3 hrs 12/21/2016 – 9/30/2016 | 199 hrs 12/21/2016 – 9/30/2016 |
| Total number of hours in operation by site for report period. | 3 hrs | 199 hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|---|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>5</u> | Service Site Number <u>6</u> |
| Service Site Information: Please include all of the information requested for each location. | Margaret R. Pardee Memorial Hosp 800 North Justice St Hendersonville, NC 28791 Henderson | Northern Hosp of Surry County 830 Rockford Street Mount Airy, NC 27030 Surry |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 135 | Outpatient 63 |
| Total # of procedures* for report period | <u>Total 135</u> | <u>Total 63</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 135 hrs 12/21/2016 – 9/30/2016 | 63 hrs 12/21/2016 – 9/30/2016 |
| Total number of hours in operation by site for report period. | 135 hrs | 63 hrs |

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Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017
 (Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|---|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>7</u> | Service Site Number <u>8</u> |
| Service Site Information: Please include all of the information requested for each location. | Park Ridge Hospital 100 Hospital Drive Fletcher, NC 28732 Henderson | Rowan Regional Medical Center 514 Corporate Circle Salisbury, NC 28147 Rowan |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 101 | Outpatient 0 |
| Total # of procedures* for report period | <u>Total 101</u> | <u>Total 0</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 101 hrs 12/21/2016 – 9/30/2016 | 0 hrs 12/21/2016 – 9/30/2016 |
| Total number of hours in operation by site for report period. | 101 hrs | 0 hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017
 (Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|--|--|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>9</u> | Service Site Number <u>10</u> |
| Service Site Information: Please include all of the information requested for each location. | LifePoint Rutherford Hosp., Inc. 288 South Ridgecrest Ave. Rutherfordton, NC 28193 Rutherford | Watauga Medical Center 336 Deerfield Road Boone, NC 28607 Watauga |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 99 | Outpatient 90 |
| Total # of procedures* for report period | <u>Total 99</u> | <u>Total 90</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 99 hrs 12/21/2016 – 9/30/2017 | 90 hrs 12/21/2016 – 9/30/2017 |
| Total number of hours in operation by site for report period. | 99 hrs | 90 hrs |

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Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|--|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | <u>Service Site Number 11</u> | <u>Service Site Number 12</u> |
| Service Site Information: Please include all of the information requested for each location. | LifePoint WestCare Health System 68 Hospital Drive Sylva, NC 28779 Jackson | Stanly Regional Medical Center 301 Yadkin Street Albemarle, NC 28001 Stanly |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 208 | Outpatient 171 |
| Total # of procedures* for report period | <u>Total 208</u> | <u>Total 171</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 208 hrs 12/21/2016 – 9/30/2017 | 171 hrs 12/21/2016 – 9/30/2017 |
| Total number of hours in operation by site for report period. | 208 hrs | 171 hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017
 (Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|--|--|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>13</u> | Service Site Number <u>14</u> |
| Service Site Information: Please include all of the information requested for each location. | Blue Ridge-Grace Hospital 2201 S. Sterling Street Morganton, NC 28655 Burke | Blue Ridge-Valdese Hospital 720 Malcolm Blvd Rutherford College, NC 28671 Burke |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 171 | Outpatient 73 |
| Total # of procedures* for report period | <u>Total 171</u> | <u>Total 73</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 171 hrs 12/21/2016 – 9/30/2017 | 73 hrs 12/21/2016 – 9/30/2017 |
| Total number of hours in operation by site for report period. | 171 hrs | 73 hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017
 (Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|---|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>15</u> | Service Site Number <u>16</u> |
| Service Site Information: Please include all of the information requested for each location. | Caldwell Memorial Hospital 321 Mulberry Street, SW Lenoir, NC 28645 Caldwell | Novant Thomasville 207 Old Lexington Rd Thomasville, NC 27360 Davidson |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 81 | Outpatient 0 |
| Total # of procedures* for report period | <u>Total 81</u> | <u>Total 0</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 81 hrs 12/21/2016 – 9/30/2017 | 0 hrs 12/21/2016 – 9/30/2017 |
| Total number of hours in operation by site for report period. | 81 hrs | 0 hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2016 – 9/30/2017 Other time period 12/21/2016 – 9/30/2017
 (Please make additional copies of pages of this form as needed.)

| Mobile Scanner Information (one scanner per page) | | |
|---|---|---|
| Manufacturer | Siemens | |
| Model Number | PET/CT | |
| Serial or I.D. Number | PET/CT 110, Serial Number 1M9A6A8256H022233 | |
| Date of purchase | 2008 (Replacement Exemption Obtained) | |
| Purchase price | \$1,902,817 | |
| Certificate of Need Project ID | F-6605-02 | |
| Certificate Holder, as listed on Certificate of Need | Alliance HealthCare | |
| | Service Site Number <u>17</u> | Service Site Number <u>18</u> |
| Service Site Information: Please include all of the information requested for each location. | Randolph Hospital 364 White Oak Street Asheboro, NC 27203 Randolph | LifePoint – Haywood Hospital 262 Leroy George Dr. Clyde, NC 28721 |
| <u>Procedures* – Inpatient</u> | Inpatient 0 | Inpatient 0 |
| <u>Procedures* – Outpatient</u> | Outpatient 101 | Outpatient 39 |
| Total # of procedures* for report period | <u>Total 101</u> | <u>Total 39</u> |
| Put a check by the days per week, and write in the hours per day, the scanner is in operation. | 101 hrs 12/21/2016 – 9/30/2017 | 39 hrs 12/21/2016 – 9/30/2017 |
| Total number of hours in operation by site for report period. | 101 hrs | 39 hrs |

* PET **scan** means an image-scanning sequence derived from a single administration of a PET radiopharmaceutical, equated with a single injection of the tracer. One or more PET scans comprise a PET procedure. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 3: PET Procedures by CPT Code

Please write the number of procedures provided by CPT Code during the time period of this report.

| CPT Code | CPT Description | Number of Procedures |
|--|---|-----------------------------|
| 78608 | Brain imaging – metabolic evaluation | 1 |
| 78609 | Brain imaging – perfusion evaluation | |
| 78459 | Myocardial imaging - metabolic evaluation | |
| 78491 | Myocardial imaging – perfusion; single study at rest or stress | |
| 78492 | Myocardial imaging – perfusion; multiple studies at rest and/or stress | |
| 78811 | Tumor imaging – limited area (e.g., chest, head/neck) | |
| 78812 | Tumor imaging – skull base to mid-thigh | |
| 78813 | Tumor imaging – whole body | |
| 78814 | Tumor imaging – with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck) | 1 |
| 78815 | Tumor imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh | 2012 |
| 78816 | Tumor imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body | 125 |
| Please list other CPT codes and number of procedures billed for (make a copy of this page if needed) | | |
| | | |
| | | |
| Total Number of Procedures | | 2139 |

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 4: Patient Origin Data by Service Site

Please provide the county of residence for each patient who received PET scanner services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be the same as the total number of procedures reported on page 2 of this form.

Service Site Name: No patient origin data is collected by Alliance

County in which service was provided: Not applicable

| Patient County | Number of Patients | Patient County | Number of Patients | Patient County | Number of Patients |
|----------------|--------------------|-----------------|--------------------|---------------------------------|--------------------|
| 1. Alamance | | 37. Gates | | 73. Person | |
| 2. Alexander | | 38. Graham | | 74. Pitt | |
| 3. Alleghany | | 39. Granville | | 75. Polk | |
| 4. Anson | | 40. Greene | | 76. Randolph | |
| 5. Ashe | | 41. Guilford | | 77. Richmond | |
| 6. Avery | | 42. Halifax | | 78. Robeson | |
| 7. Beaufort | | 43. Harnett | | 79. Rockingham | |
| 8. Bertie | | 44. Haywood | | 80. Rowan | |
| 9. Bladen | | 45. Henderson | | 81. Rutherford | |
| 10. Brunswick | | 46. Hertford | | 82. Sampson | |
| 11. Buncombe | | 47. Hoke | | 83. Scotland | |
| 12. Burke | | 48. Hyde | | 84. Stanly | |
| 13. Cabarrus | | 49. Iredell | | 85. Stokes | |
| 14. Caldwell | | 50. Jackson | | 86. Surry | |
| 15. Camden | | 51. Johnston | | 87. Swain | |
| 16. Carteret | | 52. Jones | | 88. Transylvania | |
| 17. Caswell | | 53. Lee | | 89. Tyrrell | |
| 18. Catawba | | 54. Lenoir | | 90. Union | |
| 19. Chatham | | 55. Lincoln | | 91. Vance | |
| 20. Cherokee | | 56. Macon | | 92. Wake | |
| 21. Chowan | | 57. Madison | | 93. Warren | |
| 22. Clay | | 58. Martin | | 94. Washington | |
| 23. Cleveland | | 59. McDowell | | 95. Watauga | |
| 24. Columbus | | 60. Mecklenburg | | 96. Wayne | |
| 25. Craven | | 61. Mitchell | | 97. Wilkes | |
| 26. Cumberland | | 62. Montgomery | | 98. Wilson | |
| 27. Currituck | | 63. Moore | | 99. Yadkin | |
| 28. Dare | | 64. Nash | | 100. Yancey | |
| 29. Davidson | | 65. New Hanover | | | |
| 30. Davie | | 66. Northampton | | 101. Georgia | |
| 31. Duplin | | 67. Onslow | | 102. South Carolina | |
| 32. Durham | | 68. Orange | | 103. Tennessee | |
| 33. Edgecombe | | 69. Pamlico | | 104. Virginia | |
| 34. Forsyth | | 70. Pasquotank | | 105. Other (specify) | |
| 35. Franklin | | 71. Pender | | | |
| 36. Gaston | | 72. Perquimans | | Total Number of Patients | 2,139 |

Name of entity that acquired the equipment (from page 1) Alliance Imaging



Section 5: Certification and Signature

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature 

Print Name **Rodney Skelding**

Date signed **January 26, 2018**

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 26, 2018**.

1. Complete and sign the form
2. Return the form by one of two methods:
 - a. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov
 - b. Mail the form to Sharetta Blackwell in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Sharetta Blackwell in Healthcare Planning at (919) 855-3865 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

Name of entity that acquired the equipment (from page 1) Alliance Imaging