



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

MARK PAYNE
DIRECTOR

April 12, 2017

David French
P.O. Box 2154
Reidsville, NC 27323

Exempt from Review – Replacement Equipment

Record #: 2222
Business Name: Alliance Healthcare Services, Inc.
Business #: 60
Project Description: Replace mobile PET/CT scanner
County: Johnston, Lenoir, Dare, Scotland, Robeson, Wayne, Wilson, Carteret, Onslow and Vance

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of March 6, 2017 and supplemental information of March 15, 2017, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, Alliance Healthcare Services, Inc. may proceed to acquire without a certificate of need the PET/CT 171 to replace the existing PET/CT Unit 44. This determination is based on your representations that the existing unit will be disposed of by removing it from North Carolina 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 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

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

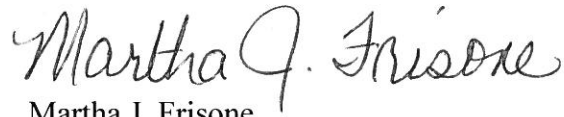


that any change in facts as represented would require further consideration by this office and a separate determination. If you have any questions concerning this matter, please feel free to contact this office.

Sincerely,



Tanya S. Rupp
Project Analyst



Martha J. Frisone
Assistant Chief, Certificate of Need

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

Rupp, Tanya

From: David French <djfrench45@gmail.com>
Sent: Thursday, April 06, 2017 4:48 PM
To: Rupp, Tanya
Subject: Re: question re: exemption PET/CT replacement

Hi
Thanks for the email. The purchase cost was \$1,531,790.

David French
336 349-6250 office
336 432-8308 cell

On Thu, Apr 6, 2017 at 4:42 PM, Rupp, Tanya <tanya.rupp@dhhs.nc.gov> wrote:

Hi David,

I have drafted a response to your exemption request on behalf of Alliance Healthcare Services, Inc. but have one question:

1. You state the capital cost is “less than \$2,000,000. Please provide the actual cost of the replacement equipment.

You may email the response simply as a response to this email.

Thank you in advance for your assistance; have a great day.

Tanya S. Rupp, JD

Project Analyst

Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section

North Carolina Department of Health and Human Services

919-855-3873 office

Tanya.rupp@dhhs.nc.gov

809 Ruggles Drive
2704 Mail Service Center
Raleigh, NC 27699-2704



Nothing Compares

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Rupp, Tanya

From: David French <djfrench45@gmail.com>
Sent: Wednesday, March 15, 2017 10:01 AM
To: Rupp, Tanya
Subject: Alliance PETCT Replacement Exemption
Attachments: Replacement Notice for PET CT 44 3_06_2017.pdf



Good morning,

I am writing to confirm that the Alliance request to replace PETCT 44 with the new unit PETCT 171 is a permanent replacement. With the delivery of PETCT 171, the existing PETCT 44 will be removed from North Carolina. Attached is a copy of the request that was previously submitted.

Please let me know if you have any questions.

David French
Consultant to Alliance Healthcare
336 349-6250

Bus id 60
ALLIANCE HEALTHCARE SERVICES
c/o Rodney Skelding
8390 Hunting Court
Stokesdale, NC 27357



March 6, 2017

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

RE: Alliance Imaging Inc. - Written Notice for Exemption from CON Review for Replacement PET/ CT Equipment for the Mobile PET/ CT 44 Scanner NR 2222

Dear Ms. Frisone:

I am writing on behalf of my client Alliance Healthcare Services d/b/a/Alliance Imaging Inc. regarding the need to replace the mobile PET CT Unit 44, Serial Number 1M9A6A8256H022243 that is utilized in North Carolina

In 2003, Alliance Imaging Inc. obtained approval for project application # F-6706-02 to implement a mobile PET scanner to serve sites in North Carolina. In 2006, Alliance obtained an equipment replacement exemption to replace the PET scanner equipment with a PET/CT scanner. The unit that is currently in use is PET/ CT 44 Serial Number 1M9A6A8256H022243.

Please accept this notice of exemption to replace the above unit with PETCT 171, Serial Number 1S9SC4826FS834422 which is a scanner that is currently owned by Alliance. This letter provides justification and written notice regarding the 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 44 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.
- 4) Alliance does not have available capacity on other PET/ CT units in North Carolina to provide coverage for the unit that needs to be repaired.

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 in Attachment 1 which shows that the temporary replacement scanner has an actual cost of less than \$2,000,000.

No additional shipping or installation costs are expected. The fair market value for the PET/ CT scanner will be the same as the purchase price of the equipment as reflected in the attached quotes.

The replacement PET/ CT equipment will be used for the same diagnostic purposes as the existing equipment.

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 temporary replacement 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 temporary 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.

The host sites will utilize the replacement PET/ CT scanner and shall be notified by Alliance Imaging that no increases in costs or patient charges will result from the 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 replacement equipment is new and will be owned by Alliance more than ten years after the acquisition of the existing equipment.

(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 was new when it was acquired in 2006 and the replacement equipment to be purchased and owned by Alliance.

(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.

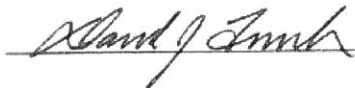
Not applicable. The existing equipment is not a gamma camera or nuclear medicine equipment.

EQUIPMENT COMPARISON

	EXISTING EQUIPMENT (To be temporarily removed from NC for repairs.)	REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	PET CT	PET CT
Manufacturer of Equipment	Siemens	GE
Tesla Rating for MRIs	NA	NA
Model Number	Siemens Biograph	GE Discovery IQ
Serial Number	1M9A6A8256H022243	1S9SC4826FS834422
Provider's Method of Identifying Equipment	PETCT44	PETCT171
Specify if Mobile or Fixed	Mobile	Mobile
Mobile Trailer Serial Number/VIN #	1M9A6A8256H022243	1S9SC4826FS834422
Mobile Tractor Serial Number/VIN #	NA - No changes	NA - No changes
Date of Acquisition of Each Component	2006	11/18/2016
Does Provider Hold Title to Equipment or Have a Capital Lease?	Holds Title	Will Hold 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	\$1,531,790
Total Cost of Equipment	NA	\$1,531,790
Fair Market Value of Equipment	NA	See below
Net Purchase Price of Equipment	NA	\$1,531,790
Locations Where Operated	See attached 2017 PET CT 44 inventory form	Same sites as 2017 PET CT 44
Number Days in Use/To be Used in N.C. Per Year	365	Specified days for temporary replacement
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:

Letter from Melissa VanOostrom
2017 PETCT 44 Inventory Form

Cc:

Rodney Skelding
Manger 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

March 6, 2017

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

RE: Equipment Replacement PET CT Unit 44, Serial Number 1M9A6A8256H022243
Replacement PETCT 17, Serial Number 11S9SC4826FS834422

Dear Ms. Frisone,

Alliance Imaging intends to replace its existing mobile PETCT 44, serial number 1M9A6A8256H022243 which was acquired in 2005, with a similar unit that is already owned by Alliance Healthcare Services. The replacement PETCT scanner will be used for the same diagnostic purposes as the existing unit.

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

Thank you for your consideration. Please call me at (910) 340-1494 if you have any questions.

Sincerely,

Melissa Van Oostrom

Melissa VanOostrom, Manager of Operations
Alliance HealthCare Radiology
Mobile: (910) 340-1494
Email: mvanoostrom@allianceradiology-us.com



**Registration and Inventory of Medical Equipment
Mobile Positron Emission Tomography Scanners
Friday, January 27, 2017 PET CT 44**

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 27, 2017**.

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 Patrick Curry, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Patrick Curry 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:

100 Bayview Circle, Suite 400
(Street and Number)

Newport Beach CA 92660 **(800) 544-321**
(City) (State) (Zip) (Phone Number)

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

Melissa VanOostrom **Manager Operations**
(Name) (Title)

1233 Front Street Suite A Raleigh, NC 27612
(Street and Number) (City) (State) (Zip)

910-340-1494 **mvanostrom@allianceimaging.com**
(Phone Number) (Email)

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

(336) 349-6250
(Phone Number)

difrench45@gmail.com
(Email)

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2015 – 9/30/2016 Other time period:

(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	1M9A6A8256H022243 PET CT Unit 44	
Date of purchase	2006 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6706-02	
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.	Albemarle Hospital 1144 North Road Street Elizabeth City, NC 27909 Pasquotank	Duke Raleigh Hospital 3400 Executive Drive Raleigh, NC 27609 Wake
<u>Procedures* – Inpatient</u>	Inpatient 0	Inpatient 4
<u>Procedures* – Outpatient</u>	Outpatient 154	Outpatient 1006
Total # of procedures* for report period	<u>Total 154</u>	<u>Total 1010</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	154 hrs 10/01/2015 – 9/30/2016	1010 hrs 10/01/2015 – 9/30/2016
Total number of hours in operation by site for report period.	154 hrs	1010 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.

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2015 – 9/30/2016 Other time period:

(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	1M9A6A8256H022243 PET CT Unit 44	
Date of purchase	2006 (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.	Johnston Memorial Hospital Auth 509 N. Bright Leaf Blvd. Smithfield, NC 27577 Johnston	Lenoir Memorial Hospital 100 Airport Road Kinston, NC 28501 Lenoir
<u>Procedures* – Inpatient</u>	Inpatient 1	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 198	Outpatient 151
Total # of procedures* for report period	<u>Total 199</u>	<u>Total 151</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	199 hrs 10/01/2015 – 9/30/2016	151 hrs 10/01/2015 – 9/30/2016
Total number of hours in operation by site for report period.	199 hrs	151 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.

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2015 – 9/30/2016 Other time period:

(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	1M9A6A8256H022243 PET CT Unit 44	
Date of purchase	2006 (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.	Outer Banks Hospital 4800 S. Croatan Highway Nags Head, NC 27959 Dare	Scotland Memorial Hospital, Inc 500 Lauchwood Drive Laurinburg, NC 28352 Scotland
<u>Procedures* – Inpatient</u>	Inpatient 9	Inpatient 5
<u>Procedures* – Outpatient</u>	Outpatient 126	Outpatient 88
Total # of procedures* for report period	<u>Total 135</u>	<u>Total 93</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	135 hrs 10/01/2015 – 9/30/2016	93 hrs 10/01/2015 – 9/30/2016
Total number of hours in operation by site for report period.	135 hrs	93 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.

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2015 – 9/30/2016 Other time period:

(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	1M9A6A8256H022243 PET CT Unit 44	
Date of purchase	2006 (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.	Southeastern Regional Medical 300 West 27th St. Lumberton, NC 28358 Robeson	Wayne Memorial Hospital 2700 Wayne Memorial Dr. Goldsboro, NC 27534 Wayne
<u>Procedures* – Inpatient</u>	Inpatient 9	Inpatient 0
<u>Procedures* – Outpatient</u>	Outpatient 246	Outpatient 348
Total # of procedures* for report period	<u>Total 255</u>	<u>Total 348</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	255 hrs 10/01/2015 – 9/30/2016	348 hrs 10/01/2015 – 9/30/2016
Total number of hours in operation by site for report period.	255 hrs	348 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.

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2015 – 9/30/2016 Other time period:

(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	1M9A6A8256H022243 PET CT Unit 44	
Date of purchase	2006 (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 Wilson Medical Center 1705 South Tarboro St. Wilson, NC 27893 Wilson	Carteret General Hospital 3402 Arendell St. Morehead City, NC 28557 Carteret
<u>Procedures* – Inpatient</u>	Inpatient 15	Inpatient 7
<u>Procedures* – Outpatient</u>	Outpatient 421	Outpatient 211
Total # of procedures* for report period	<u>Total 436</u>	<u>Total 218</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	436 hrs 10/01/2015– 9/30/2016	218 hrs 10/01/2015 – 9/30/2016
Total number of hours in operation by site for report period.	436 hrs	218 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.

Section 2: Equipment and Procedures Information

Time Period for Report: 10/01/2015 – 9/30/2016 Other time period:

(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	1M9A6A8256H022243 PET CT Unit 44	
Date of purchase	2006 (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>11</u>	Service Site Number 12
Service Site Information: Please include all of the information requested for each location.	Onslow Memorial Hospital 317 Western Blvd Jacksonville, NC 28546 Onslow	Maria Parham Medical Center 556 Ruin Creek Rd. Henderson, NC 27536 Vance
<u>Procedures* – Inpatient</u>	Inpatient 12	Inpatient 3
<u>Procedures* – Outpatient</u>	Outpatient 452	Outpatient 85
Total # of procedures* for report period	<u>Total 464</u>	<u>Total 88</u>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	464 hrs 10/01/2015 – 9/30/2016	88 hrs 12/1/2015 – 9/30/2016
Total number of hours in operation by site for report period.	464 hrs	88 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.

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	2
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)	3
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)	2
78815	Tumor imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	3342
78816	Tumor imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	195
Please list other CPT codes and number of procedures billed for (make a copy of this page if needed)		
78708	Renal scan	7
Total Number of Procedures		3,551

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	3,551
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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 *Melissa Van Oostrom*

Print Name **Melissa VanOostrom**

Date signed **January 22, 2017**

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 27, 2017**.

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 Patrick Curry in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

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