



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 20, 2023

Emily Cromer

[Emily.Cromer@unchealth.unc.edu](mailto:Emily.Cromer@unchealth.unc.edu)

**Exempt from Review – Replacement Equipment**

**Record #:** 4268  
**Date of Request:** August 30, 2023  
**Facility Name:** University of North Carolina Hospitals-Hillsborough  
**FID #:** 090274  
**Business Name:** University of North Carolina Hospitals at Chapel Hill  
**Business #:** 1900  
**Project Description:** Replace a CT scanner  
**County:** Orange

Dear Ms. Cromer:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens CT scanner to replace the Siemens CT scanner (Serial # 54250). This determination is based on your representations that the existing unit 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.

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,

Cynthia Bradford  
Project Analyst

Micheala Mitchell  
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Radiation Protection Section, DHSR

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION  
HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION**

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704  
<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



August 30, 2023

VIA ELECTRONIC MAIL

Micheala Mitchell, Chief  
Cynthia Bradford, Project Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
NC Department of Health and Human Services  
2704 Mail Service Center  
Raleigh, North Carolina 27699-2704

**Re: UNC Hospitals - Hillsborough / Replacement Equipment Exemption for CT Scanner / Orange**

Dear Ms. Mitchell and Ms. Bradford:

UNC Hospitals (“UNCH”) intends to acquire a replacement CT scanner on its campus in Hillsborough, and requests written confirmation that this project, as described in detail below, is exempt from CON review pursuant to the replacement equipment exemption. UNCH provides this prior written notice of a project exemption from Certificate of Need (“CON”) review.

**A. Proposed Replacement Equipment Exemption**

UNCH is requesting a determination that its purchase of the replacement equipment is exempt from CON review under the replacement equipment exemption provision contained in N.C. Gen. Stat. N.C. Gen. Stat. §131E-184(a)(7).

Under the provisions found at N.C. Gen. Stat. §131E-184(a)(7), the CON law provides:

- (a) Except as provided in subsection (b) of this section, the Department shall exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service, which notice includes an explanation of why the new institutional health service is required, for any of the following:
  - (7) To provide replacement equipment

For the purposes of the foregoing Provisions in Section §131E-184(a)(7), as set forth in N.C. Gen. Stat. § G.S. 131E-176(22), “replacement equipment” is defined as the following:

- (22a) Replacement equipment. – Equipment that costs less than three million dollars (\$3,000,000) and is purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced. In determining whether the replacement equipment costs less than three million dollars (\$3,000,000) the costs of equipment, studies, surveys, designs, plans, working drawings, specifications, construction, installation, and other activities essential to acquiring and making operational the replacement equipment shall be included.

### **B. Cost of the Replacement Equipment**

The purchase price of the equipment as shown in the quote from the vendor provided in Exhibit 1 is \$1,651,300, including replacement equipment installation and existing equipment removal. The total capital cost, including minor renovations, is estimated to be \$2,016,300. Projected capital costs are provided in Exhibit 2. There will be no other capital costs associated with this replacement equipment.

The unit satisfies the replacement equipment exemption test in N.C. Gen. Stat. §131E-184(a)(7) as set forth in N.C. Gen. Stat. § G.S. 131E-176(22), since the unit costs under \$3 million to acquire and install.

### **C. Comparable Equipment**

In addition to the foregoing, to qualify for replacement equipment exemption, the replacement equipment must be comparable to the equipment it replaces and must be sold or otherwise disposed of when replaced. The CON rule codified as 10A N.C.A.C 14C.0303 (the “Regulation”) defines “comparable medical equipment” in subsection (c) as follows:

“Comparable medical equipment” means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.

UNCH intends to use the replacement equipment for substantially the same services for which the entity currently uses the existing equipment. The replacement equipment unit will perform all procedures currently performed on the existing equipment unit. Although it possesses some expanded capabilities due to technological improvements, the replacement equipment will perform the same general range of procedures as the existing equipment unit, see Exhibit 3 Equipment Comparison Chart. The replacement equipment is therefore comparable medical equipment as defined in Subsection (c).

### **E. Disposition of Equipment**

As part of the proposal to acquire the replacement equipment, Siemens will de-install and take possession of the existing equipment. The replacement equipment unit will not be re-sold or re-installed in North Carolina without appropriate CON approval.

In consideration of the above, UNCH understands that this project is exempt from CON review and requests written confirmation that the proposed replacement of the equipment, and related installation

and renovation costs as described herein, are exempt from CON review pursuant to N.C. Gen. Stat. §131E-184(a)(7).

Please do not hesitate to contact me at [Emily.Cromer@unchealth.unc.edu](mailto:Emily.Cromer@unchealth.unc.edu) if you require any additional information.

Sincerely,

*Emily Cromer*

**Emily Cromer**

Director of Regulatory Affairs & Facility Strategy  
UNC Health



Siemens Medical Solutions USA, Inc.  
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE  
Edwin Winicki - +1 (336) 688-0978  
edwin.winicki@siemens-healthineers.com

**PRELIMINARY PROPOSAL**

Customer Number: 0000010805

Date: 08 14 2023

**UNIV NORTH CAROLINA HEALTH CARE SYS**  
101 MANNING DR  
CHAPEL HILL, NC 27514

Siemens Medical Solutions USA, Inc. is pleased to submit the following quotation for the products and services described herein at the stated prices and terms, subject to your acceptance of the terms and conditions on the face and back hereof, and on any attachment hereto.

<u>Table of Contents</u>	<u>Page</u>
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**Contract Total: \$ 1,651,300**

*(total does not include any Optional or Alternate components which may be selected)*

Proposal valid until 09/29/2023

Pricing contingent on concurrent execution of POS (point of sale) service contract and multi-modality purchase

Includes trade of Sensation 64 (400-175104)

**PRELIMINARY PROPOSAL**

**Quote Nr:** CPQ-927404 Rev. 0

**Terms of Payment:** 00% Down, 80% Delivery, 20% Installation  
Free On Board: Destination

**Purchasing Agreement:** VIZIENT SUPPLY LLC

VIZIENT SUPPLY LLC terms and conditions apply to Quote Nr CPQ-927404

Customer certifies, and Siemens relies upon such certification, that : (a) VIZIENT GROUP BUY FY23 Q4 W-PO is the sole GPO for the purchases described in this Quotation, and (b) the person signing this Quotation is fully authorized under the Customer’s policies to choose and indicate for Customer such appropriate GPO.

**SOMATOM Drive**

All items listed below are included for this system:

Qty	Part No.	Item Description
1	14460776	<p><b>SOMATOM Drive</b></p> <p>The SOMATOM Drive contains two new Straton MX Sigma tubes and Sigma generators to boost the power and enable an industry standard of low kV imaging with a significant step towards personalization with 10kV steps. Both tubes can be used with Tin Filters, for further dose reduction in non-contrast imaging and lung cancer screening.</p> <p>This is in conjunction with two StellarInfinity Detectors &amp; Integrated IR (Iterative Reconstruction), including key technologies TrueSignal and Edge Technology, the SOMATOM Drive routinely generates ultra-thin 0.5 mm slices e.g. for accurate stenosis, plaque and stent analysis.</p> <p>Available with 75 ms temporal resolution providing whole organ dynamic imaging and routine true Dual Energy scans.</p> <p>All this power and precision is backed by three key technology areas-            DistinCT Imaging: focused on providing specific parameters for quality and low dose for each individual patient regardless of circumstances that they are in.            DistinCT Reading: focused on providing quick access to all diagnostic images regardless of the time of day, number of patients or the advanced nature of a study.            DistinCT Function: focused on providing access to quantitative data to enhance patient and treatment outcomes.</p>
1	14481962	<p>SOMATOM Drive - provides the capabilities to “Drive Precision for all” patients.</p> <p><b>syngo CT VB30</b></p> <p>The software syngo CT VB30 enables new, but separately licensed features like FAST Bolus and Extended Recon Jobs. Moreover, it enhances several existing features, e.g. FAST Planning, FAST Spine and FAST 3D camera algorithm. Additional tin filter protocols are added and the image storing capacity &amp; reconstruction speed are increased.</p>
1	14410345	<p><b>Cooling System Water/Air #split</b></p> <p>Water-to-air heat exchanger for the dissipation (to the air outside) of heat, generated</p>

**PRELIMINARY PROPOSAL**

Qty	Part No.	Item Description
		in the gantry.
1	14410242	<b>Service Switch</b> Service switch to shut off the outdoor cooling unit for maintenance or in case of emergency
1	14447337	<b>Multi-purpose table</b> The Multi-Purpose table is especially designed for multi-disciplinary use, while still enabling ultra-fast spiral scanning up to 458 mm/s. Its flexible design allows exchange of table tops for routine radiology, Trauma or bariatric use. Table load capacity up to 307 kg / 676 lbs. with bariatric table top (High Capacity Patient & Trauma Table Top). Physiological Measurement Module included.
1	14441461	<b>Mattress with Spill Protection</b> This mattress is ideal for trauma and acute care settings. The mattress has wide flaps and offers additional protection by preventing liquids spilling into the table by covering the gaps between table top and the table base.
1	14408231	<b>High Cap. Patient &amp; Trauma Tab.Top</b> The high capacity and trauma table top offers the capability to support up to 307 kg/676 lbs of patient weight. It allows easy positioning and transfer from and to the table, due to its flat surface. Special accessories and an extended table top width of 530 mm ensure a safe and comfortable positioning for obese patients.
1	14408232	<b>High Cap. Patient &amp; Trauma Acc Kit</b> The High capacity and Trauma accessory kit contains additional Patient restraint set with a width of 400mm and additional table extensions for feet and head.
1	14414739	<b>Mattress for Bariatric Table Top</b> This mat has a curved profile and allows comfortable positioning of patients on the flat table top.
1	14430811	<b>Advanced radiotranslucent ECG ext.</b> A dedicated advanced radio translucent ECG (Electrocardiogram) extension to be used for state-of-the-art ECG cardiac scanning without compromises. These carbon fiber extensions are designed for metal artifact-free cardiac imaging especially for small children and babies.
1	14430802	<b>Dual 19" Monitor #AWP</b> Second 19-inch monitor for the Acquisition workplace (AWP)
1	14460779	<b>syngo System Security #AWP</b> syngo System Security is an optional IT security offering for general regulatory security rules.
1	14447322	<b>ELEVATE R 40-/64-slice &gt; Drive</b> Elevate from 40-/64-slice configuration system to the SOMATOM Drive
1	14460582	<b>FAST IRS</b> FAST reconstruction computer for the preprocessing and reconstruction of the CT raw data. The reconstruction computer contains a cluster of high-performance GPU boards performing the preprocessing and reconstruction of the CT data.
1	14481859	<b>Extended Recon Jobs #AWP</b> Extended recon jobs from 8 to 18 at the AWP.
1	14460584	<b>DistinCT Imaging</b> We combine our market leading applications to make this the most Distinct scanner for our customers. Including SureView, Flash Spiral, Dual Adaptive Dose Shields, CARE Dose 4D, CARE kV, CARE Child, CARE Profile, CARE Dashboard, CARE Bolus, Dose MAP, FAST Adjust, XXL Mode 2cm and ADMIRE.
1	14460585	<b>DistinCT Imaging - Advanced</b> We combine the unique features of the SOMATOM Drive, to push the most distinct CT scanner to its maximum potential, including the full power of the Straton MX Sigma tube - DistinCT - Sigma High Power including, High Power 70 and High Power 80, Dual Power 4cm, 10kV Steps, X-CARE and CARE Contrast III.

**PRELIMINARY PROPOSAL**

Qty	Part No.	Item Description
		Additionally Tin Filter scanning allows reaching new levels in low dose non-contrast scans.
1	14481858	<b>FAST Bolus</b> FAST Bolus1 enables automated and individualized scan trigger delays in aortic enhanced CT angiography which can result in increased contrast enhancement and a more uniform contrast attenuation compared to fixed post-trigger delay scans. This new and unique technique potentially avoids missing the contrast media bolus and may decrease the number of non-diagnostic scans. FAST Bolus supports you to achieve optimal scan timing and maximal utilization of the prescribed contrast media. If CARE Contrast III is ordered for a VB30 system, FAST Bolus will be added automatically.
		1 FAST Bolus is not approved for use in pediatrics
1	14460778	<b>DistinCT Reading</b> We combine our market leading applications to make reporting consistent, fast and simple for our customers. Includes VRT, Workstream 4D and Extended FoV.
1	14447380	<b>DistinCT Reading - Advanced</b> We combine our advanced applications to make reporting of complex and atypical anatomical structures faster and simpler. Includes iMAR for anatomically driven metal artifact reduction, combines three successful approaches (beam hardening correction, normalized sinogram inpainting and frequency split). This allows to reduce metal artifacts caused by metal implants. FAST Spine, providing anatomically aligned preparation of spine recons with just a single click. HD FoV Pro, designed to enable visualization of the human body parts and skin line located outside of the 50cm standard scan field of view, based on an algorithmic complement of missing detector data outside of the 50cm standard scan FoV. The image quality for the area outside the 50cm standard scan field of view does not meet the image quality of the area inside the 50cm standard scan field of view. Image artefacts may appear, depending on the patient setup and anatomy scanned. zUHR for functionality improved spatial resolution.
1	14406461	<b>syngo Expert-I #AWP</b> Expert-i enables the physician to interact with the syngo CT Workplace from virtually anywhere in your hospital.
1	14460587	<b>DistinCT Function - DE</b> Dual Energy scanning options including Tin Filter modes and the applications to introduce Dual Energy as part of your routine daily workflow. Includes FAST DE results and FAST DE with Workstream 4D.
1	14460588	<b>DistinCT Function - Cardiac</b> Cardiac scanning options to enable the simple to use, routine cardiac CTA and calcium scoring workflows, including beta blocker independent scanning, one heart beat scanning and flex scanning to enable functional imaging at low doses. Includes: Heart View, Cardio Best Phase Plus and syngo Calcium Scoring CT.
1	14460589	<b>DistinCT Function - Dynamic</b> Adaptive 4D Spiral - a unique 4D Spiral scan mode that enables the SOMATOM Drive to extend beyond restraints experienced when utilizing a static detector and allows for up to 48 cm (18.89") dynamic CT coverage. This enables use not only in perfusion but also for advanced 4D CT DSA evaluations.
1	14447335	<b>Rear cover incl. Touch Panels</b> Standard CT rear gantry cover, including two Touch Panels, for additional access to the positioning of the patient from both sides of the gantry.
1	14460594	<b>Advanced Applications</b> We combine our market leading applications to make positioning simple for our customers.



**PRELIMINARY PROPOSAL**

Qty	Part No.	Item Description
		<p>FAST Topo - enables faster scan speeds in topograms, which minimizes breath-hold artifacts. It also has the potential to decrease the topogram dose.</p> <p>FAST Planning - assists scan and reconstruction planning, based on a topogram, to provide an easier, faster and standardized workflow in CT scanning. FAST Planning features the selection of the anatomical region of interest from a list prospectively defined scan and reconstruction ranges, automatic detection of the scan region(s) of interest and proposal of corresponding scan range(s) in the topogram (in a narrow or wide lateral FoV), optimized FoV and automatic iso-center adaptation for Head scans.</p> <p>FAST 3D Align - automatically corrects misalignment of anatomic structures, organs of the patient. It aligns those to fit it to the selected reconstruction plane for a highly automated reconstruction workflow. Additionally it minimizes the black area in the image by automatically adjusting the recon field of view.</p> <p>FAST 3D Align works in combination with Workstream 4D.</p>
1	14447370	<p><b>Ring Light</b>            SOMATOM Drive offers a gantry ring mood light (LED) in different, preset, adjustable colors. Designed not only for aesthetics, they can be used to help create a relaxing atmosphere for your patients.</p>
1	14428166	<p><b>Pediatric Cradle</b>            Dedicated mattress for safe and easy positioning and fixation of babies or infants during a scan.</p>
1	14402983	<p><b>Head Holder</b>            Head holder for the fixation of the patient's head in combination with the cushion set.</p>
1	14428165	<p><b>Patient Restraint 400 mm</b>            400 mm wide restraint strap for the fixation and safe positioning of the patient's body directly on the movable part of the patient table.</p>
1	CT_BTL_INSTALL	<p><b>CT Standard Rigging and Installation</b></p>
1	CT_ADDL_RIGGING	<p><b>Additional Rigging CT</b></p>
1	CT_EP1_28	<p><b>Essential Training PH 1 (Onsite-28) CT - Turnover</b>            Up to (28) hours of on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist if applicable. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.</p>
1	CT_EP1_24	<p><b>Essential Training PH 1 (Onsite-24) CT – Follow Up</b>            Up to (24) hours of on-site clinical education training, scheduled consecutively (Monday – Friday) during standard business hours for a maximum of (4) imaging professionals. Training will cover agenda items on the ASRT approved checklist if applicable. This educational offering must be completed (12) months from install end date. If training is not completed within the applicable time period, Siemens obligation to provide the training will expire without refund.</p>

**System Total \$ 1,651,300**

Siemens Medical Solutions USA, Inc.  
40 Liberty Boulevard, Malvern, PA 19355

SIEMENS REPRESENTATIVE  
Edwin Winicki - +1 (336) 688-0978  
edwin.winicki@siemens-healthineers.com

**PRELIMINARY PROPOSAL**

**OPTIONS on Quote Nr : CPQ-927404 Rev. 0**

**OPTIONS for SOMATOM Drive**

All items listed below are **OPTIONS** and will be included on this system **ONLY** if initialed: (See Detailed Technical Specifications at end of Proposal.)

Qty	Part No.	Item Description	Extended Price
		<b>Optional parts</b>	
1	14402956	<b>Computer Desk</b> New CT desk to accommodate the control components and color monitor. Width: 1200 mm, Depth: 800 mm, Height: 720 mm.	<b>+ \$ 475</b>
1	14402933	<b>Computer Cabinet</b> New cabinet to accommodate the computer system and UPS. Matched to the design of the control console table. Width: 800 mm, Depth: 800 mm, Height: 720 mm	<b>+ \$ 604</b>

**Siemens Medical Solutions USA, Inc.**  
40 Liberty Boulevard, Malvern, PA 19355

**SIEMENS REPRESENTATIVE**  
Edwin Winicki - +1 (336) 688-0978  
edwin.winicki@siemens-healthineers.com

### **PRELIMINARY PROPOSAL**

**FINANCING:** The equipment listed above may be financed through one of our financing partners. Ask us about our full range of financial products that can be tailored to meet your business and cash flow requirements. For further information, please contact your local Sales Representative.

Siemens Healthineers is pleased to submit this Preliminary Pricing Proposal. A Preliminary Pricing Proposal is provided for planning purposes only; it is not contractually binding. To receive a contractually binding proposal for the Products listed above, inclusive of Terms, Conditions, and Warranty coverage, please contact your Siemens Healthineers Sales Representative.

Siemens Healthineers  
Edwin Winicki  
+1 (336) 688-0978  
edwin.winicki@siemens-healthineers.com



**Projected Capital Cost Form**

Building Purchase Price	\$
Purchase Price of Land	\$
Closing Costs	\$
Site Preparation	\$
Construction/Renovation Contract(s)	\$319,000
Landscaping	\$
Architect / Engineering Fees	\$46,000
Medical Equipment	\$1,651,300
Non-Medical Equipment	\$
Furniture	\$
Consultant Fees (specify)	\$
Financing Costs	\$
Interest during Construction	\$
Other (Philips XPer Flex Cardio Control Room)	\$
Other (IT Costs for Control Room)	\$
<b>Total Capital Cost</b>	<b>\$2,016,300</b>

**CERTIFICATION BY AN OFFICER OR AGENT FOR THE PROPONENT**

I certify that, to the best of my knowledge, the projected total capital cost for the proposed project is complete and correct and that it is our intent to carry out the proposed project as described.

*Steve Trimberger*  
 \_\_\_\_\_  
 Signature of Officer/Agent

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
 Title of Officer/Agent

## EQUIPMENT COMPARISON

	EXISTING EQUIPMENT	REPLACEMENT EQUIPMENT
Type (e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment)	CT Scanner	CT Scanner
Manufacturer	Siemens	Siemens
Model number	Sensation 64	TBD
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	54250	TBD
Is the equipment mobile or fixed?	Fixed	Fixed
Date of acquisition	5/15/2005	TBD
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	New	New
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>	NA	See Exhibit 2
Total cost of the equipment	\$1,390,265	\$1,651,300
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	UNCH - HBO	UNCH - HBO
Document that the existing equipment is currently in use	See Letter	NA
Will the replacement equipment result in any increase in the <b>average charge per procedure</b> ?	NA	No
If so, provide the increase as a percent of the current average charge per procedure	NA	NA
Will the replacement equipment result in any increase in the <b>average operating expense per procedure</b> ?	NA	No
If so, provide the increase as a percent of the current average operating expense per procedure	NA	NA
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>	See Attached	NA
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>	NA	See Attached

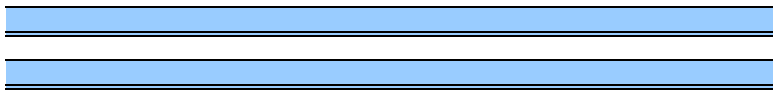
## EPIC CDM Code Description

HC BIOPSY LIVER NEEDLE PERCUTAN  
HC IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATH VISCERAL  
HC IMAGE GUIDED FLUID COLLECTION DRAINAGE BY CATH PERI RETRO  
HC KNEE 1 OR 2 VWS  
HC RAD EXAM ESOPHAGUS  
HC UGI WO CONTRAST W KUB - INACTIVE  
HC UGI SM BOWEL INCLD MULTI IMAGES - INACTIVE  
HC UGI W CONTRAST W KUB - INACTIVE  
HC SMALL INTESTINE MULT IMAGES - INACTIVE  
HC CYSTOGRAPHY MIN 3 VWS  
HC S AND I URETHROCYSTOGRAPHY RETRO  
HC URETHROCYSTOGRAPHY VOIDING  
HC FLUOROSCOPY UP TO 1 HR  
HC FLUORO 1 HR - INACTIVE  
HC S AND I FISTULA SINUS STUDY  
HC RAD EXAM ESOPHAGUS DOUBLE CONTRAST STUDY  
HC CT LUNG CANCER SCREENING - INACTIVE  
HC RAD EXAM UGI INCLD SCOUT ABD RADGRPH AND DELAYED IMAGE DOUBLE CONTRAST STUDY INCLD GLUCAGON  
HC CT THORAX LOW DOSE LUNG CANCER SCREENING WO CONTRAST  
HC CTA ABD AORTA AND BIL ILIEOFM W CONT  
HC CT GUIDE NEEDLE PLACEMENT  
HC CT GUIDANCE PLACEMENT RADIATION FIELDS  
HC CT HEAD OR BRAIN WO CONT  
HC CT HEAD OR BRAIN W CONT  
HC CT HEAD OR BRAIN WO FLD W CONT  
HC CT ORBIT SELLA PF WO CONT  
HC CT ORBIT SELLA PF W CONT  
HC CT MAXILLOFACIAL WO CONT  
HC CT MAXILLOFACIAL W CONT  
HC CT MAXILLOFACIAL WO FLD W CONT  
HC CT NECK SOFT TISSUE WO CONT  
HC CT SOFT TISSUE NECK W CONT  
HC CT SOFT TISSUE NECK WO FLD W CONT  
HC CTA HEAD W CONT INCL NON CONT  
HC CTA NECK W CONT INCL NON CONT  
HC CT THORAX DIAGNOSTIC WO CONT  
HC CT THORAX DIAGNOSTIC W CONT  
HC CT THORAX DIAGNOSTIC WO FLD W CONT  
HC CTA CHEST NONCOR WO W CONT  
HC CT CERVICAL WO CONT  
HC CT CERVICAL W CONT  
HC CT CERVICAL WO FLD W CONT  
HC CT THORACIC WO CONT  
HC CT THORACIC W CONT  
HC CT LUMBAR WO CONT  
HC CT LUMBAR W CONT  
HC CT LUMBAR WO FLD W CONT  
HC CTA PELVIS W CONT INCL NON CONT  
HC CT PELVIS WO CONT  
HC CT PELVIS W CONT  
HC CT PELVIS WO FLD W CONT  
HC CT UE WO CONT  
HC CT UE W CONT  
HC CT UE WO FLD W CONT  
HC CTA UE W CONT W NON CONT  
HC CT LE WO CONT  
HC CT LE W CONT  
HC CT LE WO FLD W CONT  
HC CTA LE W CONT AND INCL NON CONT  
HC CT ABDOMEN WO CONT  
HC CT ABDOMEN W CONT  
HC CT ABDOMEN WO W CONT  
HC CTA ABD PELVIS W CONT W NON CONT  
HC CT ABD PELVIS WO CONT  
HC CT ABD PELVIS W CONT

HC CT ABD PELVIS WO W CONT  
 HC CT LIMITED OR LOCALIZED FOLLOW UP  
 HC CTA ABDOMEN W CONT W NONCONT  
 HC STATISTICAL CT RADIATION ONCOLOGY PLANNING  
 HC ASPIR HEMATOMA ABCES BUL CYST  
 HC BIOPSY NEEDLE MUSCLE PERC  
 HC THORACENTESIS NLD CATH W IMAGE  
 HC PLEURAL DRAIN W CATH W IMAGE GUIDANCE  
 HC BIOPSY LYMPH NODE SUPERFICIAL  
 HC BIOPSY ABD OR RETROPERITONEAL PERCUTANEOUS NEEDLE  
 HC BIOPSY RENAL PERC BY TROCAR OR NEEDLE  
 HC DESTRUCTION PV FACET JOINT NERVE LS SGL W IMAGE GUIDANCE  
 HC DEST FACET JT NV LS ADD W IG  
 HC CORE NEEDLE BIOPSY LUNG MEDIASTINUM PERQ W IMG  
 HC WASTE CONTRAST Q9966  
 HC CONTRAST FOR DIAGNOSTIC SERVICES  
 HC MODERATE SEDATION INITIAL 15 MINUTES 5 YEARS OF AGE OR OLDER  
 HC MODERATE SEDATION EACH ADDITIONAL 15 MINUTES  
 HC DRAIN CATH PLMT OTHER  
 HC SWALLOWING FUNCTION W CINEVIDEO - INACTIVE  
 HC UGI WO CONTRAST W KUB - INACTIVE  
 HC SMALL INTESTINE MULT IMAGES - INACTIVE  
 HC FLUOROSCOPY UP TO 1 HR  
 HC FLUORO 1 HR - INACTIVE  
 HC 3D RECON NOT REQ INDEP WORKST  
 HC 3D RECON REQUIRE INDEP WORKST  
 HC PLACEMENT INTERSTITIAL DEVICE PERC INTRA ABD PEL RETROPERI  
 HC INJECTION FOR CYSTOGRAPHY OR VOIDING  
 HC CDSM NATIONAL DECISION SUPPORT COMPANY AS DEFINED BY THE MCAR AUCP  
 HC S AND I US GUIDANCE NEEDLE PLACEMENT  
 HC CREATININE  
 HC WASTE IOHEXOL 350 MG IODINE PER ML IV SOLUTION  
 HC STATISTICAL CT C SPINE RECONSTRUCT WO CONT CPT 72125 NO TECH FEE  
 HC STATISTICAL CT C SPINE RECONSTRUCT W CONT CPT 72126 NO TECH FEE  
 HC STATISTICAL CT T SPINE RECONSTRUCT WO CONT CPT 72128 NO TECH FEE  
 HC STATISTICAL CT T SPINE RECONSTRUCT W CONT CPT 72129 NO TECH FEE  
 HC STATISTICAL CT L SPINE RECONSTRUCT WO CONT CPT 72131 NO TECH FEE  
 HC STATISTICAL CT L SPINE RECONSTRUCT W CONT CPT 72132 NO TECH FEE  
 HC STATISTIC IMAGING GUIDANCE NO TECH FEE  
 HC STATISTIC CYSTO SUITE NO TECH FEE  
 HC STATISTICAL CT 2D REFORMAT WO CONT  
 HC STATISTICAL CT 2D REFORMAT W CONT  
 SupplyCostVariance\_1000-220120  
 OPTIRAY 350 MG IODINE-ML INTRAVENOUS SYRINGE  
 MULTIHANCE 529 MG-ML (0.1 MMOL-0.2 ML) INTRAVENOUS SOLUTION  
 MULTIHANCE 529 MG-ML (0.1 MMOL-0.2 ML) INTRAVENOUS SOLUTION  
 OMNIPAQUE 240 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 300 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 300 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
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 OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
 DOTAREM 0.5 MMOL-ML (376.9 MG-ML) INTRAVENOUS SOLUTION  
 DOTAREM 0.5 MMOL-ML (376.9 MG-ML) INTRAVENOUS SOLUTION  
 OPTIRAY 350 MG IODINE-ML INTRAVENOUS SYRINGE  
 CYSTOGRAFIN-DILUTE 18 % URETHRAL SOLUTION  
 MULTIHANCE 529 MG-ML (0.1 MMOL-0.2 ML) INTRAVENOUS SOLUTION  
 MULTIHANCE 529 MG-ML (0.1 MMOL-0.2 ML) INTRAVENOUS SOLUTION  
 OMNIPAQUE 240 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 240 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 300 MG IODINE-ML INTRAVENOUS SOLUTION  
 OMNIPAQUE 300 MG IODINE-ML INTRAVENOUS SOLUTION  
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 OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION



OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
OMNIPAQUE 350 MG IODINE-ML INTRAVENOUS SOLUTION  
MAGNEVIST 2.5 MMOL-5 ML (469.01 MG-ML) INTRAVENOUS SOLUTION  
EOVIST 0.25 MMOL-ML (181.43 MG-ML) INTRAVENOUS SOLUTION  
DOTAREM 0.5 MMOL-ML (376.9 MG-ML) INTRAVENOUS SOLUTION  
DOTAREM 0.5 MMOL-ML (376.9 MG-ML) INTRAVENOUS SOLUTION  
DOTAREM 0.5 MMOL-ML (376.9 MG-ML) INTRAVENOUS SOLUTION  
ZIPWIRE .035 PTFE STIFF BODIED FIXED CORE STR  
Cath Drainage 8fx30cm All Pur Ose Skater O-379354  
Cath Drainage 10fx30cm All Pur Pose Skater O-379355  
Wire Guide Nitinol .018x80cm  
Guidewire Tfe-Coat Curved Tscf -38-80-3  
Kit Micropuncture 5fr Stiff 21 -7 Sdn And Nitinol Wir  
DRAINAGE SKATER NEPHROSTOMY CATHETER 14F X 35CM  
Ndl Biopsy System 18gx15cm Cor Vocet  
Coil Embo Mwce Sz 3-2mm Tornad O



**From:** [Mitchell, Micheala L](#)  
**To:** [Stancil, Tiffany C](#)  
**Subject:** FW: [External] UNC Hospitals Hillsborough CT Scanner Replacement Exemption  
**Date:** Wednesday, August 30, 2023 12:15:16 PM  
**Attachments:** [2023.8.30 UNCH-Hillsborough CT Replacement Exemption.pdf](#)

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One more to be logged as an exemption and assigned to Cindy.

Micheala Mitchell, JD  
[NC Department of Health and Human Services](#)  
[Division of Health Service Regulation](#)  
Section Chief, Healthcare Planning and CON Section  
809 Ruggles Drive, Edgerton Building  
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Office: 919 855 3879  
[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)

Don't wait to vaccinate. Find a COVID-19 vaccine location near you at [MySpot.nc.gov](https://www.myspot.nc.gov).  
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**From:** Cromer, Emily <[Emily.Cromer@unchealth.unc.edu](mailto:Emily.Cromer@unchealth.unc.edu)>  
**Sent:** Wednesday, August 30, 2023 12:11 PM  
**To:** Bradford, Cynthia L <[cynthia.bradford@dhhs.nc.gov](mailto:cynthia.bradford@dhhs.nc.gov)>; Mitchell, Micheala L <[Micheala.Mitchell@dhhs.nc.gov](mailto:Micheala.Mitchell@dhhs.nc.gov)>  
**Subject:** [External] UNC Hospitals Hillsborough CT Scanner Replacement Exemption

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Cindy and Micheala,

Attached is an equipment replacement exemption notice for the replacement of an existing CT scanner at UNC Hospitals Hillsborough Campus. Please confirm receipt.

Thank you,  
Emily

Emily Cromer  
Director of Regulatory Affairs & Facility Strategy  
UNC Health  
(984) 215-6213  
[emily.cromer@unchealth.unc.edu](mailto:emily.cromer@unchealth.unc.edu)

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