



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

November 5, 2025

Denise M. Gunter

[Denise.gunter@nelsonmullins.com](mailto:Denise.gunter@nelsonmullins.com)

**Exempt from Review – Replacement Equipment**

**Record #:** 4987  
**Date of Request:** October 24, 2025  
**Facility Name:** Novant Health-Norfolk, LLC  
**FID #:** 020514  
**Business Name:** Novant Health-Norfolk, LLC  
**Business #:** 3683  
**Project Description:** Replace mobile MRI scanner and trailer  
**County:** Gaston

Dear Ms. Gunter:

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 GE Voyager 1.5T mobile MRI scanner and trailer to replace the GE 23X 1.5T mobile MRI scanner and trailer. 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,

Gregory F. Yakaboski  
Project Analyst

Micheala Mitchell  
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR  
Construction 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

October 24, 2025

**Via E-mail**

Micheala Mitchell, Chief  
Healthcare Planning and Certificate of Need Section  
North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
1915 Health Service Way  
Raleigh, North Carolina 27607

Re: Replacement Equipment Exemption Notice for Project I.D. No. F-6626-02

Dear Ms. Mitchell:

Pursuant to N.C. Gen. Stat. § 131E-184(a)(7), I am writing to provide the Agency with prior written notice of Novant Health-Norfolk, LLC's ("Novant") intention to replace a mobile MRI scanner that was approved in Project I.D. No. F-6626-02 (the "Existing Scanner"). See **Exhibit A**. The Existing Scanner is referred to internally as MQ 13. The Existing Scanner is a GE MRI 1.5T Magnet #R4378/trailer VIN#1S9FA482X61182868. Due to its age, Novant has decided that it is time to replace MQ 13 with a new mobile MRI scanner, which will be referred to internally as MQ 32 (the "Replacement Scanner"). The Replacement Scanner is a GE MRI Voyager 1.5T Magnet #RD1534/trailer VIN#1S9AC4820SS834423. The capital cost is \$1,978,761.11, and therefore below the applicable threshold for replacement equipment (\$3,103,500). See **Exhibit B**. This includes all costs essential to acquiring and making the Replacement Scanner operational. The Existing Scanner has been used at least 10 times in the last 12 months to provide MRI scans. See 10A NCAC 14C.0303(b). The Existing Scanner will be taken out of North Carolina and will not be brought back into North Carolina without CON approval. The Replacement Scanner is being purchased for the sole purpose of replacing the Existing Scanner. See N.C. Gen. Stat. § 131E-176(22a). The Replacement Scanner is comparable to the Existing Scanner because:

- (1) The Replacement Scanner does not provide a health service that the Existing Scanner cannot provide; and
- (2) While the Existing Scanner was refurbished or reconditioned when acquired, it was acquired more than 12 months ago.

Micheala Mitchell  
October 24, 2025  
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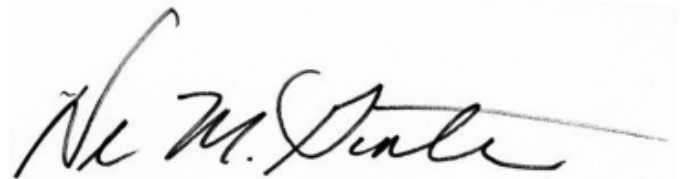
See N.C. Gen. Stat. 131E-176(22a) and 10A NCAC 14C.0303(c)(1)-(2). See also **Exhibit C** (Replacement Equipment Comparison form). Please note that since the Existing Scanner was approved in a 2002 CON, we are not able to locate the date of acquisition or the cost of acquisition from 20+ years ago.

The host sites currently served by the Existing Scanner are expected to remain the same once the Replacement Scanner is operational. Those sites are Novant Health Imaging Mooresville, 118 Gateway Blvd, Suite E, Mooresville, NC 28117 and Novant Health Imaging Monroe, 2000 Wellness Blvd, Suite 110, Monroe, NC 28110.

We respectfully request that the Agency issue its written confirmation that the foregoing replacement is exempt from CON review pursuant to N.C. Gen. Stat. § 131E-184(a)(7). Please let me know if you need any other information.

Thank you for your time and consideration. With best personal regards.

Sincerely,

A handwritten signature in black ink, appearing to read "Denise M. Gunter", is written over a light gray rectangular background.

Denise M. Gunter

Attachments



STATE OF NORTH CAROLINA  
Department of Health and Human Services  
Division of Facility Services

CERTIFICATE OF NBBB

For

Project Identification Number H-0026-02  
H11020514

ISSUED TO: Imaging Associates of the Carolinas, LLC  
3614 Haworth Drive  
Raleigh, NC 27609

Pursuant to N.C. Gen. Stat. § 131K-173, on Feb. 1, 2004, the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and within the conditions stipulated herein and shall make good faith efforts to meet the conditions contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided in N.C. Gen. Stat. § 17A-103. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131K-189. This certificate is valid only for the scope, physical location and person(s) specified herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131K-189 for any of the reasons provided in that law.

SCOPE: acquire one mobile mammography unit to be operated at Union Warehouse, 211 Can Parkway, and Ocotillo, 12701 Chatham Rd, Raleigh, NC 27613

CONDITIONS: See Reverse Side

PHYSICAL LOCATION: Ocotillo Imaging, LLC, 12701 Chatham Road, Suite 100A, Raleigh, NC 27613; Ocotillo Imaging, LLC, 200 Cox Road, Suite C, Constonia, NC 28054

MAXIMUM CAPITAL EXPENDITURE: \$200,000

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: March 1, 2005

This certificate is effective as of the 21<sup>st</sup> day of October, 2004.

*Geo. B. Hoffmann*  
Chief, Certificate of Need Section  
Division of Facility Services

CONDITIONS

1. Imaging Associates of the Carolinas, LLC shall materially comply with all representations made in its certificate of need application as modified by additional information submitted to the CON Section. In those instances in which any of these representations conflict, Imaging Associates of the Carolinas, LLC shall materially comply with the last-made representation.
2. Imaging Associates of the Carolinas, LLC shall operate its mobile magnetic resonance imaging scanner no more than four days per week in Mecklenburg County at 10420 Park Road Extension, Suite 100 Elmsville, and no more than four days per week in Gaston County at 900 Cox Road, Gastonia.
3. Imaging Associates of the Carolinas, LLC shall acquire one mobile MRI scanner with transporting equipment. The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites.
4. This mobile MRI shall not, at any time, be converted to a fixed MRI scanner and such equipment shall not, at any time, serve less than two host sites each week. The acquisition of the mobile MRI scanner shall not result in the creation of a diagnostic center located at any of the host sites or any other facility owned, operated or otherwise affiliated with Imaging Associates of the Carolinas, LLC.
5. Imaging Associates of the Carolinas, LLC shall not change or add host sites unless they first obtain a declaratory ruling authorizing the change in location of the equipment pursuant to N.C. Gen. Stat. § 150B-4 and the rules of the Department of Health and Human Services, Division of Facility Services.
6. Imaging Associates of the Carolinas, LLC shall not, acquire as part of this project, any equipment that is not included in the project's proposed capital expenditure in Section VIII of the application or that would otherwise require a certificate of need.

TIMETABLE

Ordering equipment	November 15, 2004
Arrival of equipment	January 15, 2005
Operation of equipment	January 16, 2005

**MQ13 Mobile MRI Replacement Projected Capital Cost Form (CON F-6626-02)**

Building Purchase Price	\$
Purchase Price of Land	\$
Closing Costs	\$
Site Preparation	\$
Construction/Renovation Contract(s)	\$
Landscaping	\$
Architect / Engineering Fees	\$
Medical Equipment	\$1,978,761.11
Non-Medical Equipment	\$
Furniture	\$
Consultant Fees (specify)	\$
Financing Costs	\$
Interest during Construction	\$
Other (specify)	\$
<b>Total Capital Cost</b>	<b>\$1,978,761.11</b>

**CERTIFICATION BY A LICENSED ARCHITECT OR ENGINEER**

I certify that, to the best of my knowledge, the projected capital cost for the proposed project is complete and correct.

*Eric Cebula*

Date Signed: 10/24/2025

\_\_\_\_\_  
Signature of Licensed Architect or Engineer

**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.

*Bruce Elder*

Date Signed: 10/23/2025

\_\_\_\_\_  
Signature of Officer/Agent

Bruce Elder

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

## MQ13 Mobile vs. MQ32 (new) Mobile EQUIPMENT COMPARISON

	MQ13 EXISTING EQUIPMENT	MQ32 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)	Mobile trailer & MRI	Mobile trailer & MRI
Manufacturer	GE	GE
Model number	23X 1.5T	Voyager 1.5T
Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)	Magnet#	
Is the equipment mobile or fixed?	Mobile	Mobile
Date of acquisition	Unable to locate	2025
Was the existing equipment new or used when acquired? / Is the replacement equipment new or used?	Used	NEW
Total projected capital cost of the project <Attach a signed Projected Capital Cost form>		\$1,978,761.11
Total cost of the equipment	Unable to locate	\$1,978,761.11
Location of the equipment <Attach a separate sheet for mobile equipment if necessary>	Mobile	Mobile
Document that the existing equipment is currently in use	See Exemption letter	
Will the replacement equipment result in any increase in the <b>average charge per procedure</b> ?		No
If so, provide the increase as a percent of the current average charge per procedure		
Will the replacement equipment result in any increase in the <b>average operating expense per procedure</b> ?		No
If so, provide the increase as a percent of the current average operating expense per procedure		
Type of procedures performed on the existing equipment <Attach a separate sheet if necessary>		MRI Scans
Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>		MRI scans

Date of last revision: 5/17/19

**From:** [Denise Gunter](#)  
**To:** [Hale, Gloria](#); [Mckillip, Mike](#); [Stancil, Tiffany C](#)  
**Subject:** [External] Replacement Exemption Letter HSA III  
**Date:** Friday, October 24, 2025 10:08:37 AM  
**Attachments:** [Exhibit A to exemption letter.pdf](#)  
[Exhibit B MQ13 Mobile MRI Replacement Capital Cost Form \(1\).pdf](#)  
[Ex C MQ13 Mobile MRI and Trailer Replacement docs.pdf](#)  
[Replacement Equipment Letter.pdf](#)

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**CAUTION:** External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Good morning,

I hope everyone is doing well

Attached for filing is a replacement equipment exemption letter. Can you please let me know that you've received this?

Thanks.



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DENISE M. GUNTER **PARTNER**  
[denise.gunter@nelsonmullins.com](mailto:denise.gunter@nelsonmullins.com)

She/Her/Hers

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