



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

January 7, 2026

Catharine Cummer

[catharine.cummer@duke.edu](mailto:catharine.cummer@duke.edu)

**Exempt from Review – Replacement Equipment**

**Record #:** 5049

Date of Request: December 22, 2025

Facility Name: Duke University Hospital Imaging Services at Southpoint

FID #: 943138

Business Name: Duke University Health System, Inc.

Business #: 640

Project Description: Replace and upgrade components of an MRI scanner

County: Durham

Dear Ms. Cummer:

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 Signa Artist MRI scanner to replace the GE Signa HDxt MRI scanner. 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

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1915 Health Services Way, Raleigh, NC 27607  
MAILING ADDRESS: 1915 Health Services Way, 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhs.gov/dhsr • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



**Catharine W. Cummer**  
Regulatory Counsel, Strategic Planning

December 22, 2025

Via Electronic Mail

Ms. Micheala Mitchell  
Chief  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Notice of exempt project at Duke University Hospital Imaging Services at  
Southpoint

Dear Ms. Mitchell:

The purpose of this letter is to request the CON Section's written confirmation that a project to replace and upgrade components of an existing MRI Scanner at Duke University Hospital Imaging Services at Southpoint and related construction is exempt from certificate of need review under N.C.G.S. 131E-184(a)(7) to the extent that it constitutes replacement equipment. Duke University Hospital currently owns and operates an MRI scanner at its off-campus Southpoint clinic location. Duke intends to spend \$2.237 million to upgrade the equipment although the magnet itself is not being replaced. This upgraded equipment will provide enhanced imaging quality, increased throughput with faster scan times, and more efficient procedures and workflows.

Accordingly, we understand that the project either does not constitute a new institutional health service subject to CON requirements, as the expenditure is less than \$4 million, or alternatively constitutes a project to "replace" components of the existing MRI scanner at a cost less than the \$3 million threshold for replacement equipment. An equipment comparison form is included with this notice. We would appreciate your confirmation that this project does not require any further CON review. If you have questions, please let me know.

Very truly yours,

*Catharine W. Cummer*

Catharine W. Cummer

Enclosure

### EQUIPMENT COMPARISON

|  | EXISTING EQUIPMENT              | REPLACEMENT EQUIPMENT |
|--|---------------------------------|-----------------------|
| Type<br>(e.g., Cardiac Catheterization, Gamma Knife®, Heart-lung bypass machine, Linear Accelerator, Lithotripter, MRI, PET, Simulator, CT Scanner, Other Major Medical Equipment) | MRI Scanner                     | MRI Scanner           |
| Manufacturer   | GE                              | GE                    |
| Model number   | Signa HDxt                      | Signa Artist          |
| Other method of identifying the equipment (e.g., Room #, Serial Number, VIN #)   | DUH Southpoint MRI              | DUH Southpoint MRI    |
| Is the equipment mobile or fixed?  | Fixed                           | Fixed                 |
| Date of acquisition  | *Install 1998 with upgrade 2006 | 2026                  |
| 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>  |                                 | \$2.237M              |
| Total cost of the equipment  |                                 | \$999,000             |
| Location of the equipment <Attach a separate sheet for mobile equipment if necessary>  | Southpoint                      | Southpoint            |
| Document that the existing equipment is currently in use   | Yes                             |                       |
| 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 procedures                  |                       |
| Type of procedures the replacement equipment will perform <Attach a separate sheet if necessary>   |                                 | MRI procedures        |