DELIVERED VIA EMAIL 1/03/17

January 3, 2017

Surgery Center of Wilmington, LLC
5200 Doughtymews Lane
Fuquay-Varina, NC 27526

Ms. Martha Frisone, Assistant Chief
Greg Yakaboski, Project Analyst
Certificate of Need Section
Department of Health Service Regulation
2704 Mail Service Center
Raleigh, NC 27699-2704

Re: Comments on Competing Applications for a Certificate of Need for an Ambulatory Surgical Center in New Hanover County; CON Project ID Numbers:

- **Wilmington SurgCare, Project ID# O-011272-16**
- **Cape Fear Surgical Center, LLC, Project ID# O-011275-16**

Dear Mr. Yakaboski and Ms. Frisone:

On behalf of Surgery Center of Wilmington, LLC (SCW), Project ID #O-011277-16, thank you for the opportunity to comment on the above referenced applications for operating rooms in New Hanover County. During your review of the projects, I trust that you will seriously consider these comments.

CONTEXT

Three applicants applied for new operating rooms in New Hanover County as provided for by the *2016 State Medical Facilities Plan.* Each applicant applied for three new operating rooms, the maximum number available. The three proposals are very distinct. Each proposes a different mix of surgical specialties. The overall scope of the three proposed capital projects varies substantially. More importantly, each application has potential to impact New Hanover County residents in very different ways. The application presented by the Surgery Center of Wilmington will have the most positive impact on New Hanover County residents.

The application filed by Cape Fear Surgical Center (CFSC) proposes to relocate existing operating rooms from the campus of New Hanover Regional Medical Center and expects existing surgical volume to transfer from NHRMC and Wilmington SurgCare (SurgCare) to a new, freestanding ambulatory surgical facility. NHRMC and its partners, Wilmington Health and Emerge Orthopedics, do not require a need determination in the SMFP to proceed with relocating three operating rooms to a lower-cost freestanding ambulatory surgery center. CFSC's proposal to add three more operating rooms, for a total of six, is not justified. Projections based upon historical data for the services it proposes (majority orthopedics) show CFSC does not need six operating rooms.

Wilmington SurgCare's proposal to add three operating rooms appears motivated by an intent to prevent others from developing the operating rooms. Its historical volumes clearly show it does not and will not have enough demand to warrant additional operating rooms. Based on its own reports, SurgCare has ample room to add cases in its existing seven operating rooms. Awarding additional rooms to SurgCare would not benefit county residents in any meaningful way.

Conversely, Surgery Center of Wilmington's (SCW) proposal will add competition and serve new need among rapidly growing specialties of neurosurgery, ophthalmology, and orthopedics. It is the only applicant that has no existing operating rooms in the county or whose related entities do not own existing operating rooms. As such, it offers a truly unique new competitor in the market. It will create opportunities for two specialties that have documented difficulty with access to operating rooms, specifically dental and oral surgery. It will not have a significant impact on the two existing surgical providers in the county. SCW proposes to shift a modest number of cases its physicians previously referred to each of the existing providers. Most of its forecast cases represent organic growth associated with bringing new providers to serve new need in the areas growing population. Thus, approving SCW is the only option that will provide three, well utilized, financially stable, high quality surgical options in New Hanover County, thereby benefiting patients the most.

WHY APPROVE SURGERY CENTER OF WILMINGTON, LLC

Competitive Overview

Despite flaws in both the CFSC and Wilmington SurgCare application, which should result in denial of both applications, SCW presents a competitively superior application. Traditionally, the Agency has relied upon a handful of comparison measures to evaluate OR applications in competitive reviews. There have been five competitive operating rooms reviews since 2008. Three of them were for the single specialty demonstration projects in 2010. One was for Mecklenburg County in 2009 and one was for Wake County in 2008. The common comparative categories used in these reviews were:

- Geographic Accessibility
- Demonstration of Need
- Access by Underserved Groups
- Revenue
- Operating Expense

The following is a brief discussion of each of these review categories and how each applies to this review.

Geographic Accessibility

All three of the proposed New Hanover County facility sites are in the city of Wilmington and separated by less than five miles. While SCW is located in the area of the county with no operating rooms, the southern part of New Hanover County; it is close enough to the other proposed location that the applications should be viewed as comparable. This is consistent with many other Agency reviews that consider applicants who propose facilities in relative proximity to be comparable. That said, if any applicant is superior on location, it should be SCW, because it is located closest to the part of New Hanover County that has no operating rooms and is growing rapidly.

Demonstration of Need

Attachment A and B contain our specific comments on both the CFSC and SurgCare applications. As the comments show, both applications fail to meet CON review Criterion 3; neither uses reasonable, well-supported assumptions in its need methodology. As a result, both applications overstated need and utilization projections and, consequently, proposed more operating rooms than either justified. SCW is the only application that adequately demonstrates a need for the services it proposes.

Access by Underserved Groups

In all of the operating room CON review since 2008, Access to Underserved Groups has included the percent Medicare patients and percent Medicaid patients as metrics for comparison. Each appears to have carried an equal weight in the reviews. That said, we believe the Agency should consider providing added weight to the percent Medicaid measure over the Medicare measure. The reason for this: Medicaid beneficiaries are typically far more underserved than Medicare beneficiaries because Medicaid contractuals are higher. SurgCare projects the greater percentage of Medicare patients in year two. SCW projects the greater percentage of Medicaid patients in year two. The difference in each case is less than four percent.

Revenue and Operating Expense

Many operating room reviews since 2008 have considered net revenue per procedure, gross revenue per procedure, and operating expense per procedure in the reviews. However, the Agency determined in the most recent reviews in 2010 that comparing cost and revenue across applications was unreasonable. In the Charlotte-area application, the Agency stated:

> *"However, Cotswold [an applicant] proposes to offer ophthalmic surgical services while USC [an applicant] and COSC [an applicant] propose to offer orthopaedic surgical services and Randolph [an applicant] proposes to offer ENT surgical services. Thus, a comparison between Cotswold and the other applicants would not be an "apples to apples" comparison."*

CFSC proposes a primarily orthopedic surgical facility; it projects 87 percent of its surgical procedures in its operating rooms to be Orthopedics. SurgCare presents a multispecialty surgery center with representation by Orthopedics, ENT, Ophthalmology, General Surgery, Urology, Podiatry, and Plastic Surgery. SCW proposes a specific mix of Neurosurgery, Ophthalmology, and Oral and Dental Surgery. The initial focus of the neurosurgeons will be spine procedures.

Costs and reimbursement for different surgical specialties vary widely. Neurosurgery cases are high cost cases. Orthopedic case costs can cost over $10,000 and Ophthalmology case costs be under $2,000. Regardless, freestanding ASCs provide savings to both patients and payers if they shift cases from a higher cost hospital setting to a lower cost ambulatory surgery center setting. All three applications proposed ambulatory surgery centers and two propose to change the site of care (CFSC and SCW). Both are comparable in this regard.

However the mix of cases among the three facilities differs substantially. For these reasons and the fact that the Agency deemed it could not reasonably compare per procedure cost and revenue in the 2010 single specialty demonstration project reviews, the Agency cannot compare cost and revenue across these applications. The case mixes in these applications are too different.

Other Comparison Metrics

Historically, the Agency has included impact on market competition as a comparative metric in some competitive reviews[1]. This is an important concept to measure. The entrance of a new competitor in the market can improve overall cost and quality in the service area. It is consistent with the principles in the *2016 State Medical Facilities Plan* of improving access, quality, and reducing cost to give preference to applications which have the most meaningful impact on competition in communities large enough to support competition. New Hanover County is a tertiary market with approximately 250,000 people. Therefore, we believe the number of existing operating rooms operated by the applicant or an entity related to the applicant should be considered a competitive metric in the New Hanover review. SCW is the only applicant that does not have a related entity that owns or operates operating rooms. While CFSC is a new entity and the legal entity does not, by itself, own licensed operating rooms, one of its three members, NHRMC has 38 operating rooms in its inventory. Another one of its members, Wilmington Health operates a freestanding ambulatory surgery center of its own. As such, CFSC cannot be considered an applicant with no existing operating rooms.

Table 1 contains a summary of these comparative measures across the three applications.

Table 1: Comparison of Applications Using Standard Competitive Review Metrics for Competitive Operating Room Applications

Notes	Measure	SCW	CFSC	SurgCare	Preferable App
a	Geographic Accessibility	-	-	-	None
b	Demonstration of Need	Yes	No	No	SCW
c	# of Current ORs owned	0	38	7	SCW
d	% Medicare in Yr. 2	48.00%	32.51%	51.26%	SurgCare
e	% Medicaid in Yr. 2	10.00%	6.86%	7.78%	SCW

Notes: *a: Geographic Accessibility is comparable across all three applications and thus no applicant is preferable*

b: SCW's application is the only application which adequately demonstrates need; see discussion of criterion 3 in Attachments A and B

c: From 2016 SMFP. CFSC, through its member NHRMC, has 38 existing operating rooms

d: SCW App. Pg.120, CFSC App. Pg. 141, SurgCare App. Pg.94

e: SCW App. Pg.120, CFSC App. Pg. 141, SurgCare App. Pg.94

[1] For a recent example, see 2016 Wake County MRI Findings (J-011167-16, J-11159-16, J-11172-16)

In regard to the comparative analysis, SCW's proposal should be deemed most effective alternative for the following reasons:

- SCW the only applicant that adequately documents the need the population to be served has for the proposed operating rooms
- SCW is the only applicant that does not, though any related entity or itself, own operating rooms in the service area
- SCW projects the highest percentage of total services to be provided to Medicaid recipients

NON-CONFORMING APPLICATIONS

Comparisons aside, the other applications do not conform to all required statutory criteria. Both the CFSC and the SurgCare applications are non-conforming to GS 131E-183(b) with regard to the Special Rules. Specifically, each fails to comply with requirements of performance standard: 10A NCAC 14C.2103(b). In addition, we believe CFSC should be found non-conforming to GS 131E-183(a) criteria 3, 4, 5, and 13(a) and that SurgCare should be found non-conforming to GS 131E-183(a) criteria 3, 4, and 5.

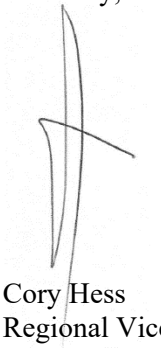
Detailed discussions in the attachments to this letter elaborate on reasons why the other two applications should not be approved.

CONCLUSION

Surgery Center of Wilmington's application offers the only new competitor in the market, will serve the highest percentage of Medicaid patients and will meet a need that cannot otherwise be met in New Hanover County. It is the only proposal in which the number of operating rooms matches reasonable expected utilization. It is the only one that fully conforms to the statutory review criteria; therefore, Surgery Center of Wilmington's application should be approved and the others denied.

Thank you for your time and consideration. Please do not hesitate to call me if you have any questions

Sincerely,



Cory Hess
Regional Vice President of Operations, SCA
505-239-8787

Attachment(s)

ATTACHMENTS

Attachment A

Competitive Review of Wilmington SurgCare Application for New Operating Rooms, New Hanover County, Project ID# O-011272-16

Competitive Review of – Wilmington SurgCare Application for New Operating Rooms, New Hanover County Project ID# O-011272-16

OVERVIEW

The applicant, Wilmington SurgCare (SurgCare) fails to meet CON review Criterion 3, 4, and 5 and fails to meet the performance standards outlined in 10A NCAC 14C .2103. Specifically, the applicant's surgical case volume projections are unsupported and unreasonable. In fact, the historical surgical case volume trends reported by Wilmington SurgCare clearly show that SurgCare does not need additional operating rooms at present and will not need them in the future. It is consistent with other Agency CON Findings to deny applications that contain need and utilization projections that are not consistent with an applicant's historical volume trends.

The applicant makes consistent references to need for additional capacity but all arguments for additional capacity point back to its flawed projections. If an ambulatory surgery facility is truly at capacity, it will show demonstrable impacts such as long wait times, difficulty with both scheduling surgeons requesting block time and bringing on new surgeons to perform surgery in the facility. SurgCare's application does not describe any of these impacts, and it is quite clear that SurgCare does not suffer from limited capacity. In fact, the application makes repeated reference to having onboarded additional physicians in recent years, suggesting that there is, indeed, available capacity to support these new surgeons.

Overall, the application by Wilmington SurgCare is for a service that is not needed. Indeed, the application may be a competitive attempt to impede approval of other proposals. The concurrent proposal by Cape Fear Surgical Center (CFSC) proposes to remove a significant number of cases historically done at Wilmington SurgCare by Wilmington Health and Emerge Orthopedics. The threat of that proposal gave SurgCare much more to lose than it does to gain. As such, this proposal is likely an attempt to prevent loss of existing volume rather than to serve new need within the service area.

The following discussion and calculations demonstrate why Wilmington SurgCare application should not be approved per N.C.G.S. 131E-183 and 10A NCAC 14C .2103.

CON REVIEW CRITERIA

3. The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Wilmington SurgCare's Growth Projections are Unreasonable

Beginning on page 52 of its application, SurgCare shows alternative calculations with the intent of proving a need for three additional operating rooms by 2022, its third year of operation. SurgCare's need methodology hinges on the use of a 5.5 percent annual growth rate. This growth rate projection is suspect. SurgCare presents historical surgical case growth rates for different time periods as justification for the 5.5 percent.

The first is a 20-year growth trend going all the way back to 1995. Figure 1, obtained from page 33 of SurgCare's application, shows the annual case volumes in 1995 and 2015.

Figure 1: 1995 and 2015 Wilmington SurgCare Case Volumes

	1995	2015	% Change
Wilmington SurgCare OR Cases	2,175	8,463	289.10%

Sources 1998 SMFP and Wilmington SurgCare 2016 LRA

Source: SurgCare App. Pg. 33

After presenting this table, SurgCare explains that the compound annual growth rate during this period was 7.03 percent. SurgCare opened in 1992. Reaching all the way to 1995, during the startup phase of the center is not reasonable. Most services that stay in business will be able to show tremendous growth when using one of its initial operating years as the baseline. Moreover, 20 years was long time ago. Healthcare has changed significantly in 20 years. Data from 1995 are outdated. A far more reasonable approach would consider more recent trends, such as three-, five-, or ten-year trends.

The second growth estimate cited is SurgCare's one-year growth of 6.65 percent between FFY 2014 (data from the 2015 LRA) and FFY 2015 (data from the 2016 LRA). The increase in volumes from one year to the next does not constitute a trend on which a facility can project future volumes. For this reason, it is common practice in healthcare planning to project growth using multi-year trends. Multi-year trends tend to smooth over one-year upticks or downticks to show more realistic patterns. Even SurgCare admits this by noting that the growth between FFY 2015 and FFY 2016 was only 1.87 percent (Pg. 53), much lower than the previous years' growth rate.

A look at SurgCare's multi-year growth rate in the last five years demonstrates why SurgCare avoided using this information in its certificate of need application. Table 1 contains annual volumes reported on SurgCare's last six LRAs and the calculated CAGR over those years.

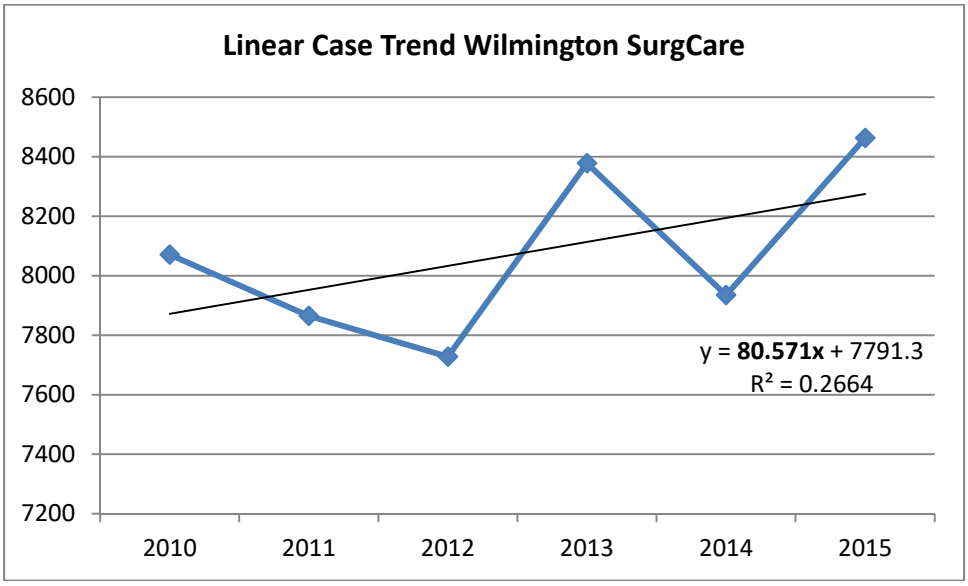
Table 1: Wilmington SurgCare Annual Surgical Case Volumes, 2010-2015

Federal Fiscal Year (Oct - Sep)	2010	2011	2012	2013	2014	2015	CAGR
Wilm. SurgCare Cases	8,071	7,865	7,728	8,378	7,935	8,463	0.95%

Source: Wilmington SurgCare 2011 – 2016 LRAs

SurgCare cases actually increased only 0.95 annually since 2010. Its use patterns show that cases fluctuated up and down from year to year. Volumes in 2014 fell below 2010 levels. In fact, the CAGR from 2010 to 2014 was -0.42 percent. Figure 2 shows a linear trend for the same data. The linear trend suggests SurgCare case volume should increase by only 81 cases a year (see bolded number in Figure 2). Even a one percent annual growth rate would be generous.

Figure 2: Wilmington SurgCare Case Trend, 2010-2015



Source: Wilmington SurgCare LRAs: 2011 to 2016

SurgCare also attempted to justify its 5.5 percent growth in other ways. In Exhibit 48, SurgCare created the 5.5 percent rate by summing four separate percentages. The applicant combined percentages for "annual increases due to advances in surgical technology" (0.7%), population growth in NC (1.3%), increase due to patient preference (1.5%), and annual increases in physicians on staff at SurgCare (2.0%). Simply adding these percentages together to equal 5.5 percent does not make sense. These concepts overlap significantly. For example, two major factors in physician growth at ambulatory surgery centers (aka demand for ASC services) are population growth and patient preference. SurgCare assumes these ideas are mutually exclusive. They are not. Moreover, the percentages cited in Exhibit 48 are not supported in the application.

0.7 % for "Annual increases due to advances in surgical technology…" – This percentage appears to have been entirely fabricated. SurgCare cites a 2010 article in Exhibit 20 written by the Ambulatory Surgery Center Association that explains the virtues and growth of ACSs. While we agree that advances in surgical technology are driving growth toward outpatient and ASCs, the application of the 0.7 percent is arbitrary. No such percentage is noted in the cited article.

1.3% for "Annual Growth in demand due to population growth…." – We agree population growth drives demand. Indeed, it is a big factor in the SMFP. New Hanover County has a need determination for three additional operating rooms. However, it does not apply to SurgCare. As illustrated above, SurgCare has significant existing capacity, but has not been able to grow volumes past a certain point. Nevertheless, alone, it could be a valid estimate. However, the applicants went too far with other estimates.

1.5% for "Annual increase due to patient preference…" – Again, SurgCare invents a specific percentage from a general statement. The 1.5 percent is apparently based on an article from BCBS (Exhibit 47) that shows the cost differences between inpatient and outpatient procedures of the same type. The article does not make mention of a 1.5 percent growth rate due to patient preference. Moreover, the article is a discussion of the difference between inpatient and outpatient costs, not hospital-based and ambulatory surgery center-based cost which are two very different concepts.

2.0% for "Annual increases in surgery utilization due to growth in numbers of physicians…" – As with the other percentages cited in Exhibit 48, this one does not tie back to anything. It is an arbitrary number. As illustrated above, utilization at SurgCare is not growing at two percent a year. SurgCare did see an uptick in surgical cases between 2014 and 2015, but curiously, this does not appear to have anything to do with an increase in the numbers of physicians. SurgCare saw a one-time jump in medical staff numbers from 2013 to 2014, but surgical volumes actually fell between those two years. Table 2 shows the numbers of physicians on the SurgCare staff by year and the number of total procedures. It clearly shows that, while SurgCare did increase its medical staff in 2013, there is no clear upward trend in actual volumes at SurgCare.

Table 2: Wilmington SurgCare Surgical Cases and Medical Staff Counts, 2010-2015

Federal Fiscal Year (Oct - Sep)	2010	2011	2012	2013	2014	2015
Wilm SurgCare Cases	8,071	7,865	7,728	8,378	7,935	8,463
Total Docs	70	69	64	70	89	90
Cases per Doc	115.3	114.0	120.8	119.7	89.2	94.0

Source: Wilmington SurgCare LRAs, 20111 - 2016

However, this discussion is merely hypothetical. As discussed, SurgCare is not growing at a 5.5 percent rate and therefore, the methods presented in Exhibit 48 do not have merit.

For all the reasons discussed in this section, SurgCare's 5.5 percent annual growth assumption is unsupported and can be easily refuted by its own operating history.

SurgCare Does Not Fully Utilize its Existing Seven Operating Rooms

Based on data provided by Wilmington SurgCare on its last six LRAs, SurgCare does not fully utilize its existing operating rooms. According to its 2011 through 2016 LRAs, SurgCare averages between 47 and 51 minutes per procedure, including room turnover. Using these data, SurgCare's annual utilization data for the same time period, and assumptions found in the SMFP, SurgCare used no more than 3.7 of its operating rooms in the last six years. In 2015, it needed only 3.6 operating to accommodate its volumes. Table 3 shows the calculations.

SurgCare does not provide any information suggesting its case times would increase because of the proposed project. Therefore in this instance, case times matter.

Table 3: SurgCare Operating Room Utilization and Need, 2010-2015

Notes	Federal Fiscal Year (Oct - Sep)	2010	2011	2012	2013	2014	2015
a	Wilm SurgCare Cases	8,071	7,865	7,728	8,378	7,935	8,463
b	Wilm SurgCare Case Time	48.5	50.4	50.92	49.56	49.18	47.7
c	Total Case Hours	6,524	6,607	6,558	6,920	6,504	6,728
d	Available Hours per OR	1,872	1,872	1,872	1,872	1,872	1,872
e	ORs Needed	3.5	3.5	3.5	3.7	3.5	3.6
f	ORs Available	7.0	7.0	7.0	7.0	7.0	7.0
g	Surplus	3.5	3.5	3.5	3.3	3.5	3.4

Notes: *a: Wilmington SurgCare 2011 – 2016 LRAs*

b: Wilmington SurgCare 2011 – 2016 LRAs, includes room turnover time

*c: a * b / 60*

d: Operating Room Methodology in 2016 SMFP (and previous SMFPs)

e: c / d

f: Wilmington SurgCare 2011 – 2016 LRAs

g: f - e

Not only does Wilmington SurgCare not require all of its licensed operating rooms, its utilization of those rooms has remained very stable in the last six years, further suggesting errors in SurgCare's calculation of future growth. Wilmington SurgCare has excess capacity of at least three operating rooms and certainly does not need three *additional* operating rooms.

SurgCare Does Not Need Additional Operating Rooms

As discussed, Wilmington SurgCare's volume projections are grossly overstated. Rather than using its incorrect assumptions of 5.5 percent growth, we used a much more reasonable 1.0 percent growth rate. This is greater than SurgCare's 2010-2015 CAGR of 0.95 percent. Table 4 re-calculates Wilmington SurgCare's projected volumes using a 1.0 percent growth rate.

Table 4: Updated Wilmington SurgCare Surgical Case Volume and OR Need

Notes	Federal Fiscal Year (Oct - Sep)	2016	2017	2018	2019	2020	2021	2022
a	Wilm SurgCare Cases	8,548	8,633	8,719	8,807	8,895	8,984	9,073
b	Wilm SurgCare Case Time	50.92	50.92	50.92	50.92	50.92	50.92	50.92
c	Total Case Hours	7,254	7,327	7,400	7,474	7,549	7,624	7,700
d	Available Hours per OR	1,872	1,872	1,872	1,872	1,872	1,872	1,872
e	Total ORs Needed	3.9	3.9	4.0	4.0	4.0	4.1	4.1

Notes: a: Wilmington SurgCare's FFY 2015 surgical case volume (8,463) grown at 1% annually

b: 50.92 is the highest, and therefore most conservative, case time reported on Wilmington SurgCare 2011 – 2016 LRAs; includes turnover time

*c: a * b / 60*

d: Operating Room Methodology in 2016 SMFP (and previous SMFPs)

e: c / d

As Table 4 shows, with a CAGR of 1.0 percent, SurgCare will need 4.1 operating rooms by 2021. Its CON proposal would bring its inventory to 10 operating rooms, meaning at least half of its operating inventory would not be needed. Note that Table 4 projections are by Federal Fiscal Year (Oct. to Sep) and require conversion to Calendar Year to match SurgCare's operating years, but the difference is insignificant to this point.

In summary, SurgCare's need and utilization projections are unreasonable and unsupported. It does not fully utilize its existing operating rooms and a reasonable forecast suggests it will not need additional operating rooms in the coming years.

Consequently, SurgCare's application is nonconforming with Criterion 3.

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

Less Costly Alternatives Exist

Page 70 of SurgCare's application contains a discussion of three alternatives. The first is maintain the status quo. The second is to develop two separate projects, one under a CON exemption for needed renovations and the other a CON project to develop three new operating rooms. The third is to develop the project at a separate location. SurgCare's argument under the "status quo" option is essentially two-fold. It argues that the status quo is unacceptable because of (1) the need for facility renovations and (2) limited capacity of the existing operating rooms.

As discussed above, SurgCare is not close to operating at full capacity. It does not have the historical case hours to warrant more than four operating rooms. While the application states that capacity is an issue, it is noteworthy that not a single letter submitted by the physician users of the facility cites real capacity issues (e.g. scheduling problems, wait times, etc.…).

That leaves only one legitimate rationale for the proposed project: to complete necessary facility renovations. Curiously, SurgCare did not discuss the option of completing renovations *without* adding the three additional operating rooms. Because the only real need appears to be renovations, renovating the facility under a CON exemption provided by N.C.G.S 131E-184(g) would be, by a long shot, a less costly option than adding the proposed three operating rooms. It would involve less fixed capital cost, because it would only involve the necessary renovations.

As such, SurgCare's application is nonconforming with CON Criterion 4.

5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The Project is Not Financially Feasible

As noted above in the discussion under Criterion 3, SurgCare's growth projections are overstated. The updated projections presented in that discussion use a much more reasonable annual growth rate of 1.0 percent, to calendar year projections.

Table 5 converts those projections, based on LRA data reported by FFY, to calendar year projections.

Table 5: Converting Updated FFY Wilmington SurgCare Projections to CY

Notes		FFY 2020	CY 2020	FFY 2021	CY 2021	FFY 2022	CY 2022	FFY 2023
a	Wilmington SurgCare OR Cases (Updated FFY Projections)	8,895		8,984		9,073		9,164
b	Wilmington SurgCare OR Cases (Converted to CY Projections)		8,917		9,006		9,096	

Notes: a: Wilmington SurgCare's FFY 2015 surgical case volume (8,463) grown at 1% annually

*b: Calendar year values equal (3/4 * preceding FFY) + (1/4 * following FFY)*

Because these are more realistic utilization forecasts, SurgCare's proposal is overstated, hence not financially viable.

Table 6 is a condensed income statement which borrows data from SurgCare FORM B, but updates it using the new case projections.

Table 6: Updated SurgCare Pro Forma Income Statement

Notes	Metric	2020	2021	2022
a	Projected OR Cases	8,917	9,006	9,096
b	Projected GI Cases	196	188	181
c	Total OR Cases	9,113	9,194	9,277
d	Net Revenue per Total Case	$ 1,547	$ 1,583	$ 1,619
e	Net Revenue After Adjustment	$ 14,097,710	$ 14,554,267	$ 15,019,730
f	Variable Expenses per Case	$ 626	$ 639	$ 652
g	Variable Expenses	$ 5,707,899	$ 5,876,252	$ 6,049,811
h	Non Variable Expenses	$ 8,319,157	$ 8,654,485	$ 9,021,791
i	Total Expenses	$ 14,027,056	$ 14,530,737	$ 15,071,602
j	**Net Income After Adjustment**	**$ 70,655**	**$ 23,530**	**$ (51,872)**
k	Net Income Before Adjustment	$ 1,800,321	$ 2,271,580	$ 2,786,558

Notes: *a: Table 5*

b: SurgCare FORM B

c: a + b

d: SurgCare FORM B

*e: d * c*

f: Calculated from SurgCare FORM B; identified variable expense categories[1] from SurgCare pro forma assumptions, then divided by original SurgCare case projections to calculate variable expenses per case.

*g: f * c*

h: Calculated from SurgCare FORM B; identified non-variable expense categories from SurgCare pro forma assumptions

i: g + h

j: e – i

k: SurgCare FORM B

[1] Variable expense categories include Medical Supplies, Pro Fees, Medical Related Fees, and Management Fee. Non-variable expenses included all other expense categories.

Clearly, the proposed SurgCare project is not viable. In the third year of operation, it will have negative net incomes. Without the unrealistic case volumes proposed in SurgCare's application, the facility will generate insufficient income. Essentially, the marginal increase in operating room cases SurgCare can realistically expect is not enough to offset the substantial increase in rent and depreciation from project-related expenditures (combined into non-Variable expenses in Table 6).

SurgCare's application does not adequately demonstrate financial feasibility and does not make reasonable projections. Consequently, SurgCare's application fails to conform to CON Criterion 5.

According to GS 131E-183(b) the department is authorized to adopt rules in addition to these criteria:

The following is a discussion of the rules for surgical services and operating rooms.

NCAC 14C .2100: CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2103: Performance Standards

(b) A proposal to establish a new ambulatory surgical facility, to establish a new campus of an existing facility, to establish a new hospital, to increase the number of operating rooms in an existing facility (excluding dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall:

(1) demonstrate the need for the number of proposed operating rooms in the facility which is proposed to be developed or expanded in the third operating year of the project based on the following formula: {[(Number of facility's projected inpatient cases, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours) plus (Number of facility's projected outpatient cases times 1.5 hours)] divided by 1872 hours} minus the facility's total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-section operating rooms or demonstrate conformance of the proposed project to Policy AC-3 in the State Medical Facilities Plan titled "Exemption From Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects;" and

(2) The number of rooms needed is determined as follows:

(A) in a service area which has more than 10 operating rooms, if the difference is a positive number greater than or equal to 0.5, then the need is the next highest whole number for fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and if the difference is a negative number or a positive number less than 0.5, then the need is zero;

(B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero; and

(C) in a service area which has five or fewer operating rooms, if the difference is a positive number greater than or equal to 0.2, then the need is the next highest whole number for fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and if the difference is a negative number or a positive number less than 0.2, then the need is zero.

Table 7 below calculates the number of additional ORs needed at SurgCare using the updated projections in Table 5.

Table 5 GI procedures have historically been performed in a procedure room at SurgCare. While nothing prevents SurgCare from continuing to perform these cases in a procedure room and not an operating room, we conservatively assume they would occur in the operating room for the purposes of this calculation.

Table 7: Number of Additional ORs Needed at Wilmington SurgCare in 2022 According to CON Performance Standard 10A NCAC 14C .2103(b)

Notes		CY Year 1	CY Year 2	CY Year 3
		Jan to Dec 2020	Jan to Dec 2021	Jan to Dec 2022
a	Wilmington SurgCare OR Cases (Updated Projections)	8,917	9,006	9,096
b	GI Endoscopy Cases	196	188	181
c	Total OR Cases	9,113	9,194	9,277
d	Annual OR Hours Based on 1.5 Hrs. per Case	13,669	13,791	13,916
e	Annual Hours per OR (per 2016 SMFP Capacity)	1,872	1,872	1,872
f	Total ORs Needed at Wilmington SurgCare	7.30	7.37	7.43
g	Existing # ORs	7	7	7
h	Additional ORs Needed	0.30	0.37	0.43
i	Year Three Rounded to Whole Number			0

Notes: a: Table 5 row b

b: SurgCare Application, page 20

c: a + b

*d: c * 1.5*

e: From 2016 SMFP OR Methodology

f: d / e

g: From 2016 SMFP OR Inventory

h: f – g

i: h rounded to nearest integer per the instruction in 10A NCAC 14C .2103 (b). (2). (A)

As Table 7 shows, in accordance with the performance standards in 10A NCAC 14C .2103 (b), Wilmington SurgCare will need zero additional operating rooms in 2022. Therefore, SurgCare does not demonstrate a need for the number of proposed additional operating rooms (3) in its application.

Consequently, with realistic projections, SurgCare does not comply with the rules in 10A NCAC 14C .2103 (b).

(c) A proposal to increase the number of operating rooms (excluding dedicated C-section operating rooms) in a service area shall:

(1) demonstrate the need for the number of proposed operating rooms in addition to the rooms in all of the licensed facilities identified in response to 10A NCAC 14C .2102(b)(2) in the third operating year of the proposed project based on the following formula: {[(Number of projected inpatient cases for all the applicant's or related entities' facilities, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours) plus (Number of projected outpatient cases for all the applicant's or related entities' facilities times 1.5 hours)] divided by 1872 hours} minus the total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-Section operating rooms in all of the applicant's or related entities' licensed facilities in the service area; and

(2) The number of rooms needed is determined as follows:

(A) in a service area which has more than 10 operating rooms, if the difference is a positive number greater than or equal to 0.5, then the need is the next highest whole number for fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and if the difference is a negative number or a positive number less than 0.5, then the need is zero;

(B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero; and

(C) in a service area which has five or fewer operating rooms, if the difference is a positive number greater than or equal to 0.2, then the need is the next highest whole number for fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and if the difference is a negative number or a positive number less than 0.2, then the need is zero.

Wilmington SurgCare has seven existing operating rooms. Performance standard 10A NCAC 14C .2103 (c) requires the applicant to demonstrate in accordance with the formulas in the regulation. Table 7 above (line g) calculates the total need for operating rooms at Wilmington SurgCare in 2022, the third operating year of its proposed project, using the aforementioned updated projections.

As Table 7 shows, in accordance with the performance standards in 10A NCAC 14C .2103 (c), Wilmington SurgCare will need seven operating rooms in 2022. It currently has seven operating rooms and therefore does not demonstrate the need for the number of proposed additional operating rooms (3) in addition to its existing operating rooms (7).

Consequently, with realistic projections, SurgCare does not comply with the rules in 10A NCAC 14C .2103 (c).

Attachment B

Competitive Review of Cape Fear Surgical Center, LLC Application for New Operating Rooms, New Hanover County Project ID# O-011275-16

Competitive Review of – Cape Fear Surgical Center, LLC Application for New Operating Rooms, New Hanover County Project ID# O-011275-16

OVERVIEW

The applicant, Cape Fear Surgical Center (CFSC), fails to meet CON review Criterion 3, 4, 5, and 13c. The application consistently fails to adequately describe its assumptions relating to its need, utilization, and payer mix projections. The application is also inconsistent regarding the historical utilization that forms the backbone of CFSC's utilization projections. In some cases, CFSC presents unverifiable historical utilization data that are greater than the publicly reported data on NC License Renewal Applications. In other cases, the application uses data from LRAs to support projections. The result is an inconsistent application and a utilization projection far in excess of what is reasonable.

The applicant proposes to relocate a substantial portion of procedures currently served by New Hanover Regional Medical Center and Wilmington SurgCare (SurgCare) to its proposed facility. While much of this volume shift can be justified, the total number of proposed operating rooms (6) and procedure rooms (3) cannot. CFSC could likely have justified fewer operating rooms and procedure rooms should its organizers have been willing to propose such a plan. However, the proposal, as submitted, should not be approved. CFSC proposes to spend $29 M on an unnecessary facility.

Moreover, a substantial portion of the proposed surgical case volume at CFSC will come from surgical cases that would be shifted away from Wilmington SurgCare. CFSC proposes to move *all* orthopedic surgical cases and many others from Wilmington SurgCare to CFSC. This shift will have no benefit to Wilmington SurgCare patients. Patients will see no reduction in cost from the shift from one freestanding ambulatory surgical facility to another. The shift will likely have a major impact on Wilmington SurgCare though, leaving an already underutilized facility with additional excess capacity. The proposed shift carries with it the possibility of negative financial impact on Wilmington SurgCare and could put its ability to meet the existing needs of New Hanover County residents at risk.

Competitive issues and the potential negative impact CFSC's application may have on New Hanover County residents notwithstanding, CFSC's application does not meet the Agency's standards for approval under current statutes and regulations.

The following discussion and calculations demonstrate why Cape Fear Surgical Center's application should not be approved per N.C.G.S. 131E-183 and 10A NCAC 14C .2103.

CON REVIEW CRITERIA

3. The applicant shall identify the population to be served by the proposed project, and shall demonstrate the need that this population has for the services proposed, and the extent to which all residents of the area, and, in particular, low income persons, racial and ethnic minorities, women, handicapped persons, the elderly, and other underserved groups are likely to have access to the services proposed.

Overview

The applicant fails to adequately support the need for its proposal by failing to explain key assumptions in its model and overstating both the need for its services and its projected utilization.

CFSC's Assumed Percent of Ambulatory Ortho Cases vs. Hospital-based Ortho Cases is Unjustified

Emerge Orthopedics data in two applications in the same review period (New Hanover and Brunswick) show 66 to 85 percent of its outpatient cases will occur in ambulatory surgical facilities by 2019.

On page 98, CFSC shows the outpatient orthopedic surgery volumes it intends to shift from NHRMC to CFSC. CFSC's only justification for this shift is the following sentence on page 97:

> *"Based on an analysis of the acuity of these cases and discussion among NHRMC, EmergeOrtho physicians, and Wilmington Health, CFSC has identified the outpatient orthopedic cases that were performed at NHRMC in CY 2016 that these surgeons intend to shift to CFSC."*

This sentence alone is not adequate justification. CFSC provides no supporting information to determine the percentage of cases currently performed at NHRMC that would be appropriate to move to CFSC. While not stated in the application, by deduction, one can determine that the applicant expects that 66 percent of the current outpatient orthopedic cases at NHRMC will move to CFSC.

Table 1: 2016 Projected NHRMC Ambulatory Orthopedic Cases to be Shifted to CFSC

Practice Group	Projected NHRMC CY 2016	2016 Cases to be Shifted to CFSC	% of CY 2016
Notes	***a***	***b***	***c***
Emerge	3,634	2,105	57.93%
Wilm Health	342	304	88.89%
Other	2,566	1,883	73.38%
Total	6,542	4,292	65.61%

Source: *a: CFSC App. Pgs. 97 and 98*
b: CFSC App. Pgs. 97 and 98
c: b / a

The applicant, through its member, Emerge Orthopedics, also expects additional outpatient orthopedic cases at NHRMC to move to another ASC it proposes to develop in Brunswick County. While that proposal (CON ID # O-11282-16) does not describe the exact number of cases to be moved from NHRMC to the proposed ASC in Brunswick, it projects that by year three, Emerge will perform 85 percent of all of its ambulatory surgery cases for patients from Brunswick and Columbus Counties in the proposed Brunswick County freestanding ASC (Pg. 58 of Brunswick Surgery Center Application). There is no freestanding ASC in Brunswick County currently.

The exact number of cases that will shift from NHRMC to the Brunswick ASC cannot be determined from either application. However, based on information provided in both of its applications, Emerge suggests that somewhere between 66 and 85 percent of all its outpatient orthopedic volume will occur in freestanding ambulatory surgical facilities by 2021 if the Agency approves these two proposals.

This would represent a remarkable pattern shift. Historically, in NC counties that have ASCs available to surgeons, only 40 percent of ambulatory orthopedic cases have been performed in ASCs. Table 2 shows the calculation and Attachment D contains additional detail.

Table 2: FFY 2015 Ambulatory Orthopedics Cases in North Carolina Counties with at Least One ASC

ASC Cases	44,645
Hospital Cases	67,776
Total Cases	112,421
Percent ASC	39.71%

Source: 2016 Hospital and ASF LRAs

In the absence of any other information in CFSC's application, the experience of other providers around the state suggests that CFSC's projected mix of Freestanding ASC vs. Hospital-based orthopedic surgical case volume is unreasonable. The applicant's methodology assumptions are unsupported.

CFSC's Projection for Total Joints is Duplicative

The application includes a projection for 250 total joint cases that, while historically inpatient cases, will change status in 2019 to outpatient and become eligible for care in a freestanding ASC. The applicant suggests that advances in surgical techniques and implant design allow an *"increasing number of patients"* to shift from inpatient to outpatient settings. The applicant then explains 250 cases will shift from NHRMC to CFSC and uses the following sentence as justification for this number:

> *"CFSC has identified 250 total joint cases in CY 2016 that are expected to shift to CFSC in future years, based on those that will meet both clinical protocols and have a payor status that reimburses for total joints in an outpatient setting."*

CFSC provides no further explanation or, more importantly, supporting data to justify this projection. As such, the sentence provided is inadequate. Moreover, if the orthopedic surgeons currently practicing at NHRMC can shift 250 inpatient orthopedic cases to outpatient settings, why must they wait three years until the proposed project is developed to do so? A more likely scenario is that those cases have been shifting and will continue to slowly shift from inpatient to outpatient and are therefore reflected in the historical growth trends of outpatient orthopedic procedures, especially in light of excess capacity at Wilmington SurgCare.

As such, CFSC's assumption regarding total joint utilization is suspect, and may represent double counting.

CFSC's Projection for a New Wilmington Health Orthopedic Surgeon is Questionable

On page 98, CFSC indicates that Wilmington Health is onboarding a new orthopedic surgeon, who will perform 374 cases in 2017 and 418 cases at CFSC in 2021, the third year of operation. The applicant states this estimate derives from:

> *"the estimated number of cases that Wilmington Health's other existing orthopedic surgeons currently perform, as well as the need for an additional orthopedic surgeon in the county"(CFSC App Pg. 98).*

Wilmington Health currently has one Orthopedic surgeon. Therefore, the estimate for the new surgeon is based on a sample size of one. Orthopedic surgeons, though part of single specialty, often specialize in certain types of procedures, such as total joints, arthroscopic surgery, or hands. The number of cases a surgeon can do in a year is heavily dependent upon which types of cases the surgeon will be doing. The applicant does not provide this information nor does the applicant provide the calculation necessary to show the reasonableness of its case estimates for the new surgeon. Without this information, it is impossible to determine the reasonableness of its

assertions, though both LRA data and SCA data suggest CFSC's projections for its new surgeon are entirely unrealistic.

It is possible to conservatively estimate the number of ambulatory cases per orthopedic surgeon that is reasonable in New Hanover County using LRA data. Table 3 shows that the average orthopedic surgeon in New Hanover County performs 280 ambulatory cases per year. This is likely a conservative number. To calculate, we only included the total number of surgeons currently listed on NHRMC's website for orthopedics (24) plus the one Wilmington Health orthopedic surgeon who was listed on WH's website, but not on NHRMC's. It is possible that additional surgeons contribute to the overall case volume, but are either not on NHRMC's website or do not have privileges at NHRMC. More surgeons would only serve to reduce the estimate in Table 3 below.

Table 3: Estimated Ambulatory Surgeries per Orthopedic Surgeon in New Hanover County

a	**Total Number of Ambulatory Orthopedic Surgeries in New Hanover County**	6,997
c	**Total Number of Orthopedic Surgeons in New Hanover County**	25
b	**Average Number of Cases per Surgeon**	280

Notes: *a: Total from NHRMC and SurgCare's 2016 LRAs*

b: Total Orthopedics providers listed on NHRMC's website plus one for Wilmington Health.

c: a / c

Moreover, according to SCA's internal data for its existing surgery centers, a very busy, *experienced* Orthopedic surgeon completes over 400 cases per year. It is completely unreasonable to expect a new surgeon to start off doing 374 cases per year. New surgeons must establish their practices and create develop reliable referral sources to ramp up surgical volume. The application makes no mention of how the new surgeon plans to do this. The ability of the new surgeon to meet these projections is especially questionable in light of Wilmington Health's small orthopedics program. Wilmington Health only has one orthopedic surgeon, currently. Without a large group of existing surgeons to help the new surgeon gain referrals, it is not reasonable a new surgeon will be able to generate a high volume of referrals and from day one and reach 374 cases in a year.

As such, CFSC's projections for the new surgeon are questionable. A much more reasonable case estimate would have been 280.

Overstated Historical Volumes

On page 97 of its application, CFSC provided a table showing historical outpatient orthopedic cases by year. NHRMC NC License Renewal Application data conflict with this information. NHRMC LRAs show a discrepancy of over 1,000 outpatient orthopedic procedures for 2015. License Renewal Application data report data by the Federal Fiscal Year (October – September). Table 4 shows the data and includes an estimate for the calendar year data using NHRMC's FFY LRA data for a conversion. Even if the CY estimates in Table 4 are off by a few procedures, CFSC's application easily reported 1,000 more procedures than reported on NHRMC's LRA, a report the CEO verified was accurate.

Table 4: Discrepancy among CFSC Application and NHRMC LRAs

	2013		2014		2015	
NHRMC Outpatient Orthopedic Volumes by Source	**FFY**	**CY**	**FFY**	**CY**	**FFY**	**CY[b]**
CON Application Page 97		5,995		6,192		6,249
NHRMC LRAs (Reported by FFY)	5,008		5,151		5,132	
Estimated CY Using LRAs[a]		5,044		5,146		5,132[b]
Difference: Application vs. LRA		**951**		**1,046**		**1,117**

*Notes: a: CY Estimate = ((3/4) * FY value of same year) + ((1/4) * FY value of following year)*

b: Because no FY 2016 value is available, CY 2015 value set to equal FFY 2015 value

The source of this discrepancy cannot be determined in the application itself, though it appears to be a mistake. Elsewhere in the application, CFSC relied on NHRMC LRA-based historical utilization data to project future volumes. In CON Exhibit 14, CFSC projected OR utilization volume for all NHRMC and NHRMC-related operating rooms for the first three years of the project. To do so, the applicant used data from the NHRMC 2008 to 2016 SMFPs, which in turn, use data from NHRMC's LRAs submitted over the same period. Attachment C contains these LRAs.

This discrepancy is important. First, it shows that, had CFSC used LRAs to project is cases, CFSC would not have met the performance threshold required by the CON performance standards in 10A NCAC 14C.2103. Second, if the application figures were correct, it would impact the need projections in the 2016 SMFP and previous SMFPs. NHRMC is the predominant provider of surgical services in New Hanover County. The 2016 Need determination in New Hanover County relies upon the fact that valid information was submitted in NHRMC LRAs. Therefore, for the Agency to consider the need determination valid, it must also consider NHRMC's LRA data valid.

The application also contains another overstatement of projected volume. As noted, CFSC projects that, beginning exactly on the start date of the proposed center, 250 historically inpatient NHRMC orthopedics cases will switch to become outpatient cases appropriate for a freestanding ASC. While the application is correct to suggest that advances in surgical techniques for procedures such as total joint replacements have reduced the number of inpatient orthopedic surgeries, those cases are already reflected in the increasing outpatient numbers. By adding an additional 250 surgeries to its projection for year one, the applicant double counts these procedures. The applicant already accounted for those supposedly additional procedures by the applicant's outpatient orthopedic surgery growth rate (2.8%) used in its projections on page 100 of the application.

CFSC Does Not Justify Procedure Projections for Surgeons Who Are Not Part of Emerge or Wilmington Health

In its discussion of proposed utilization, CFSC notes that surgeons who are not a part of Emerge Orthopedics or Wilmington Health will shift cases from NHRMC to CFSC. Per NHRMC's website, 17 of the 24 Orthopedic Surgeons listed as having privileges at NHRMC are with OrthoWilmington (Emerge). As noted previously, no surgeon from Wilmington Health is listed on NHRMC's website. Therefore, it is safe to assume that at least seven orthopedic surgeons not with Emerge or Wilmington Health practice at NHRMC. Only three, Dale Boyd, MC, Douglas Messina, MD, and Robert Moore, MD, provided letters of support indicating they would use the facility (CFSC Application, Exhibit 28). As such, CFSC cannot justify its volume projections for this group. Table 5 shows the number of procedures each of these three surgeons would have to complete in order to meet the utilizations in CFSC's application. These numbers (line c, Table 5) are well outside the range of a typical caseload for an orthopedic surgeon[1].

Table 5: Projected Procedures for Non-Emerge / Wilmington Health Surgeons

Notes		2016	2017	2018	2019	2020	2021
a	Procedure by "Other Surgeons at NHRMC"	1,883	1,936	1,990	2,046	2,103	2,162
b	Number of Non-Emerge/Wilm. Health Surgeons Who Signed Letters of Support	3	3	3	3	3	3
c	Procedures per Surgeon	628	645	663	682	701	721

Notes: a: CFSC App, Pg. 100

b: CFSC App, Exhibit 28

c: a /b

CFSC assumes that all non-Emerge/Wilmington Health orthopedic surgeons will shift substantial caseload to CFSC. CFSC makes this assumption without any supporting documentation and, as a result, its utilization projections for this group is unreasonable.

[1] According to the American Academy of Orthopedic Surgeons, in 2015, the average orthopedic surgeon completed 29 to 32 cases per month and thus an annual amount of 384 cases. http://www.beckersspine.com/orthopedic/item/26569-23-statistics-for-orthopedic-surgeons-compensation-net-worth-more.html

CFSC Does Not Justify the Need for 6 Operating Rooms

For the purposes of this analysis, we assume, conservatively, that CFSC overstated its volumes by 1,147 surgical procedures by year three. As noted previously, CFSC presented historical NHRMC outpatient orthopedic data which differs from NHRMC's LRAs. CFSC overstated its volumes by 861 in year three due to this error. Additionally, CFSC overstated its volumes by the needless inclusion of the additional currently-inpatient "Total Joints" (pg. 100) procedures. CFSC projected to have 287 procedures in this category and therefore further overstated its volumes by 287 in year three. CFSC also likely overstated volumes for the new surgeon and for the non-Emerge/Wilmington Health surgeons, though, to be conservative, this analysis does not account for these faulty projections. The following figure shows CFSC's OR Need projection for its proposed center.

Figure 1: CFSC OR Need Projection

The following table demonstrates potential CFSC volumes by project year based on these calculations.

	PY 1	PY 2	PY 3
OR Cases	6,860	7,045	7,235
Surgical Hours	10,291	10,568	10,853
OR Need	5.5	5.6	5.8
# of ORs	6	6	6

Source: Page 100, CFSC Application

Using updated projections, Table 6 shows CFSC's actual need for operating rooms. According to our more reasonable projections, CFSC needs, at most, five operating rooms by 2021, not the six proposed in CFSC's application.

Table 6: Operating Rooms Needed at CFSC

Notes		CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
a	Outpatient Ortho Cases/NHRMC	5,276	5,423	5,575	5,731	5,892	6,057
b	OP Ortho to be Moved from NHRMC	3,461	3,558	3,658	3,760	3,865	3,974
c	Total Joints	0	0	0	0	0	0
d	New Surgeon	0	374	384	395	406	418
e	WH SurgCare Cases	850	867	884	902	920	938
f	EMERGE SurgCare Cases	495	509	523	538	553	568
g	Total Ortho	3,956	4,441	4,565	4,693	4,825	4,960
h	Total Non-Ortho	850	867	884	902	920	938
i	Total Operating Rooms Cases (Updated Projection)	4,806	5,308	5,450	5,595	5,745	5,898
j	Ortho Case Hours	5,934	6,661	6,848	7,040	7,237	7,439
k	Non-Ortho Surg Case Hours	1,275	1,301	1,327	1,353	1,380	1,408
l	Ortho Rooms Needed	3.2	3.6	3.7	3.8	3.9	4.0
m	Non-Ortho Rooms Needed	0.7	0.7	0.7	0.7	0.7	0.8
n	Total Operating Rooms Needed	3.9	4.3	4.4	4.5	4.6	4.7

Notes: *a: 2015 NHRMC ambulatory orthopedic cases grown at 2.8% per year (CFSC App Pg. 100)*

*b: a * 65%, the CFSC projected percent of NHRMC ambulatory ortho cases to be moved to CFSC*

c: Per discussion, these projected total joint cases are included in the total cases number (line b)

d: per CFSC projections (CFSC App. Pg. 100). Note, despite questionable assumptions, we left these cases in to be conservative

e: per CFSC projections (CFSC App. Pg. 102)

f: per CFSC projections (CFSC App. Pg.102)

g: b + c + d+ f

h: equals line e (these represent the only non-ortho cases projected at CFSC)

i: g + h

*j: g * 90 minutes (SMFP case length assumption) / 60 minutes*

*k: h * 90 minutes (SMFP case length assumption) / 60 minutes*

l: i / 1,872 (annual OR availability per 2016 SMFP)

m: j / 1,872 (annual OR availability per 2016 SMFP)

n: k + l

CFSC Does Not Justify the Need for 3 "Multispecialty/GI" Procedure Rooms

CFSC also proposes to perform GI procedures in its "Multispecialty/GI Procedure Rooms". CFSC does not provide case time estimates for GI procedures in its application nor does it provide an analysis showing the number of GI/procedure rooms actually needed in the facility. LRAs provide a good source for procedure length. The 43 GI-only ASCs that submitted LRAs for 2016 reported an average case time of 32 minutes (see data supplement in Attachment D). Table 7 shows CFSC's need for Procedure/GI rooms using 32 minutes as a procedure length. Using this case length projection and CFSC's GI utilization projections, CFSC will need no more than 1.5 procedure rooms by 2021. CFSC proposes including three procedure rooms in its proposed facility.

Table 7: GI Procedure Rooms Needed at CFSC

Notes		CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
a	Projected CFSC GI Cases	4,672	4,732	4,792	4,854	4,916	4,979
b	GI Case Hours	2,492	2,524	2,556	2,589	2,622	2,655
c	GI Rooms Needed	1.33	1.35	1.37	1.38	1.40	1.42

Notes: a: per CFSC projections (CFSC App. Pg. 105)

*b: a * 32 minutes (case length at GI-only ASFs per 2016 LRAs) / 60 minutes*

c: b / 1,872 (annual OR availability per 2016 SMFP). NOTE: 2016 SMFP does not provide room availability projections for GI-Only rooms, but 1,872 is a reasonable estimate for availability for those rooms also.

Criterion 3 requires that CFSC "demonstrate need that this population has for the services proposed." This requires CFSC to show by it needs *all* of the GI/procedure rooms it proposes. There is not case time standard for GI cases in the SMFP and therefore using the statewide average of 37 minutes is reasonable. As such, CFSC, quite clearly, fails to show need for its "Multispecialty/GI Procedure Rooms."

Criterion 3 Summary

CFSC proposes to construct operating rooms and procedure rooms. It does not justify the need for all the operating rooms and procedure rooms it proposes. For this reason and for all the other reasons noted above, CFSC does not demonstrate the need its patient population has for the services it proposes and does not conform with Criterion 3.

4. Where alternative methods of meeting the needs for the proposed project exist, the applicant shall demonstrate that the least costly or most effective alternative has been proposed.

More Effective Alternatives Exist

Beginning on page 121 of its application, CFSC provides suggested alternatives to its proposed project. CFSC provided two "alternatives". One was to not develop the project at all. The other is to develop fewer ORs. They application suggests this is a viable alternative:

> *"Certainly the members of CFSC could have developed an ASC with fewer than six operating rooms and three procedure rooms." – Page 122, CFSC Application*

As noted previously, CFSC does not need all of the rooms it proposes. CFSC needs, at most, five operating rooms and two (rounding up from 1.5) GI procedure rooms for a maximum of seven rooms. The application proposes six operating rooms and three GI procedure rooms for a total of nine rooms.

It is quite clear that less costly alternatives *do* exist and therefore CFSC does not conform with Criterion 4.

5. Financial and operational projections for the project shall demonstrate the availability of funds for capital and operating needs, as well as the immediate and long-term financial feasibility of the proposal, based upon reasonable projections of the costs of and charges for providing health services by the person proposing the service.

The Project is Not Financially Feasible

As noted above in the discussion under Criterion 3, CFSC's growth projections are overstated. We derived the updated projections presented in that discussion properly using historical case data from NHRMC's LRAs. Because of the more realistic projections, CFSC's proposal is not financially viable. Table 8 is a condensed income statement which borrows data from CFSC FORM B, but updates it using the new case projections.

Table 8: Updated CFSC Pro Forma Income Statement

Notes		2019	2020	2021
a	Projected OR Cases	5,595	5,745	5,898
b	Projected GI Cases	4,854	4,916	4,979
c	Total OR Cases	10,449	10,660	10,877
d	Net Revenue per OR Case	$ 2,315	$ 2,362	$ 2,410
e	Net Revenue per GI Case	$ 472	$ 482	$ 491
f	Net Revenue After Adjustment	$ 15,243,830	$ 15,938,286	$ 16,659,077
g	Variable Expenses per Case	$ 659	$ 682	$ 705
h	Variable Expenses	$ 6,887,972	$ 7,268,317	$ 7,669,765
i	Non Variable Expenses	$ 9,177,948	$ 9,230,740	$ 9,282,900
j	Total Expenses	$ 16,065,920	$ 16,499,057	$ 16,952,665
k	**Net Income After Adjustment**	**$ (822,090)**	**$ (560,771)**	**$ (293,588)**
l	Net Income Before Adjustment	$ 901,935	$ 1,236,628	$ 1,585,761

Notes: *a: Table 6*

b: CFSC FORM B

c: a + b

d: CFSC FORM E, Operating Rooms

e: CFSC FORM E, Procedure Rooms

*f: (a *d) + (b * e)*

g: Calculated from CFSC FORM B; identified variable expense categories[2] from CFSC pro forma assumptions, then divided by original CFSC case projections to calculate variable expenses per case.

*h: g * c*

i: Calculated from CFSC FORM B; identified non-variable expense categories from CFSC pro forma assumptions

j: h + i

k: f - j

l: CFSC FORM B

[2] Variable expense categories included: Medical Supplies and Other Direct Expenses. Non-variable expenses included all other expense categories.

The proposed CFSC project is not viable. It will have negative net incomes in all three of its initial operating years. Without the unrealistic case volumes proposed in CFSC's application, the facility will generate insufficient income.

CFSC's application does not adequately demonstrate financial feasibility and does not make reasonable projections. Consequently, CFSC's application fails to conform with CON Criterion 5.

13. The applicant shall demonstrate the contribution of the proposed service in meeting the health-related needs of the elderly and of members of medically underserved groups, such as medically indigent or low income persons, Medicaid and Medicare recipients, racial and ethnic minorities, women, and handicapped persons, which have traditionally experienced difficulties in obtaining equal access to the proposed services, particularly those needs identified in the State Health Plan as deserving of priority. For the purpose of determining the extent to which the proposed service will be accessible, the applicant shall show:

(c) That the elderly and the medically underserved groups identified in this subdivision will be served by the applicant's proposed services and the extent to which each of these groups is expected to utilize the proposed services; and

Payer Mix Assumptions are Flawed

On page 141 of its application, CFSC proposes it will have a Medicaid payer mix of 10.7 percent in its operating rooms. It provides only the following sentence in support of its proposes payer mix:

> *"Projected payor mix is based on the historical payor mix for the cases and procedures projected to be served at the proposed facility based on NHRMC, Wilmington Health, and EmergeOrtho internal data"*- CFSC App, Pg. 140

This single sentence does not confirm that CFSC will actually achieve the payer mix it proposes. The only information in the application that could be used to support its proposed payer mix is provided on the preceding page. On page 140 of its application, CFSC notes that the historical Medicaid payer mix for outpatient orthopedic cases at NHRMC was 8.2 percent in 2015. Orthopedic cases projected to shift from NHRMC to CFSC represent the majority of the projected cases at CFSC. The applicant provides no reason as to why CFSC would be able to achieve a 10.7 percent Medicaid payer mix, especially in light of a historical NHRMC outpatient orthopedic Medicaid mix.

It is consistent with the Agency's prior CON findings to find applications non-conforming on Criterion 13c if an application does not provide reasonable assumptions regarding its Medicaid or Medicare payer mix. As noted, CFSC does not provide reasonable assumptions regarding its Medicaid payer mix and therefore should be found non-confirming with Criterion 13c

According to GS 131E-183(b) the department is authorized to adopt rules in addition to these criteria:

The following is a discussion of the rules for surgical services and operating rooms.

NCAC 14C .2100: CRITERIA AND STANDARDS FOR SURGICAL SERVICES AND OPERATING ROOMS

10A NCAC 14C .2103: Performance Standards

(b) A proposal to establish a new ambulatory surgical facility, to establish a new campus of an existing facility, to establish a new hospital, to increase the number of operating rooms in an existing facility (excluding dedicated C-section operating rooms), to convert a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or to add a specialty to a specialty ambulatory surgical program shall:

(1) demonstrate the need for the number of proposed operating rooms in the facility which is proposed to be developed or expanded in the third operating year of the project based on the following formula: {[(Number of facility's projected inpatient cases, excluding trauma cases reported by Level I or II trauma centers, cases reported by designated burn intensive care units and cases performed in dedicated open heart and C-section rooms, times 3.0 hours) plus (Number of facility's projected outpatient cases times 1.5 hours)] divided by 1872 hours} minus the facility's total number of existing and approved operating rooms and operating rooms proposed in another pending application, excluding one operating room for Level I or II trauma centers, one operating room for facilities with designated burn intensive care units, and all dedicated open heart and C-section operating rooms or demonstrate conformance of the proposed project to Policy AC-3 in the State Medical Facilities Plan titled "Exemption From Plan Provisions for Certain Academic Medical Center Teaching Hospital Projects;" and

(2) The number of rooms needed is determined as follows:

(A) in a service area which has more than 10 operating rooms, if the difference is a positive number greater than or equal to 0.5, then the need is the next highest whole number for fractions of 0.5 or greater and the next lowest whole number for fractions less than 0.5; and if the difference is a negative number or a positive number less than 0.5, then the need is zero;

(B) in a service area which has 6 to 10 operating rooms, if the difference is a positive number greater than or equal to 0.3, then the need is the next highest whole number for fractions of 0.3 or greater and the next lowest whole number for fractions less than 0.3, and if the difference is a negative number or a positive number less than 0.3, then the need is zero; and

(C) in a service area which has five or fewer operating rooms, if the difference is a positive number greater than or equal to 0.2, then the need is the next highest whole number for fractions of 0.2 or greater and the next lowest whole number for fractions less than 0.2; and if the difference is a negative number or a positive number less than 0.2, then the need is zero.

As noted previously, CFSC overstated utilization for its proposed third year of operation. CFSC projects 7,235 operating room cases. A discussed, CFSC used both overstated historical volumes and faulty assumptions to overstate its cases. After correcting for these issues, the updated year three projection is 5,898 (See Table 5 line i).

Figure 2, taken directly from page 49 of CFSC's application, illustrates CFSC's projections. Table 9 shows OR projections using the updated utilization figures. CFSC only needs five operating rooms to accommodate all the possible operating room volume it will have by year three.

Figure 2: CFSC's OR Need Projection with Overstated Case Volumes

Project Year 3 Total Cases	7,235
Project Year 3 Total Hours	10,853
ORs Needed = Hours/1,872	5.8
ORs Proposed	6

Source: CFSC App. Pg. 49

Table 9: CFSC's True Need for Operating Rooms with Corrected Case Volume Projections

a	**Project Year 3 Total Cases**	5,898
b	**Project Year Three Total Hours**	8,847
c	**ORs Needed**	4.726
d	**ORs Proposed**	5

Notes: *a:* Table 6 -, *line i*

*b: I * 1.5 (hours per case for outpatient cases)*

c: b / 1,872 (available OR hours per year)

d: c, rounded to nearest integer

Because of its faulty utilization assumptions, CFSC does not demonstrate a need for all of the proposed additional operating room in its application.

Consequently, CFSC does not comply the performance standards in 10A NCAC 14C .2103 (b).

Attachment C

License Renewal Applications

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, North Carolina 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # H0221 Medicare # **340141**
FID #: 943372
PC _____ Date _____

License Fee: **$14,407.50**

2016
HOSPITAL LICENSE RENEWAL APPLICATION

DEC 29 2015

Legal Identity of Applicant: **New Hanover Regional Medical Center**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **New Hanover Regional Medical Center**
Other: NHRMC Orthopedic Hospital
Other: NHRMC Behavioral Health Hospital
Other: NHRMC Rehabilitation Hospital
Facility Mailing Address: 2131 S. 17th Street
NHRMC-Business Analysis & Planning
Wilmington, NC 28401

Facility Site Address: 2131 S. 17th St
Wilmington, NC 28401
County: New Hanover
Telephone: (910)667-7040
Fax: (910)667-5819

PAID
CK. NO. 797616
DATE 12/29/15
$14,407.50

Administrator/Director: Jack Barto
Title: President & CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: Jack Barto **Title:** President and CEO
(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Name of the person to contact for any questions regarding this form:

Name: Kristy Hubard **Telephone:** (910) 667-5908
E-Mail: Kristy.Hubard@nhrmc.org

2016 Renewal Application for Hospital:
New Hanover Regional Medical Center

License No: H0221
Facility ID: 943372

All responses should pertain to **October 1, 2014 through September 30, 2015.**

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and / or Schedule H as a reference.

1) Please provide the main website address for the facility:

https://www.nhrmc.org

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

*

B) **Also, please attach a copy of the facility's charity care policy and financial assistance policy**: Feel free to email the copy of the facility's charity care policy to: DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts *(Form 990; Part VIII 1(h)*	**Annual Financial Assistance at Cost** *(Form 990; Schedule H Part I, 7(a)(c)*	**Bad Debt Expense** *(Schedule H Part III, Section A(2)*	**Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy** *(Form 990; Schedule H Part III, Section A(3)*
*	*	*	*

*As a government unit, NHRMC is not required to file Form 990.

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: _____ **Date:** _____

PRINT NAME OF APPROVING OFFICIAL _____

For questions regarding NPI contact Azzie Conley at (919) 855-4646.

Primary National Provider Identifier (NPI) registered at NPPES Acute Care NPI # 1548216880, Psychiatric NPI # 1538239397, Rehabilitation NPI # 1003985375

If facility has more than one "Primary" NPI, please provide _____

Type of Health Care Facilities under the Hospital License (please include offsite emergency departments)

List Name(s) of facilities:	Address:	Type of Business / Service:
New Hanover Regional Medical Center	2131 S. 17th St., Wilmington, NC 28401	Acute Care Hospital
NHRMC Orthopedic Hospital	5301 Wrightsville Ave., Wilmington, NC 28403	Acute Care Hospital
NHRMC Behavioral Health Hospital	2131 S. 17th St, Wilmington, NC 28401	Inpatient Psychiatric Hospital
NHRMC Rehabilitation Hospital	2131 S. 17th St. Wilmington, NC 28401	Inpatient Rehabilitation Hospital
Coastal Family Medicine	2523 Delaney Avenue, Wilmington, NC 28403	Provider Based
Independence Rehabilitation Center	2800 Ashton Dr., Wilmington, NC 28412	Provider Based
NHRMC Medical Mall	2243 S. 17th St., Wilmington, NC 28401	Provider Based
NHRMC H&D - Brunswick Forest	1333 S. Dickinson Dr., Leland, NC 28451	Provider Based
NHRMC H&D - Military Cutoff	1135 Military Cutoff Rd., Wilmington, NC 28405	Provider Based
NHRMC H&D - North*	151 Scotts Hill Medical Dr., Wilmington, NC 28411	Provider Based
NHRMC Heart Center - Outpatient Services	1415 Physicians Drive, Wilmington, NC 28401	Provider Based
Oleander Rehabilitation Center	5220 Oleander Drive, Wilmington, NC 28403	Provider Based
Atlantic Surgicenter	3104 Market St., Wilmington, NC 28411	Provider Based
NHRMC Physician Specialists - Internal Medicine, General Surg, Maxillofacial, Care Team	1725 New Hanover Medical Park Dr, Wilmington, NC 28401	Provider Based
NHRMC Physician Specialists - OB/GYN	2150 Shipyard Blvd, Wilmington, NC 28403	Provider Based
NHRMC ED North**	151 Scotts Hill Medical Dr., Wilmington, NC 28411	Provider Based

Please attach a separate sheet for additional listings

*Relocated 5/20/15, Formerly NHRMC H&D-Porters Neck

**Opened 5/20/15

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

_____ a. The facility provides a detailed statement of charges to all patients.

✓ b. Patients are advised that such detailed statements are available upon request.

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner:	New Hanover Regional Medical Center		
Street/Box:	2131 South Seventeenth St		
City:	Wilmington	State: NC	Zip: 28401
Telephone:	(910) ~~343-7040~~ 667-7040	Fax: (910) ~~343-7220~~ 667-5819	
CEO:	Jack Barto		

Is your facility part of a Health System? [i.e., are there other hospitals, offsite emergency departments, ambulatory surgical facilities, nursing homes, home health agencies, etc. owned by your hospital, a parent company or a related entity?] _____Yes ___✓___No

If 'Yes', name of Health System*: _____

* (***please attach a list of NC facilities that are part of your Health System***)

If 'Yes', name of CEO: _____

a. Legal entity is: ___ For Profit X Not For Profit

b. Legal entity is: ___ Corporation ___ LLP ___ Partnership
___ Proprietorship ___ LLC X Government Unit

c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? _X_ Yes ___ No

If "**YES**", name of building owner:
New Hanover County

2. Is the business operated under a management contract? ___Yes _X_No

If 'Yes', name and address of the management company.
Name: _____
Street/Box: _____

City: _____ State: _____ Zip: _____
Telephone: (___) _____

3. Vice President of Nursing and Patient Care Services:
Mary Ellen Banczek, Chief Nursing Executive

4. Director of Planning: Kristy Hubard, Administrator, Business Analysis and Planning

Facility Data

A. **Reporting Period** All responses should pertain to the period **October 1, 2014 to September 30, 2015.**

B. **General Information** (Please fill in any blanks and make changes where necessary.)

a. Admissions to Licensed Acute Care Beds: **include responses to "a – q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.**	36,837	
b. Discharges from Licensed Acute Care Beds: **include responses to "a – q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.**	36,821	
c. Average Daily Census: **include responses to "a – q" on page 6; exclude responses to "2-9" on page 6; and exclude normal newborn bassinets.**	464	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No ✓
If 'Yes', what is the current number of licensed beds?		
If 'Yes', please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:		
e. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	7,950	

C. Designation and Accreditation

1. Are you a designated trauma center? ✓ Yes ___ No
   Designated Level # 2
2. Are you a critical access hospital (CAH)? ___ Yes ✓ No
3. Are you a long term care hospital (LTCH)? ___ Yes ✓ No
4. Is this facility TJC accredited? ✓ Yes ___ No Expiration Date: 3/21/2018
5. Is this facility DNV accredited? ___ Yes ✓ No Expiration Date: ___
6. Is this facility AOA accredited? ___ Yes ✓ No Expiration Date: ___
7. Are you a Medicare deemed provider? ✓ Yes ___ No

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 6) for each hospital campus (see G.S. 131E-176(2c))]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* NHRMC Combined	**Licensed Beds as of September 30, 2015**	**Operational Beds as of September 30, 2015**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	16	16	4,298
c. Cardiovascular Surgery	14	14	2,145
d. Medical/Surgical	31	31	8,447
e. Neonatal Beds Level IV ** (Not Normal Newborn)	23	23	**6,022
f. Pediatric	6	6	1,397
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology	20	20	3,333
j. Medical/Surgical ***	332	298	***86,123
k. Neonatal Level III ** (Not Normal Newborn)	22	22	**8,577
l. Neonatal Level II ** (Not Normal Newborn)			** 114
m. Obstetric (including LDRP)	48	48	12,791
n. Oncology/Pulmonary Medicine	43	43	12,018
o. Orthopedics	31	31	6,465
p. Pediatric	17	17	4,078
q. Other (List) PCU	44	42	13,595
Total General Acute Care Beds/Days (a through q)	647	611	169,403
2. Comprehensive In-Patient Rehabilitation	60	36	12,063
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	62	45	14,248
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	769	692	195,714

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 6) for each hospital campus *(see G.S. 131E-176(2c))*]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* NHRMC Main Campus	**Licensed Beds as of September 30, 2015**	**Operational Beds as of September 30, 2015**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac	16	16	4,298
c. Cardiovascular Surgery	14	14	2,145
d. Medical/Surgical	24	24	7,475
e. Neonatal Beds Level IV ** (Not Normal Newborn)	23	23	**6,022
f. Pediatric	6	6	1,397
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology	20	20	3,333
j. Medical/Surgical ***	295	273	***85,033
k. Neonatal Level III ** (Not Normal Newborn)	22	22	** 8,577
l. Neonatal Level II ** (Not Normal Newborn)			** 114
m. Obstetric (including LDRP)	48	48	12,791
n. Oncology	43	43	12,018
o. Orthopedics			
p. Pediatric	17	17	4,078
q. Other (List)	44	42	13,595
Total General Acute Care Beds/Days (a through q)	572	548	160,876
2. Comprehensive In-Patient Rehabilitation	60	36	12,063
3. Inpatient Hospice			
4. Detoxification			
5. Substance Abuse / Chemical Dependency Treatment			
6. Psychiatry	62	45	14,248
7. Nursing Facility			
8. Adult Care Home			
9. Other			
10. Totals (1 through 9)	694	629	187,187

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.
** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)
*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)

[Please provide a Beds by Service (p. 6) for each hospital campus (see *G.S. 131E-176(2c)*)]

Please indicate below the number of beds usually assigned (set up and staffed for use) to each of the following services and the number of census inpatient days of care rendered in each unit. NOTE: If your facility has a designated unit(s) for chemical dependency treatment and/or detoxification, please complete the patient origin sheet pertaining to Psychiatric and Substance Abuse Services. If your facility has a Nursing Facility unit and/or Adult Care Bed unit please complete the supplemental packet for Skilled Nursing Facility beds.

Licensed Acute Care (provide details below) *Campus* NHRMC Orthopedic Hospital	**Licensed Beds as of September 30, 2015**	**Operational Beds as of September 30, 2015**	**Annual Census Inpt. Days of Care**
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical	7	7	972
e. Neonatal Beds Level IV ** (Not Normal Newborn)			**
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	37	25	***1,090
k. Neonatal Level III ** (Not Normal Newborn)			**
l. Neonatal Level II ** (Not Normal Newborn)			**
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics	31	31	6,465
p. Pediatric			
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	75	63	8,527
2. Comprehensive In-Patient Rehabilitation			
3. Inpatient Hospice			
4. Detoxification			
5. Substance Abuse / Chemical Dependency Treatment			
6. Psychiatry			
7. Nursing Facility			
8. Adult Care Home			
9. Other			
10. Totals (1 through 9)	75	63	8,527

* Please report only Census Days of Care of DRG's 927, 928, 929, 933, 934 and 935.

** Per C.O.N. rule definition. Refer to Section .1400 entitled Neonatal Services. (10A NCAC 14C)

*** Exclude Skilled Nursing swing-bed days. (See swing-bed information next page)

D. Beds by Service (Inpatient) *continued*

Number of Swing Beds *	0
Number of Skilled Nursing days in Swing Beds	0
Number of unlicensed observation beds	0

* means a hospital designated **as a swing-bed hospital** by CMS (Centers for Medicare & Medicaid Services)

E. Reimbursement Source (For "Inpatient Days," show Acute Inpatient Days only, excluding normal newborns.)

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay/Indigent/Charity	7,645	24,527	14,995	439	718
Medicare & Medicare Managed Care	100,789	36,771	71,296	6,063	9,716
Medicaid	38,253	29,789	47,537	1,440	2,422
Commercial Insurance	30,618	26,081	52,767	2,430	6,448
Managed Care	5,046	4,213	8,243	868	2,354
Other (Specify)	13,364	7,153	19,369	738	1,545
TOTAL	195,714	128,534	214,207	11,978	23,203

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	3,067
b. Live births (Cesarean Section)	1,119
c. Stillbirths	20

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	14
f. Delivery Rooms – LDRP (include Item **"D.1.m"** on Page 6)	0
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	43

2. Abortion Services

Number of procedures per Year 0

(Feel free to footnote the type of abortion procedures reported)

3. **Emergency Department Services** (cases equal visits to ED)

a. Total Number of ED Exam Rooms: 75. Of this total, how many are:

a.1. # Trauma Rooms 2

a.2 # Fast Track Rooms 0

a.3 # Urgent Care Rooms 0

b. Total Number of ED visits for reporting period: 128,534

c. Total Number of admits from the ED for reporting period: 20,865

d. Total Number of Urgent Care visits for reporting period: 0

e. Does your ED provide services 24 hours a day 7 days per week? ✓ Yes ___ No
If no, specify days/hours of operation:

f. Is a physician on duty in your ED 24 hours a day 7 days per week? ✓ Yes ___ No
If no, specify days/hours physician is on duty:

4. **Medical Air Transport**: Owned or leased air ambulance service:

a. Does the facility operate an air ambulance service? ✓ Yes ___ No
b. If "Yes", complete the following chart.

Type of Aircraft	Number of Aircraft	Number Owned	Number Leased	Number of Transports
Rotary	2	0	0	807
Fixed Wing				

5. **Pathology and Medical Lab** (Check whether or not service is provided)

a. Blood Bank/Transfusion Services ✓Yes ___ No
b. Histopathology Laboratory ✓Yes ___ No
c. HIV Laboratory Testing ✓Yes ___ No
Number during reporting period
HIV Serology 3,909
HIV Culture 0
d. Organ Bank ___ Yes ✓No
e. Pap Smear Screening ___ Yes ✓No

6. **Transplantation Services** - Number of transplants

Type	Number	Type	Number	Type	Number
a. Bone Marrow-Allogeneic		f. Kidney/Liver		k. Lung	
b. Bone Marrow-Autologous		g. Liver		l. Pancreas	
c. Cornea		h. Heart/Liver		m. Pancreas/Kidney	
d. Heart		i. Heart/Kidney		n. Pancreas/Liver	
e. Heart/Lung		j. Kidney		o. Other	

Do you perform living donor transplants ? ___ Yes ✓ No.

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Healthcare Planning])

(a) Cardiac Catheterization	**Diagnostic Cardiac Catheterization ICD-9 37.21, 37.22, 37.23, 37.25** -	**Interventional Cardiac Catheterization ICD-9 00.66, 99.10, 36.06, 36.07, 36.09; 35.52, 35.71, 35.96**
1. Number of Units of Fixed Equipment	5	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	0	0
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	2,763	1,810
4. Number of Procedures* Performed in Mobile Units	0	0
	Electro-physiology ICD-9 37.26, 37.27, 37.34, 37.70, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.79, 37.80, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 37.94, 37.95, 37.96, 37.97, 37.98, 37.99, 00.50, 00.51, 00.52, 00.53, 00.54	
5. Number of Units of Fixed Equipment	2	
6. Number of Procedures on Dedicated EP Equipment	1,562	

*A **procedure** is defined to be one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed within that visit.

Name of Mobile Vendor: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 8-hour days per week.
(Examples: Monday through Friday for 8 hours per day is 5 8-hour days per week. Monday, Wednesday, & Friday for 4 hours per day is 1.5 8-hour days per week)

(b) Open Heart Surgery	**Number of Machines/Procedures**
1. Number of Heart-Lung Bypass Machines	3
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	486
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	133
4. Total Open Heart Surgery Procedures (2. + 3.)	619
Procedures on Patients Age 14 and younger	
5. **Of total in #2**, Number of Procedures on Patients Age 14 & younger	0
6. **Of total in #3**, Number of Procedures on Patients Age 14 & younger	11

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(**Campus – *If multiple sites*:** All Sites Combined)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	2
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	29
Total of Surgical Operating Rooms	38

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 4

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 5

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	2,799	4,259	5,551	6,957
Non-GI Endoscopy				
Totals	2,799	4,259	5,551	6,957

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* All Sites Combined)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	257
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	233
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	360
42820	Tonsillectomy and adenoidectomy; younger than age 12	163
42830	Adenoidectomy, primary; younger than age 12	80
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	390
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	1,570
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	198
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	128
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	569
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	719
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	77
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	589
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	66
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	92
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	541
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	146
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	3,151
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	406

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(Campus – *If multiple sites*: All Sites Combined)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	670	535
Open Heart Surgery (from 7.(b) 4.)	619	
General Surgery	1,643	2,537
Neurosurgery	244	1,026
Obstetrics and GYN (excluding C-Sections)	336	1,037
Ophthalmology	51	4,373
Oral Surgery	27	871
Orthopedics	5,205	5,132
Otolaryngology	90	1,098
Plastic Surgery	369	2,267
Urology	478	1,205
Vascular		
Other Surgeries (specify)	416	1,551
Other Surgeries (specify)	770	1,571
Number of C-Section's Performed in Dedicated C-Section ORs	1,046	
Number of C-Section's Performed in Other ORs	14	
Total Surgical Cases Performed Only in Licensed ORs	11,978	23,203

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*	55	950
YAG Laser		
Other (specify) Non Invasive Vascular Lab	2,387	1,163
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	2,442	2,113

Imaging Procedures

(Campus – *If multiple sites:* All Sites Combined **)**

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	9,469
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	1,998
71010	Radiologic examination, chest; single view, frontal	13,379
71020	Radiologic examination, chest; two views, frontal and lateral	12,332
71260	Computed tomography, thorax; with contrast material(s)	3,466
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,730
72100	Radiologic examination, spine, lumbosacral; two or three views	3,146
72110	Radiologic examination, spine, lumbosacral; minimum of four views	245
72125	Computed tomography, cervical spine; without contrast material	3,161
73030	Radiologic examination, shoulder; complete, minimum of two views	2,521
73110	Radiologic examination, wrist; complete, minimum of three views	1,869
73130	Radiologic examination, hand; minimum of three views	1,946
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	1,761
73564	Radiologic examination, knee; complete, four or more views	45
73610	Radiologic examination, ankle; complete, minimum of three views	2,289
73630	Radiologic examination, foot; complete, minimum of three views	2,338
74000	Radiologic examination, abdomen; single anteroposterior view	1,930
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	1,741
74176	Computed tomography, abdomen and pelvis; without contrast material	4,105
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	7,088

(Campus – *If multiple sites:* All Sites Combined)

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.75	260	154	99

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* All Sites Combined

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)		4	4
70540	MRI Orbit/Face/Neck w/o	5	5	10
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with	17	196	213
70544	MRA Head w/o	285	127	412
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o	38	12	50
70548	MRA Neck with contrast		1	1
70549	MRA Neck w/o & with	181	42	223
70551	MRI Brain w/o	1,110	627	1,737
70552	MRI Brain with contrast	55	17	72
70553	MRI Brain w/o & with	963	1,998	2,961
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o	1	6	7
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with	10	28	38
71555	MRA Chest with OR without contrast	2	10	12
72141	MRI Cervical Spine w/o	198	968	1,166
72142	MRI Cervical Spine with contrast	3	4	7
72156	MRI Cervical Spine w/o & with	97	287	384
72146	MRI Thoracic Spine w/o	137	252	389
72147	MRI Thoracic Spine with contrast	3		3
72157	MRI Thoracic Spine w/o & with	109	222	331
72148	MRI Lumbar Spine w/o	216	1,881	2,097
72149	MRI Lumbar Spine with contrast	5	15	20
72158	MRI Lumbar Spine w/o & with	202	691	893
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	25	152	177
72196	MRI Pelvis with contrast	1		1
72197	MRI Pelvis w/o & with	52	187	239
72198	MRA Pelvis w/o OR with contrast	1	7	8
73218	MRI Upper Ext, other than joint w/o	18	37	55
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page	3,734	7,776	11,510

10a. MRI Procedures by CPT Codes *continued. . . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with	23	37	60
73221	MRI Upper Ext, any joint w/o	26	551	577
73222	MRI Upper Ext, any joint with contrast	1	263	264
73223	MRI Upper Ext, any joint w/o & with	22	41	63
73225	MRA Upper Ext, w/o OR with contrast	2	3	5
73718	MRI Lower Ext other than joint w/o	74	88	162
73719	MRI Lower Ext other than joint with contrast		1	1
73720	MRI Lower Ext other than joint w/o & with	130	64	194
73721	MRI Lower Ext any joint w/o	52	749	801
73722	MRI Lower Ext any joint with contrast	2	79	81
73723	MRI Lower Ext any joint w/o & with	49	66	115
73725	MRA Lower Ext w/o OR with contrast	3	7	10
74181	MRI Abdomen w/o	211	87	298
74182	MRI Abdomen with contrast		2	2
74183	MRI Abdomen w/o & with	65	414	479
74185	MRA Abdomen w/o OR with contrast	9	25	34
75557	MRI Cardiac Morphology w/o	6	5	11
75561	MRI Cardiac Morphology with contrast	8	10	18
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast		48	48
77059	MRI Breast, bilateral w/o and/or with contrast		168	168
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page	683	2,708	3,391
	Total Number of Procedures for all pages*	4,417	10,484	14,901

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
2,053	2,364	4,417	4,777	5,707	10,484	14,901

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* All Sites Combined

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	3
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	1
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	4

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* All Sites Combined

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**	0	0	0	1,008	1,432	2,440	2,440

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: Alliance Imaging

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT) ※ At the end of Section 8- 10e duplicate

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(**Campus** – ***If multiple sites***: NHRMC Main Campus)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	2
Dedicated C-Section	3
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	21
Total of Surgical Operating Rooms	26

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 2

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 5

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	2,799	4,259	5,551	6,957
Non-GI Endoscopy				
Totals	2,799	4,259	5,551	6,957

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* NHRMC Main Campus **)**

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	0
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	0
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	0
42820	Tonsillectomy and adenoidectomy; younger than age 12	112
42830	Adenoidectomy, primary; younger than age 12	37
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	358
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	1,377
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	176
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	119
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	432
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	612
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	32
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	517
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	3
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	2
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	30
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	38
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	788
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	282

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(Campus – *If multiple sites*: NHRMC Main Campus **)**

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	668	526
Open Heart Surgery (from 7.(b) 4.)	619	
General Surgery	1,621	2,183
Neurosurgery	241	453
Obstetrics and GYN (excluding C-Sections)	336	1,022
Ophthalmology	51	1,833
Oral Surgery	27	871
Orthopedics	2,188	979
Otolaryngology	90	802
Plastic Surgery	334	1,138
Urology	475	1,205
Vascular		
Other Surgeries (specify)	403	1,463
Other Surgeries (specify)	770	1,430
Number of C-Section's Performed in Dedicated C-Section ORs	1,046	
Number of C-Section's Performed in Other ORs	14	
Total Surgical Cases Performed Only in Licensed ORs	8,883	13,905

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*	55	41
YAG Laser		
Other (specify) Non Invasive Vascular Lab	2,387	1,163
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	2,442	1,204

Imaging Procedures

(Campus – *If multiple sites:* NHRMC Main Campus **)**

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	6,197
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	1,182
71010	Radiologic examination, chest; single view, frontal	10,999
71020	Radiologic examination, chest; two views, frontal and lateral	5,084
71260	Computed tomography, thorax; with contrast material(s)	613
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	1,043
72100	Radiologic examination, spine, lumbosacral; two or three views	964
72110	Radiologic examination, spine, lumbosacral; minimum of four views	12
72125	Computed tomography, cervical spine; without contrast material	1,910
73030	Radiologic examination, shoulder; complete, minimum of two views	990
73110	Radiologic examination, wrist; complete, minimum of three views	627
73130	Radiologic examination, hand; minimum of three views	800
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	587
73564	Radiologic examination, knee; complete, four or more views	0
73610	Radiologic examination, ankle; complete, minimum of three views	844
73630	Radiologic examination, foot; complete, minimum of three views	909
74000	Radiologic examination, abdomen; single anteroposterior view	401
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	955
74176	Computed tomography, abdomen and pelvis; without contrast material	2,478
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	3,139

(Campus – *If multiple sites:* NHRMC Main Campus)

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.75	260	157	107

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Main Campus

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o	5	4	9
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with	17	117	134
70544	MRA Head w/o	283	74	357
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o	38	8	46
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with	181	32	213
70551	MRI Brain w/o	1,109	435	1,544
70552	MRI Brain with contrast	55	10	65
70553	MRI Brain w/o & with	962	1,182	2,144
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o	1	4	5
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with	10	19	29
71555	MRA Chest with OR without contrast	2	10	12
72141	MRI Cervical Spine w/o	197	578	775
72142	MRI Cervical Spine with contrast	3	2	5
72156	MRI Cervical Spine w/o & with	97	188	285
72146	MRI Thoracic Spine w/o	137	163	300
72147	MRI Thoracic Spine with contrast	3		3
72157	MRI Thoracic Spine w/o & with	108	164	272
72148	MRI Lumbar Spine w/o	216	1,179	1,395
72149	MRI Lumbar Spine with contrast	5	11	16
72158	MRI Lumbar Spine w/o & with	201	471	672
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o	25	50	75
72196	MRI Pelvis with contrast	1		1
72197	MRI Pelvis w/o & with	52	99	151
72198	MRA Pelvis w/o OR with contrast	1	3	4
73218	MRI Upper Ext, other than joint w/o	18	16	34
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page	3,727	4,819	8,546

10a. MRI Procedures by CPT Codes *continued. . . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with	23	24	47
73221	MRI Upper Ext, any joint w/o	25	323	348
73222	MRI Upper Ext, any joint with contrast	1	47	48
73223	MRI Upper Ext, any joint w/o & with	22	21	43
73225	MRA Upper Ext, w/o OR with contrast	2	2	4
73718	MRI Lower Ext other than joint w/o	74	45	119
73719	MRI Lower Ext other than joint with contrast		1	1
73720	MRI Lower Ext other than joint w/o & with	129	29	158
73721	MRI Lower Ext any joint w/o	50	357	407
73722	MRI Lower Ext any joint with contrast	2	10	12
73723	MRI Lower Ext any joint w/o & with	49	31	80
73725	MRA Lower Ext w/o OR with contrast	3	3	6
74181	MRI Abdomen w/o	211	41	252
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with	65	211	276
74185	MRA Abdomen w/o OR with contrast	9	13	22
75557	MRI Cardiac Morphology w/o	6	5	11
75561	MRI Cardiac Morphology with contrast	8	10	18
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page	679	1,173	1,852
	Total Number of Procedures for all pages*	4,406	5,992	10,398

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
2,049	2,357	4,406	2,718	3,274	5,992	10,398

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Main Campus

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	1
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	2

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**	0	0	0	0	0	0	0

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: _____

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – *If multiple sites*: NHRMC Orthopedic Hospital **)**

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	0
Shared - Inpatient / Ambulatory Surgery	8
Total of Surgical Operating Rooms	8

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: 1

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: 0

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* NHRMC Orthopedic Hospital)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	245
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	221
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	340
42820	Tonsillectomy and adenoidectomy; younger than age 12	0
42830	Adenoidectomy, primary; younger than age 12	0
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	0
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	0
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	0
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	0
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	0
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	0
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	0
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	0
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	63
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	90
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	285
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	0
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	0
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	0

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(Campus – *If multiple sites:* NHRMC Orthopedic Hospital **)**

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)	2	2
Open Heart Surgery (from 7.(b) 4.)		
General Surgery	18	3
Neurosurgery	3	349
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics	3,017	3,525
Otolaryngology		24
Plastic Surgery	35	570
Urology	3	
Vascular		
Other Surgeries (specify) Unassigned	13	74
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs	3,091	4,547

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

Imaging Procedures

(Campus – *If multiple sites:* NHRMC Orthopedic Hospital **)**

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	2,384
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	25
71010	Radiologic examination, chest; single view, frontal	1,440
71020	Radiologic examination, chest; two views, frontal and lateral	2,651
71260	Computed tomography, thorax; with contrast material(s)	681
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	566
72100	Radiologic examination, spine, lumbosacral; two or three views	1,087
72110	Radiologic examination, spine, lumbosacral; minimum of four views	11
72125	Computed tomography, cervical spine; without contrast material	1,012
73030	Radiologic examination, shoulder; complete, minimum of two views	984
73110	Radiologic examination, wrist; complete, minimum of three views	938
73130	Radiologic examination, hand; minimum of three views	754
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	678
73564	Radiologic examination, knee; complete, four or more views	9
73610	Radiologic examination, ankle; complete, minimum of three views	1,066
73630	Radiologic examination, foot; complete, minimum of three views	896
74000	Radiologic examination, abdomen; single anteroposterior view	75
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	451
74176	Computed tomography, abdomen and pelvis; without contrast material	1,016
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	1,763

(Campus – *If multiple sites:* NHRMC Orthopedic Hospital)

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.75	260	156	119

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Orthopedic Hospital

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		3	3
70544	MRA Head w/o	2	4	6
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		2	2
70551	MRI Brain w/o	1	5	6
70552	MRI Brain with contrast		1	1
70553	MRI Brain w/o & with	1	25	26
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	1	14	15
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		8	8
72146	MRI Thoracic Spine w/o		5	5
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	1	6	7
72148	MRI Lumbar Spine w/o		28	28
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	1	16	17
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		1	1
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		8	8
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		1	1
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page	7	127	134

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Orthopedic Hospital

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		3	3
70544	MRA Head w/o	2	4	6
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		2	2
70551	MRI Brain w/o	1	5	6
70552	MRI Brain with contrast		1	1
70553	MRI Brain w/o & with	1	25	26
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	1	14	15
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		8	8
72146	MRI Thoracic Spine w/o		5	5
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	1	6	7
72148	MRI Lumbar Spine w/o		28	28
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	1	16	17
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		1	1
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		8	8
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		1	1
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page	7	127	134

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Orthopedic Hospital

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with			
70544	MRA Head w/o	2	3 4	3 6
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with			
70551	MRI Brain w/o	1	2 5	2 6
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with	1	1 25	1 26
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o	1	14	15
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		8	8
72146	MRI Thoracic Spine w/o		5	5
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with	1	6	7
72148	MRI Lumbar Spine w/o		28	28
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with	1	16	17
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		1	1
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		8	8
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		1	1
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page	7	127	134

10a. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with		2	2
73221	MRI Upper Ext, any joint w/o	1	10	11
73222	MRI Upper Ext, any joint with contrast		28	28
73223	MRI Upper Ext, any joint w/o & with		2	2
73225	MRA Upper Ext, w/o OR with contrast			
73718	MRI Lower Ext other than joint w/o		2	2
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with	1	2	3
73721	MRI Lower Ext any joint w/o	2	15	17
73722	MRI Lower Ext any joint with contrast		8	8
73723	MRI Lower Ext any joint w/o & with		2	2
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen w/o		2	2
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with		9	9
74185	MRA Abdomen w/o OR with contrast		1	1
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page	4	83	87
	Total Number of Procedures for all pages*	11	210	221

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
4	7	11	123	87	210	221

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Orthopedic Hospital

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**	0	0	0	0	0	0	0

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: _____

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – *If multiple sites*: Atlantic Surgicenter **)**

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	0
Dedicated C-Section	0
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	4
Shared - Inpatient / Ambulatory Surgery	0
Total of Surgical Operating Rooms	4

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: _____

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* Atlantic Surgicenter)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	11
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	12
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	20
42820	Tonsillectomy and adenoidectomy; younger than age 12	51
42830	Adenoidectomy, primary; younger than age 12	43
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	32
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	193
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	22
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	9
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	137
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	107
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	45
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	72
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	0
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	0
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	226
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	0
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	108
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	2,363
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	124

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(Campus – *If multiple sites*: Atlantic Surgicenter **)**

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		7
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		351
Neurosurgery		224
Obstetrics and GYN (excluding C-Sections)		15
Ophthalmology		2,540
Oral Surgery		0
Orthopedics		628
Otolaryngology		272
Plastic Surgery		559
Urology		0
Vascular		0
Other Surgeries (specify)		21
Other Surgeries (specify)		141
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs		4,751

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		909
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		909

Imaging Procedures

(Campus – *If multiple sites:* _____ **)**

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71010	Radiologic examination, chest; single view, frontal	
71020	Radiologic examination, chest; two views, frontal and lateral	
71260	Computed tomography, thorax; with contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	
73030	Radiologic examination, shoulder; complete, minimum of two views	
73110	Radiologic examination, wrist; complete, minimum of three views	
73130	Radiologic examination, hand; minimum of three views	
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	
73564	Radiologic examination, knee; complete, four or more views	
73610	Radiologic examination, ankle; complete, minimum of three views	
73630	Radiologic examination, foot; complete, minimum of three views	
74000	Radiologic examination, abdomen; single anteroposterior view	
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	

(Campus – *If multiple sites:* Atlantic Surgicenter)

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases
9.75	260	0	62

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with			
70544	MRA Head w/o			
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o			
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with			
70551	MRI Brain w/o			
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with			
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with			
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o			
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with			
72146	MRI Thoracic Spine w/o			
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with			
72148	MRI Lumbar Spine w/o			
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with			
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o			
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with			
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o			
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page			

10a. MRI Procedures by CPT Codes *continued. . . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with			
73221	MRI Upper Ext, any joint w/o			
73222	MRI Upper Ext, any joint with contrast			
73223	MRI Upper Ext, any joint w/o & with			
73225	MRA Upper Ext, w/o OR with contrast			
73718	MRI Lower Ext other than joint w/o			
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with			
73721	MRI Lower Ext any joint w/o			
73722	MRI Lower Ext any joint with contrast			
73723	MRI Lower Ext any joint w/o & with			
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen w/o			
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with			
74185	MRA Abdomen w/o OR with contrast			
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page			
	Total Number of Procedures for all pages*			

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 18 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* Atlantic Surgicenter

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
Total Fixed MRI Scanners	

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: _____

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – *If multiple sites*: NHRMC H and D - Medical Mall)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: _____

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* _____ **)**

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(**Campus** – *If multiple sites*: NHRMC H and D - MedicalMall)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics		
Otolaryngology		
Plastic Surgery		
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs		

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

Imaging Procedures

(Campus – *If multiple sites:* NHRMC Medical Mall)

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	134
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	321
71010	Radiologic examination, chest; single view, frontal	388
71020	Radiologic examination, chest; two views, frontal and lateral	2,625
71260	Computed tomography, thorax; with contrast material(s)	1,234
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	5
72100	Radiologic examination, spine, lumbosacral; two or three views	514
72110	Radiologic examination, spine, lumbosacral; minimum of four views	61
72125	Computed tomography, cervical spine; without contrast material	28
73030	Radiologic examination, shoulder; complete, minimum of two views	118
73110	Radiologic examination, wrist; complete, minimum of three views	63
73130	Radiologic examination, hand; minimum of three views	79
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	161
73564	Radiologic examination, knee; complete, four or more views	2
73610	Radiologic examination, ankle; complete, minimum of three views	86
73630	Radiologic examination, foot; complete, minimum of three views	128
74000	Radiologic examination, abdomen; single anteroposterior view	990
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	45
74176	Computed tomography, abdomen and pelvis; without contrast material	143
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	978

(Campus – *If multiple sites:* NHRMC H&D - Medical Mall)

9. Average Operating Room Availability and Average Case Times:

The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC H&D - Medical Mall

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		25	25
70544	MRA Head w/o		19	19
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		1	1
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		2	2
70551	MRI Brain w/o		63	63
70552	MRI Brain with contrast		6	6
70553	MRI Brain w/o & with		321	321
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		1	1
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		1	1
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		109	109
72142	MRI Cervical Spine with contrast		1	1
72156	MRI Cervical Spine w/o & with		31	31
72146	MRI Thoracic Spine w/o		23	23
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		17	17
72148	MRI Lumbar Spine w/o		212	212
72149	MRI Lumbar Spine with contrast		2	2
72158	MRI Lumbar Spine w/o & with		82	82
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		85	85
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		26	26
72198	MRA Pelvis w/o OR with contrast		3	3
73218	MRI Upper Ext, other than joint w/o		6	6
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page		1,036	1,036

10a. MRI Procedures by CPT Codes *continued. . . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with		2	2
73221	MRI Upper Ext, any joint w/o		67	67
73222	MRI Upper Ext, any joint with contrast		188	188
73223	MRI Upper Ext, any joint w/o & with		7	7
73225	MRA Upper Ext, w/o OR with contrast		1	1
73718	MRI Lower Ext other than joint w/o		15	15
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with		11	11
73721	MRI Lower Ext any joint w/o		130	130
73722	MRI Lower Ext any joint with contrast		60	60
73723	MRI Lower Ext any joint w/o & with		12	12
73725	MRA Lower Ext w/o OR with contrast		4	4
74181	MRI Abdomen w/o		17	17
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with		70	70
74185	MRA Abdomen w/o OR with contrast		7	7
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast		48	48
77059	MRI Breast, bilateral w/o and/or with contrast		168	168
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page		807	807
	Total Number of Procedures for all pages*		1,843	1,843

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
			928	915	1,843	1,843

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	1
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	1

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**	0	0	0	0	0	0	0

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: _____

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – *If multiple sites*: NHRMC H&D Porter's Neck/North Campus)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: _____

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* NHRMC Porter's Neck/North Campus)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(**Campus – *If multiple sites*:** NHRMC H&D Porter's Neck/North Campus)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics		
Otolaryngology		
Plastic Surgery		
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs		

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

Imaging Procedures

(Campus – *If multiple sites:* NHRMC H&D Porter's Neck/North Campus)

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	614
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	126
71010	Radiologic examination, chest; single view, frontal	529
71020	Radiologic examination, chest; two views, frontal and lateral	726
71260	Computed tomography, thorax; with contrast material(s)	294
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	81
72100	Radiologic examination, spine, lumbosacral; two or three views	213
72110	Radiologic examination, spine, lumbosacral; minimum of four views	18
72125	Computed tomography, cervical spine; without contrast material	181
73030	Radiologic examination, shoulder; complete, minimum of two views	144
73110	Radiologic examination, wrist; complete, minimum of three views	133
73130	Radiologic examination, hand; minimum of three views	141
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	104
73564	Radiologic examination, knee; complete, four or more views	3
73610	Radiologic examination, ankle; complete, minimum of three views	156
73630	Radiologic examination, foot; complete, minimum of three views	219
74000	Radiologic examination, abdomen; single anteroposterior view	121
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	81
74176	Computed tomography, abdomen and pelvis; without contrast material	300
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	568

(Campus – *If multiple sites:* NHRMC H&D Porter's Neck/North Campus)

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC H+D Porter/Neck/North Campus

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)		2	2
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		12	12
70544	MRA Head w/o		10	10
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		1	1
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		2	2
70551	MRI Brain w/o		39	39
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with		143	143
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o		1	1
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		4	4
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		86	86
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		19	19
72146	MRI Thoracic Spine w/o		18	18
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		12	12
72148	MRI Lumbar Spine w/o		137	137
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with		37	37
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		5	5
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		15	15
72198	MRA Pelvis w/o OR with contrast		1	1
73218	MRI Upper Ext, other than joint w/o		6	6
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page		550	550

10a. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with		3	3
73221	MRI Upper Ext, any joint w/o		42	42
73222	MRI Upper Ext, any joint with contrast			
73223	MRI Upper Ext, any joint w/o & with		5	5
73225	MRA Upper Ext, w/o OR with contrast			
73718	MRI Lower Ext other than joint w/o		4	4
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with		3	3
73721	MRI Lower Ext any joint w/o		62	62
73722	MRI Lower Ext any joint with contrast			
73723	MRI Lower Ext any joint w/o & with		9	9
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen w/o		10	10
74182	MRI Abdomen with contrast		1	1
74183	MRI Abdomen w/o & with		39	39
74185	MRA Abdomen w/o OR with contrast			
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast		1	1
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page		179	179
	Total Number of Procedures for all pages*		729	729

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
			306	423	729	729

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Porters Neck/North Campus

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	0
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	0

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC Porters Neck/North Campus

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**				306	423	729	729

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: Alliance Imaging

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC, 1 & LD Patient Neck

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – ***If multiple sites:*** NHRMC HSD Military Cutoff **)**

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: _____

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* NHRMC HBD - Military Cutoff)

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(**Campus** – ***If multiple sites:*** NHRMC H and D Military Cutoff)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b).4.)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics		
Otolaryngology		
Plastic Surgery		
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs		

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

Imaging Procedures

(Campus – *If multiple sites:* NHRMC Hard D - Military Cutoff)

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	52
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	192
71010	Radiologic examination, chest; single view, frontal	15
71020	Radiologic examination, chest; two views, frontal and lateral	246
71260	Computed tomography, thorax; with contrast material(s)	130
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	26
72100	Radiologic examination, spine, lumbosacral; two or three views	120
72110	Radiologic examination, spine, lumbosacral; minimum of four views	26
72125	Computed tomography, cervical spine; without contrast material	11
73030	Radiologic examination, shoulder; complete, minimum of two views	43
73110	Radiologic examination, wrist; complete, minimum of three views	16
73130	Radiologic examination, hand; minimum of three views	24
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	43
73564	Radiologic examination, knee; complete, four or more views	1
73610	Radiologic examination, ankle; complete, minimum of three views	27
73630	Radiologic examination, foot; complete, minimum of three views	30
74000	Radiologic examination, abdomen; single anteroposterior view	28
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	2
74176	Computed tomography, abdomen and pelvis; without contrast material	51
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	168

(Campus – *If multiple sites:* NHRMC HLD - Military Cutoff **)**

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC H&D - Military Cutoff

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)			
70540	MRI Orbit/Face/Neck w/o			
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		21	21
70544	MRA Head w/o		13	13
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		1	1
70548	MRA Neck with contrast		1	1
70549	MRA Neck w/o & with		2	2
70551	MRI Brain w/o		40	40
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with		192	192
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		2	2
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		85	85
72142	MRI Cervical Spine with contrast			
72156	MRI Cervical Spine w/o & with		28	28
72146	MRI Thoracic Spine w/o		15	15
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		15	15
72148	MRI Lumbar Spine w/o		150	150
72149	MRI Lumbar Spine with contrast		2	2
72158	MRI Lumbar Spine w/o & with		44	44
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		4	4
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		27	27
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		4	4
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page		646	646

10a. MRI Procedures by CPT Codes *continued. . . .*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with		3	3
73221	MRI Upper Ext, any joint w/o		40	40
73222	MRI Upper Ext, any joint with contrast			
73223	MRI Upper Ext, any joint w/o & with		1	1
73225	MRA Upper Ext, w/o OR with contrast			
73718	MRI Lower Ext other than joint w/o		13	13
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with		6	6
73721	MRI Lower Ext any joint w/o		82	82
73722	MRI Lower Ext any joint with contrast		1	1
73723	MRI Lower Ext any joint w/o & with		8	8
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen w/o		7	7
74182	MRI Abdomen with contrast		1	1
74183	MRI Abdomen w/o & with		40	40
74185	MRA Abdomen w/o OR with contrast			
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page		202	202
	Total Number of Procedures for all pages*		848	848

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
			395	453	848	848

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	0
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	0

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**				395	453	848	848

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: Alliance Imaging

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC H&D - Military Cutoff

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? _____

Does the hospital contract for mobile CT scanner services? ____ Yes ____ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures

NOTE: If this License includes more than one campus, please copy pages 10 – 18 (through Section 10e) for each site. Submit the Cumulative Totals and submit a duplicate of pages 10 - 18 for each campus.

(Campus – *If multiple sites*: NHRMC HLD - Brunswick Forest)

a) Surgical Operating Rooms

Report *Surgical Operating Rooms* built to meet the specifications and standards for operating rooms required by the Construction Section of the Division of Health Services Regulation, and which are fully equipped to perform surgical procedures. These surgical operating rooms include rooms located in Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	

Number of Additional CON approved surgical operating rooms pending development: _____
CON Project ID Number(s) _____

b) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and surgical procedures **performed only in these rooms** during the reporting period.

Total Number of existing Gastrointestinal Endoscopy Rooms: _____

Number of additional CON approved GI Endoscopy Rooms pending development: _____

CON Project ID Number(s) _____

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy				
Non-GI Endoscopy				
Totals				

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

(Campus – *If multiple sites:* NHRMC HLD - Brunswick Forest **)**

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

8. Surgical Operating Rooms, Procedure Rooms, Gastrointestinal Endoscopy Rooms, Surgical and Non-Surgical Cases and Procedures *(continued)*

(**Campus – *If multiple sites*:** NHRMC H&D - Brunswick Forest)

d) Surgical Cases by Specialty Area Table

Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the table below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Tables on pages 26 and 27.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 7.(b) 4.)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery		
Orthopedics		
Otolaryngology		
Plastic Surgery		
Urology		
Vascular		
Other Surgeries (specify)		
Other Surgeries (specify)		
Number of C-Section's Performed in Dedicated C-Section ORs		
Number of C-Section's Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs		

e) Non-Surgical Cases by Category Table

Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 10.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management		
Cystoscopy		
Non-GI Endoscopies *(not reported in 8. c)*		
GI Endoscopies *(not reported in 8. c)*		
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases		

Imaging Procedures

(Campus – *If multiple sites:* NHRMC HBD- Brunswick Forest **)**

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	88
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	136
71010	Radiologic examination, chest; single view, frontal	8
71020	Radiologic examination, chest; two views, frontal and lateral	1,000
71260	Computed tomography, thorax; with contrast material(s)	514
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	9
72100	Radiologic examination, spine, lumbosacral; two or three views	248
72110	Radiologic examination, spine, lumbosacral; minimum of four views	117
72125	Computed tomography, cervical spine; without contrast material	19
73030	Radiologic examination, shoulder; complete, minimum of two views	242
73110	Radiologic examination, wrist; complete, minimum of three views	90
73130	Radiologic examination, hand; minimum of three views	148
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	188
73564	Radiologic examination, knee; complete, four or more views	30
73610	Radiologic examination, ankle; complete, minimum of three views	110
73630	Radiologic examination, foot; complete, minimum of three views	156
74000	Radiologic examination, abdomen; single anteroposterior view	315
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	207
74176	Computed tomography, abdomen and pelvis; without contrast material	117
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	472

(Campus – *If multiple sites:* NHRMC HQD - Brunswick Forest)

9. Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per operating room per year.

The Operating Room Methodology also assumes an average of 3 hours for each Inpatient Surgery and an average of 1.5 hours for each Outpatient Surgery.

Based on your hospital's experience, please complete the table below by showing the assumptions for the average operating room in your hospital.

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Inpatient Cases	Average "Case Time" ** in **Minutes** for Ambulatory Cases

* Use only Hours per Day **routinely** scheduled when determining the answer.

Example for determining average hours per day routinely scheduled for use:
A hospital has two operating rooms routinely scheduled for use for 8 hours per day, and two other operating rooms routinely scheduled for use for 10 hours per day.
2 rooms X 8 hours = 16 hours per day
plus
2 rooms X 10 hours = 20 hours per day
equals 36 hours per day total

The average hours per day for the four operating rooms is calculated by dividing the total hours per day for all operating rooms by the total number of operating rooms. In this example, 36 hours divided by four operating rooms is 9 average hours per day for an operating room.

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure.*

10a. Magnetic Resonance Imaging (MRI) Procedures by CPT Codes

Indicate the number of procedures performed during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC HBD- Brunswick Forest

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
70336	MRI Temporomandibular Joint(s)		2	2
70540	MRI Orbit/Face/Neck w/o		1	1
70542	MRI Orbit/Face/Neck with contrast			
70543	MRI Orbit/Face/Neck w/o & with		18	18
70544	MRA Head w/o		7	7
70545	MRA Head with contrast			
70546	MRA Head w/o & with			
70547	MRA Neck w/o		1	1
70548	MRA Neck with contrast			
70549	MRA Neck w/o & with		2	2
70551	MRI Brain w/o		44	44
70552	MRI Brain with contrast			
70553	MRI Brain w/o & with		136	136
70554	MR functional imaging, w/o physician admin			
70555	MR functional imaging, with physician admin			
71550	MRI Chest w/o			
71551	MRI Chest with contrast			
71552	MRI Chest w/o & with		2	2
71555	MRA Chest with OR without contrast			
72141	MRI Cervical Spine w/o		96	96
72142	MRI Cervical Spine with contrast		1	1
72156	MRI Cervical Spine w/o & with		13	13
72146	MRI Thoracic Spine w/o		28	28
72147	MRI Thoracic Spine with contrast			
72157	MRI Thoracic Spine w/o & with		8	8
72148	MRI Lumbar Spine w/o		176	176
72149	MRI Lumbar Spine with contrast			
72158	MRI Lumbar Spine w/o & with		41	41
72159	MRA Spinal Canal w/o OR with contrast			
72195	MRI Pelvis w/o		7	7
72196	MRI Pelvis with contrast			
72197	MRI Pelvis w/o & with		12	12
72198	MRA Pelvis w/o OR with contrast			
73218	MRI Upper Ext, other than joint w/o		4	4
73219	MRI Upper Ext, other than joint with contrast			
	Subtotals for this page		599	599

10a. MRI Procedures by CPT Codes *continued.....*

CPT Code	CPT Description	Inpatient Procedures	Outpatient Procedures	Total Number of Procedures
73220	MRI Upper Ext, other than joint w/o & with		3	3
73221	MRI Upper Ext, any joint w/o		68	68
73222	MRI Upper Ext, any joint with contrast			
73223	MRI Upper Ext, any joint w/o & with		5	5
73225	MRA Upper Ext, w/o OR with contrast			
73718	MRI Lower Ext other than joint w/o		9	9
73719	MRI Lower Ext other than joint with contrast			
73720	MRI Lower Ext other than joint w/o & with		13	13
73721	MRI Lower Ext any joint w/o		104	104
73722	MRI Lower Ext any joint with contrast			
73723	MRI Lower Ext any joint w/o & with		4	4
73725	MRA Lower Ext w/o OR with contrast			
74181	MRI Abdomen w/o		10	10
74182	MRI Abdomen with contrast			
74183	MRI Abdomen w/o & with		45	45
74185	MRA Abdomen w/o OR with contrast		3	3
75557	MRI Cardiac Morphology w/o			
75561	MRI Cardiac Morphology with contrast			
75565	MRI Cardiac Velocity Flow Mapping			
76125	Cineradiography to complement exam			
76390	MRI Spectroscopy			
77021	MRI Guidance for needle placement			
77022	MRI Guidance for tissue ablation			
77058	MRI Breast, unilateral w/o and/or with contrast			
77059	MRI Breast, bilateral w/o and/or with contrast			
77084	MRI Bone Marrow blood supply			
N/A	Clinical Research Scans			
	Subtotal for this page		264	264
	Total Number of Procedures for all pages*		863	863

*Totals must match totals in summary Table 10b and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10b. MRI CPT Code Procedure Summary (Summary of CPT Codes in Table 10a)

Inpatient Procedures*			Outpatient Procedures*			
With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL** Outpatient	TOTAL** Procedures
0	0	0	307	556	863	863

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.
** Totals must match totals in Table 10a on page 16 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 34 of this application.

10c. Fixed MRI

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC H&D - Brunswick Forest

Fixed Scanners	Number of Units
Number of fixed MRI scanners-closed (*do not include any* Policy AC-3 scanners)	0
# of fixed MRI scanners-open (*do not include any* Policy AC-3 scanners)	0
Number of Policy AC-3 MRI scanners used for general clinical purposes	0
Total Fixed MRI Scanners	0

10d. Mobile MRI

Indicate the number of procedures performed on mobile MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that use mobile equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* _____

Mobile Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Scans on mobile MRI performed **only at this site**	0	0	0	307	556	863	863

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

Name of Mobile Provider: Alliance Imaging

10e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 34 of this application. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. Campus – *if multiple sites:* NHRMC HSD-Brunswick Forest

Other Scanners	Units	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Other Human Research MRI scanners	0							
Intraoperative MRI (iMRI)	0							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

10f. Computed Tomography (CT) All Sites Combined

How many fixed CT scanners does the hospital have? 9

Does the hospital contract for mobile CT scanner services? ____ Yes ✓ No

If yes, identify the mobile CT vendor _____

Complete the following tables (one for fixed CT scanners; one for mobile CT scanners).

Scans Performed on Fixed CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast	16,293	X	1.00	=	16,293
2	Head with contrast	44	X	1.25	=	55
3	Head without and with contrast	572	X	1.75	=	1,001
4	Body without contrast	18,122	X	1.50	=	27,183
5	Body with contrast	19,494	X	1.75	=	34,114.50
6	Body without contrast and with contrast	5,590	X	2.75	=	15,372.50
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

Scans Performed on Mobile CT Scanners *(Multiply # scans by Conversion Factor to get HECT Units)*

	Type of CT Scan	# of Scans		Conversion Factor		HECT Units
1	Head without contrast		X	1.00	=	
2	Head with contrast		X	1.25	=	
3	Head without and with contrast		X	1.75	=	
4	Body without contrast		X	1.50	=	
5	Body with contrast		X	1.75	=	
6	Body without contrast and with contrast		X	2.75	=	
7	Biopsy in addition to body scan with or without contrast		X	2.75	=	
8	Abscess drainage in addition to body scan with or without contrast		X	4.00	=	

10g. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	15	1,676	1,691
Mobile PET Scanner	0			
PET pursuant to Policy AC-3	0			
Other Human Research PET Scanner	0			
Ultrasound equipment	13	6,998	20,276	27,274
Mammography equipment	6	111	18,320	18,431
Bone Density Equipment	4		1,704	1,704
Fixed X-ray Equipment (excluding fluoroscopic)	10	57,942	64,821	122,763
Fixed Fluoroscopic X-ray Equipment	7	4,799	4,887	9,686
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	5	774	1,510	2,284
Coincidence Camera	0			
Mobile Coincidence Camera Vendor:	0			
SPECT	4	1,142	1,365	2,507
Mobile SPECT Vendor:	0			
Gamma Camera	2	864	3,311	4,175
Mobile Gamma Camera Vendor:	0			

*** PET procedure** means a single discrete study of one patient involving one or more PET scans. **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. **The number of PET procedures in this table should match the number of patients reported on the PET Patient Origin Table on page 36.**

10h. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed	0			
Mobile	1	1	189	190

Lithotripsy Vendor/Owner:
Carolina Lithotripsy

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

CPT Code	Description	# of Procedures
	Simple Treatment Delivery	
77401	Radiation treatment delivery	
77402	Radiation treatment delivery (<=5 MeV)	42
77403	Radiation treatment delivery (6-10 MeV)	34
77404	Radiation treatment delivery (11-19 MeV)	35
77406	Radiation treatment delivery (>=20 MeV)	
	Intermediate Treatment Delivery	
77407	Radiation treatment delivery (<=5 MeV)	
77408	Radiation treatment delivery (6-10 MeV)	
77409	Radiation treatment delivery (11-19 MeV)	1
77411	Radiation treatment delivery (>=20 MeV)	
	Complex Treatment Delivery	
77412	Radiation treatment delivery (<=5 MeV)	3,879
77413	Radiation treatment delivery (6-10 MeV)	213
77414	Radiation treatment delivery (11-19 MeV)	946
77416	Radiation treatment delivery (>= 20 MeV)	5
	Other Treatment Delivery Not Included Above	
77418	Intensity modulated radiation treatment (IMRT) delivery	222
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	
G0339	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction	
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	
	Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the linac)	
	Pediatric Patient under anesthesia	
	Neutron and proton radiation therapy	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	983
	Total Procedures – Linear Accelerators	5,860
	Gamma Knife® Procedures	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of one session; multisource Cobalt 60 based (Gamma Knife®)	
	Total Procedures – Gamma Knife®	

11. Linear Accelerator Treatment Data *continued*

a. Number of patients who received a course of radiation oncology treatments on linear accelerators (not the Gamma Knife®). Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three.
Patients 659 **(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 35.)**

b. Linear Accelerators
1. TOTAL number of Linear Accelerator(s) 1
2. Of the TOTAL number above, number of Linear Accelerators configured for stereotactic radiosurgery 0
3. Of the TOTAL number above, Number of CyberKnife® Systems: 0
Other specialized linear accelerators 0 Identify Manufacturer of Equipment

c. Number of Gamma Knife® units 0

d. Number of treatment simulators ("machine that produces high quality diagnostic radiographs and precisely reproduces the geometric relationships of megavoltage radiation therapy equipment to the patient."(GS 131E-176(24b))) 2

12. Telemedicine

a. Does your facility utilize telemedicine to have images read at another facility? Yes

b. Does your facility read telemedicine images? Yes

13. Additional Services:

a) **Check if Service(s) is provided: (for dialysis stations, show number of stations)**

	Check		Check
1. Cardiac Rehab Program (Outpatient)	✓	5. Rehabilitation Outpatient Unit	✓
2. Chemotherapy	✓	6. Podiatric Services	
3. Clinical Psychology Services	✓	7. Genetic Counseling Service	
4. Dental Services		8. **Number** of Acute Dialysis Stations	15

13. **Additional Services:** ***continued***

b) **Hospice Inpatient Unit Data:**

Hospital-based hospice units with licensed hospice beds. List each county served and report **all patients by county of residence**. Use each patient's age on the admission day to the Licensed Hospice Inpatient Facility. **For age categories count each inpatient client only once.**

County of Residence	Age 0-17	Age 18-40	Age 41-59	Age 60-64	Age 65-74	Age 75-84	Age 85+	Total Patients Served	Total Days of Care	Deaths
Out of State										
Total All Ages										

c) **Mental Health and Substance Abuse**

1. If psychiatric care has a different name than the hospital, please indicate:
   NHRMC Behavioral Health Hospital
2. If address is different than the hospital, please indicate:

3. Director of the above services.
   Karen Pleva, Administrator - Behavioral Health

Indicate the program/unit location in the **Service Categories** chart below. If it is in the hospital, include the room number. If it is located at another site, include the building name, program/unit name and address.

Service Categories: All applicants must complete the following table for all mental health services which are to be provided by the facility. If the service is not offered, leave the spaces blank.

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	**Location of Services**	**Beds Assigned by Age**					
		< 6	**6-12**	**13-17**	**Total 0-17**	**18 & up**	**Total Beds**
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.1200 Psychosocial rehabilitation facilities for individuals with severe and persistent mental illness							
.1300 Residential treatment facilities for children and adolescents who are emotionally disturbed or have a mental illness							
.1400 Day treatment for children and adolescents with emotional or behavioral disturbances							
.1500 Intensive residential treatment facilities for children & adolescents who are emotionally disturbed or who have a mental illness							
.5000 Facility Based Crisis Center							

Rule 10A NCAC 13B Licensure Rules for Hospitals	**Location of Services**	**Beds Assigned by Age**					
		< 6	**6-12**	**13-17**	**Total 0-17**	**18 & up**	**Total Beds**
.5200 Dedicated inpatient unit for individuals who have mental disorders	NHRMC Behavioral Health Hospital					62	62

13. Additional Services: *continued*

c) Mental Health and Substance Abuse *continued*

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.3200 Social setting detoxification for substance abusers							
.3300 Outpatient detoxification for substance abusers							
.3400 Residential treatment/ rehabilitation for individuals with substance abuse disorders							
.3500 Outpatient facilities for individuals with substance abuse disorders							
.3600 Outpatient narcotic addiction treatment							
.3700 Day treatment facilities for individuals with substance abuse disorders							

Rule 10A NCAC 13B Licensure Rules for Hospitals	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance abuse disorders (specify type) # of Treatment beds _____ # of Medical Detox beds _____							

Patient Origin - General Acute Care Inpatient Services

Facility County: New Hanover

In an effort to document patterns of utilization of General Acute Care Inpatient Services in North Carolina hospitals, please provide the county of residence for each patient admitted to your facility.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
1. Alamance	12	37. Gates		73. Person	1
2. Alexander		38. Graham		74. Pitt	21
3. Alleghany		39. Granville	3	75. Polk	
4. Anson		40. Greene	5	76. Randolph	12
5. Ashe	4	41. Guilford	27	77. Richmond	4
6. Avery	1	42. Halifax	3	78. Robeson	159
7. Beaufort	18	43. Harnett	15	79. Rockingham	4
8. Bertie	5	44. Haywood	3	80. Rowan	6
9. Bladen	682	45. Henderson	3	81. Rutherford	
10. Brunswick	6,300	46. Hertford	1	82. Sampson	330
11. Buncombe	5	47. Hoke	3	83. Scotland	3
12. Burke	7	48. Hyde	1	84. Stanly	2
13. Cabarrus	16	49. Iredell	8	85. Stokes	3
14. Caldwell	2	50. Jackson	1	86. Surry	4
15. Camden	1	51. Johnston	10	87. Swain	
16. Carteret	85	52. Jones	44	88. Transylvania	
17. Caswell	1	53. Lee	7	89. Tyrrell	
18. Catawba	3	54. Lenoir	39	90. Union	9
19. Chatham	8	55. Lincoln	3	91. Vance	4
20. Cherokee		56. Macon		92. Wake	93
21. Chowan	1	57. Madison		93. Warren	1
22. Clay		58. Martin	2	94. Washington	1
23. Cleveland	1	59. McDowell	1	95. Watauga	2
24. Columbus	1,843	60. Mecklenburg	24	96. Wayne	68
25. Craven	33	61. Mitchell	1	97. Wilkes	2
26. Cumberland	44	62. Montgomery	1	98. Wilson	3
27. Currituck		63. Moore	13	99. Yadkin	
28. Dare	4	64. Nash	5	100. Yancey	
29. Davidson	4	65. New Hanover	18,030		
30. Davie	2	66. Northampton	1	101. Georgia	36
31. Duplin	1,258	67. Onslow	2,482	102. South Carolina	132
32. Durham	22	68. Orange	6	103. Tennessee	14
33. Edgecombe	4	69. Pamlico	2	104. Virginia	59
34. Forsyth	23	70. Pasquotank		105. Other States	398
35. Franklin	2	71. Pender	4,320	106. Other	4
36. Gaston	7	72. Perquimans		**Total No. of Patients**	36,837

Patient Origin – Inpatient Surgical Cases

Facility County: New Hanover

In an effort to document patterns of Inpatient utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each inpatient surgical patient served in your facility. Count each inpatient surgical patient once regardless of the number of surgical procedures performed while the patient was having surgery. However, each admission as an inpatient surgical case should be reported separately.

The Total from this chart should match the Total Inpatient Cases reported on the "Surgical Cases by Specialty Area" Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	4	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	8
3. Alleghany		39. Granville	1	75. Polk	
4. Anson		40. Greene	5	76. Randolph	8
5. Ashe		41. Guilford	5	77. Richmond	2
6. Avery		42. Halifax		78. Robeson	96
7. Beaufort	15	43. Harnett	7	79. Rockingham	
8. Bertie	4	44. Haywood	1	80. Rowan	3
9. Bladen	257	45. Henderson	3	81. Rutherford	
10. Brunswick	2,285	46. Hertford	1	82. Sampson	129
11. Buncombe	1	47. Hoke	2	83. Scotland	4
12. Burke	4	48. Hyde	1	84. Stanly	
13. Cabarrus	4	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson	1	86. Surry	2
15. Camden		51. Johnston	4	87. Swain	
16. Carteret	55	52. Jones	21	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	21	90. Union	4
19. Chatham	5	55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	38
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	1
23. Cleveland		59. McDowell		95. Watauga	1
24. Columbus	708	60. Mecklenburg	6	96. Wayne	34
25. Craven	18	61. Mitchell		97. Wilkes	1
26. Cumberland	17	62. Montgomery		98. Wilson	2
27. Currituck		63. Moore	4	99. Yadkin	
28. Dare		64. Nash	3	100. Yancey	
29. Davidson	3	65. New Hanover	5,137		
30. Davie		66. Northampton		101. Georgia	13
31. Duplin	472	67. Onslow	1,057	102. South Carolina	66
32. Durham	5	68. Orange	1	103. Tennessee	4
33. Edgecombe	2	69. Pamlico	2	104. Virginia	16
34. Forsyth	3	70. Pasquotank		105. Other States	99
35. Franklin	1	71. Pender	1,290	106. Other	0
36. Gaston	2	72. Perquimans		**Total No. of Patients**	11,978

Patient Origin – Ambulatory Surgical Cases

Facility County: New Hanover

In an effort to document patterns of Ambulatory utilization of Surgical Services in North Carolina hospitals, please provide the county of residence for each ambulatory surgery patient served in your facility. Count each ambulatory patient once regardless of the number of procedures performed while the patient was having surgery. However, each admission as an ambulatory surgery case should be reported separately.

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the "Surgical Cases by Specialty Area" Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	6	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	32
3. Alleghany	1	39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	3
5. Ashe		41. Guilford	4	77. Richmond	1
6. Avery	2	42. Halifax	1	78. Robeson	69
7. Beaufort	2	43. Harnett	3	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	3
9. Bladen	352	45. Henderson		81. Rutherford	
10. Brunswick	4,129	46. Hertford		82. Sampson	245
11. Buncombe	2	47. Hoke	3	83. Scotland	3
12. Burke		48. Hyde		84. Stanly	4
13. Cabarrus	1	49. Iredell	2	85. Stokes	
14. Caldwell	3	50. Jackson		86. Surry	
15. Camden		51. Johnston	9	87. Swain	1
16. Carteret	110	52. Jones	42	88. Transylvania	2
17. Caswell		53. Lee	2	89. Tyrrell	
18. Catawba		54. Lenoir	30	90. Union	10
19. Chatham	3	55. Lincoln	3	91. Vance	1
20. Cherokee		56. Macon		92. Wake	47
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	2	94. Washington	
23. Cleveland	2	59. McDowell		95. Watauga	1
24. Columbus	1,210	60. Mecklenburg	12	96. Wayne	33
25. Craven	61	61. Mitchell		97. Wilkes	
26. Cumberland	41	62. Montgomery		98. Wilson	1
27. Currituck	1	63. Moore	8	99. Yadkin	
28. Dare	2	64. Nash	3	100. Yancey	
29. Davidson	1	65. New Hanover	10,464		
30. Davie	2	66. Northampton	1	101. Georgia	15
31. Duplin	827	67. Onslow	2,338	102. South Carolina	137
32. Durham	7	68. Orange	5	103. Tennessee	2
33. Edgecombe	1	69. Pamlico	9	104. Virginia	22
34. Forsyth	5	70. Pasquotank		105. Other States	150
35. Franklin		71. Pender	2,703	106. Other	2
36. Gaston	2	72. Perquimans		**Total No. of Patients**	23,203

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: New Hanover

In an effort to document patterns of utilization of Gastrointestinal Endoscopy Services in North Carolina hospitals, please provide the county of residence for each GI Endoscopy patient served in your facility. Count each patient once regardless of the number of procedures performed while the patient was receiving GI Endoscopy Services. However, each admission for GI Endoscopy services should be reported separately.

The Total from this chart should match the Total GI Endoscopy cases reported on the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" Table on page 10 plus the total Inpatient and Ambulatory GI Endoscopy cases from the "Non-Surgical Cases by Category" Table on page 12.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	3	37. Gates		73. Person	1
2. Alexander		38. Graham		74. Pitt	7
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene	1	76. Randolph	1
5. Ashe		41. Guilford	2	77. Richmond	
6. Avery		42. Halifax		78. Robeson	30
7. Beaufort		43. Harnett	2	79. Rockingham	
8. Bertie	1	44. Haywood		80. Rowan	
9. Bladen	158	45. Henderson		81. Rutherford	
10. Brunswick	1,485	46. Hertford		82. Sampson	67
11. Buncombe	2	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	3	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	11	52. Jones	8	88. Transylvania	
17. Caswell		53. Lee	1	89. Tyrrell	
18. Catawba		54. Lenoir	17	90. Union	5
19. Chatham	2	55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	10
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	1
24. Columbus	378	60. Mecklenburg	1	96. Wayne	12
25. Craven	15	61. Mitchell		97. Wilkes	
26. Cumberland	19	62. Montgomery		98. Wilson	1
27. Currituck	1	63. Moore	1	99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	
29. Davidson		65. New Hanover	3,808		
30. Davie		66. Northampton		101. Georgia	5
31. Duplin	300	67. Onslow	580	102. South Carolina	36
32. Durham	2	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	1	104. Virginia	14
34. Forsyth	2	70. Pasquotank		105. Other States	63
35. Franklin		71. Pender	1,001	106. Other	
36. Gaston	3	72. Perquimans		**Total No. of Patients**	8,063

All responses should pertain to **October 1, 2014 through September 30, 2015.**

Patient Origin - Psychiatric and Substance Abuse

Facility County: New Hanover

Complete the following table below for inpatient Days of Care reported under Section .5200.

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Example: Wake		5	8	30	43			10	2	12
1. Alamance				1	1					
2. Alexander										
3. Alleghany										
4. Anson				1	1					
5. Ashe										
6. Avery										
7. Beaufort				1	1					
8. Bertie										
9. Bladen				8	8					
10. Brunswick				295	295					
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret				5	5					
17. Caswell										
18. Catawba				3	3					
19. Chatham				1	1					
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland				1	1					
24. Columbus				45	45					
25. Craven										
26. Cumberland				7	7					
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin				19	19					
32. Durham				1	1					
33. Edgecombe										
34. Forsyth				1	1					
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene				1	1					
41. Guilford				7	7					
42. Halifax				1	1					
43. Harnett										

Continued on next page

All responses should pertain to **October 1, 2014 through September 30, 2015.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston				1	1					
52. Jones										
53. Lee				1	1					
54. Lenoir				1						
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg				2	2					
61. Mitchell										
62. Montgomery										
63. Moore				2	2					
64. Nash				1	1					
65. New Hanover				1,275	1,275					
66. Northampton										
67. Onslow				42	42					
68. Orange				2	2					
69. Pamlico										
70. Pasquotank										
71. Pender				155	155					
72. Perquimans										
73. Person										
74. Pitt				1	1					
75. Polk										
76. Randolph				2	2					
77. Richmond										
78. Robeson				2	2					
79. Rockingham				1	1					
80. Rowan										
81. Rutherford										
82. Sampson				12	12					
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake				9	9					

Continued on next page

All responses should pertain to **October 1, 2014 through September 30, 2015.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Abuse Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren				1	1					
94. Washington										
95. Watauga										
96. Wayne				3	3					
97. Wilkes										
98. Wilson										
99. Yadkin				2	2					
100. Yancey										
101. Out of State										
TOTAL					1,962					

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
Example: Wake		*5*	*8*	*30*	*43*
1. Alamance					
2. Alexander					
3. Alleghany					
4. Anson					
5. Ashe					
6. Avery					
7. Beaufort					
8. Bertie					
9. Bladen					
10. Brunswick					
11. Buncombe					
12. Burke					
13. Cabarrus					
14. Caldwell					
15. Camden					
16. Carteret					
17. Caswell					
18. Catawba					
19. Chatham					
20. Cherokee					
21. Chowan					
22. Clay					
23. Cleveland					
24. Columbus					
25. Craven					
26. Cumberland					
27. Currituck					

Continued on next page

All responses should pertain to **October 1, 2014 through September 30, 2015.**

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
28. Dare					
29. Davidson					
30. Davie					
31. Duplin					
32. Durham					
33. Edgecombe					
34. Forsyth					
35. Franklin					
36. Gaston					
37. Gates					
38. Graham					
39. Granville					
40. Greene					
41. Guilford					
42. Halifax					
43. Harnett					
44. Haywood					
45. Henderson					
46. Hertford					
47. Hoke					
48. Hyde					
49. Iredell					
50. Jackson					
51. Johnston					
52. Jones					
53. Lee					
54. Lenoir					
55. Lincoln					
56. Macon					
57. Madison					
58. Martin					
59. McDowell					
60. Mecklenburg					
61. Mitchell					
62. Montgomery					
63. Moore					
64. Nash					
65. New Hanover					
66. Northampton					
67. Onslow					
68. Orange					
69. Pamlico					
70. Pasquotank					
71. Pender					
72. Perquimans					
73. Person					
74. Pitt					
75. Polk					
76. Randolph					
77. Richmond					

Continued on next page

All responses should pertain to **October 1, 2014 through September 30, 2015.**

County of Patient Origin	Detoxification Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
78. Robeson					
79. Rockingham					
80. Rowan					
81. Rutherford					
82. Sampson					
83. Scotland					
84. Stanly					
85. Stokes					
86. Surry					
87. Swain					
88. Transylvania					
89. Tyrrell					
90. Union					
91. Vance					
92. Wake					
93. Warren					
94. Washington					
95. Watauga					
96. Wayne					
97. Wilkes					
98. Wilson					
99. Yadkin					
100. Yancey					
101. Out of State					
TOTAL					

Patient Origin - MRI Services

Facility County: New Hanover

In an effort to document patterns of utilization of MRI Services in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. **The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in Table 10a. on page 16.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	4
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	7	77. Richmond	
6. Avery		42. Halifax		78. Robeson	37
7. Beaufort	2	43. Harnett	5	79. Rockingham	
8. Bertie		44. Haywood	3	80. Rowan	
9. Bladen	179	45. Henderson		81. Rutherford	
10. Brunswick	2,500	46. Hertford		82. Sampson	109
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus	1	49. Iredell	1	85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston	3	87. Swain	
16. Carteret	23	52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	14	90. Union	
19. Chatham		55. Lincoln		91. Vance	1
20. Cherokee		56. Macon		92. Wake	21
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	576	60. Mecklenburg	11	96. Wayne	
25. Craven	19	61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	6,296		
30. Davie	1	66. Northampton		101. Georgia	33
31. Duplin	403	67. Onslow	665	102. South Carolina	35
32. Durham	3	68. Orange		103. Tennessee	
33. Edgecombe	2	69. Pamlico		104. Virginia	12
34. Forsyth		70. Pasquotank		105. Other States	132
35. Franklin		71. Pender	1,515	106. Other	1
36. Gaston	2	72. Perquimans		**Total No. of Patients**	12,622

Are mobile MRI services currently provided at your hospital? **Yes** ✓ **No** _____

All responses should pertain to **October 1, 2014 through September 30, 2015.**

Patient Origin – Linear Accelerator Treatment

Facility County: New Hanover

In an effort to document patterns of utilization of linear accelerators in North Carolina, hospitals are asked to provide the county of residence for patients served on linear accelerators in your facility. Report the number of patients who receive radiation oncology treatment on equipment (linear accelerators, CyberKnife®, but not Gamma Knife®) listed in Section 11 of this application. Patients shall be counted once if they receive one course of treatment and more if they receive additional courses of treatment. For example, one patient who receives one course of treatment counts as one, and one patient who receives three courses of treatment counts as three. **The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 of this application.**

County	No. of Patients	County	No. of Patients	County	No. 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	1
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	21	45. Henderson		81. Rutherford	
10. Brunswick	94	46. Hertford		82. Sampson	1
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	2	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	1
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus	64	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery	2	98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare	2	64. Nash		100. Yancey	
29. Davidson		65. New Hanover	301		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	17	67. Onslow	44	102. South Carolina	1
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	7
35. Franklin		71. Pender	100	106. Other	
36. Gaston		72. Perquimans		**Total No. of Patients**	659

All responses should pertain to **October 1, 2014 through September 30, 2015.**

Patient Origin – PET Scanner

Facility County: New Hanover

In an effort to document patterns of utilization of PET Scanners in North Carolina, hospitals are asked to provide county of residence for each patient served in your facility. This data should only reflect the number of patients, not number of scans and should not include other radiopharmaceutical or supply charge codes. **Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in Table 10d on page 19.**

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	1
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax	1	78. Robeson	3
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen	32	45. Henderson		81. Rutherford	
10. Brunswick	468	46. Hertford		82. Sampson	12
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	8	52. Jones	3	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	1	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	108	60. Mecklenburg		96. Wayne	2
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	3	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	670		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	52	67. Onslow	128	102. South Carolina	7
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	6
35. Franklin		71. Pender	184	106. Other	
36. Gaston	1	72. Perquimans		**Total No. of Patients**	1,691

All responses should pertain to **October 1, 2014 through September 30, 2015.**

Patient Origin – Emergency Department Services

Facility County: New Hanover

In an effort to document the patterns of utilization of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served by your Emergency Department. The total number of patients from this chart must match the number of Emergency Department visits provided in Section F.(3)(b) : Emergency Department Services, Page 8.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	57	37. Gates		73. Person	9
2. Alexander	5	38. Graham		74. Pitt	94
3. Alleghany	4	39. Granville	20	75. Polk	4
4. Anson	3	40. Greene	9	76. Randolph	47
5. Ashe	13	41. Guilford	219	77. Richmond	25
6. Avery	7	42. Halifax	25	78. Robeson	176
7. Beaufort	23	43. Harnett	89	79. Rockingham	38
8. Bertie	7	44. Haywood	11	80. Rowan	39
9. Bladen	740	45. Henderson	16	81. Rutherford	9
10. Brunswick	15,762	46. Hertford	2	82. Sampson	540
11. Buncombe	41	47. Hoke	20	83. Scotland	18
12. Burke	12	48. Hyde	2	84. Stanly	22
13. Cabarrus	69	49. Iredell	57	85. Stokes	18
14. Caldwell	22	50. Jackson	3	86. Surry	29
15. Camden		51. Johnston	93	87. Swain	5
16. Carteret	144	52. Jones	26	88. Transylvania	1
17. Caswell	4	53. Lee	42	89. Tyrrell	
18. Catawba	27	54. Lenoir	75	90. Union	77
19. Chatham	29	55. Lincoln	17	91. Vance	23
20. Cherokee	1	56. Macon	1	92. Wake	719
21. Chowan	5	57. Madison	1	93. Warren	2
22. Clay	1	58. Martin	7	94. Washington	1
23. Cleveland	22	59. McDowell	3	95. Watauga	10
24. Columbus	3,887	60. Mecklenburg	272	96. Wayne	139
25. Craven	94	61. Mitchell	2	97. Wilkes	8
26. Cumberland	243	62. Montgomery	8	98. Wilson	35
27. Currituck	7	63. Moore	73	99. Yadkin	6
28. Dare	27	64. Nash	45	100. Yancey	4
29. Davidson	46	65. New Hanover	81,559		
30. Davie	13	66. Northampton	2	101. Georgia	210
31. Duplin	1,637	67. Onslow	3,729	102. South Carolina	394
32. Durham	137	68. Orange	70	103. Tennessee	108
33. Edgecombe	25	69. Pamlico	6	104. Virginia	454
34. Forsyth	136	70. Pasquotank	12	105. Other States	2,366
35. Franklin	30	71. Pender	13,024	106. Other	30
36. Gaston	54	72. Perquimans		**Total No. of Patients**	128,534

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

All responses should pertain to **October 1, 2014 through September 30, 2015.**

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2016 in accordance with Article 5, Chapter 131E of the General Statutes of North Carolina, and subject to the rules and codes adopted thereunder by the North Carolina Medical Care Commission (10A NCAC 13B), and certifies the accuracy of this information.

Signature: _____ **Date:** 12/3/15

PRINT NAME OF APPROVING OFFICIAL Jack Barto

Please be advised, the license fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of a hospital license.

State of North Carolina

Department of Health and Human Services
Division of Health Service Regulation

Effective January 01, 2016, license is issued to

Wilmington Surgery Center, L.P.

to operate an ambulatory surgical clinic known as

Wilmington SurgCare

located at 1801 South Seventeenth St
Wilmington, New Hanover County, North Carolina.

This license is issued subject to the statutes of the State of North Carolina, is not transferable and shall expire midnight December 31, 2016.

Facility ID: 923566

License Number: AS0055

Surgical Operating Rooms: 7
Endoscopy Rooms: 3

Authorized by:

Richard O. Bay

Secretary, N.C. Department of Health and Human Services

Director, Division of Health Service Regulation

DEC 0 2 2015

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
1205 Umstead Drive, 2712 Mail Service Center
Raleigh, N.C. 27699-2712
Telephone: (919) 855-4620 Fax: (919) 715-3073

For Official Use Only
License # AS0055
Medicare Provider #: 34C0001038
FID #: 923566
PC _____ Date DEC 02 2015
Total License Fee..... $1,600.00

2016
AMBULATORY SURGICAL FACILITY LICENSE RENEWAL APPLICATION

Legal Identity of Applicant: **Wilmington Surgery Center, L.P.**
(Full legal name of corporation, partnership, individual, or other legal entity owning the enterprise or service.)

Doing Business As
(d/b/a) name(s) under which the facility or services are advertised or presented to the public:

PRIMARY: **Wilmington SurgCare**
Other: N/A
Other: N/A

Facility Mailing Address: 1801 South Seventeenth St
Wilmington, NC 28401

Facility Site Address: 1801 South Seventeenth St
Wilmington, NC 28401
County: New Hanover
Telephone: (910)763-4555
Fax: (910)763-9044

Administrator/Director: James Shafer
Title: Administrator

Chief Executive Officer (PRINT OR TYPE): Mike Doyle
Title: CEO
(Designated agent (individual) responsible to the governing body (owner) for the m

Check issued to Division

Name of the person to contact for any questions regarding this form:
Name: Michelle Presnell
Telephone: 910 763 4555 Ext 160
E-Mail: mpresnell@~~symbion.com~~ surgerypartners.com

00170921
12-4-15
$1,600

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10NCAC 13C .0103(13) and 13C .0301(d), on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. Please use Form 990 Schedule B and / or Schedule H as a reference.

1) Please provide the main website address for the facility:

   WWW.Surgcare.com

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

   A) Please provide the website address and / or link to access the facility's charity care policy and financial assistance policy:

   B) **Also, please attach a copy of the facility's charity care policy and financial assistance policy**: Feel free to email the copy of the facility's charity care policy to: DHHS.DHSR.ASC.CharityCare.Policy@dhhs.nc.gov.
   12/28/15 - Left voicemail - UAHAN; Received - UAHAN

3) Please provide the following financial assistance data. All responses can be located on Form 990 and / or Form 990 Schedule H. Do not file Form 990 as we are an ASC not hospital.

Contribution, Gifts, Grants and other similar Amounts *(Form 990; Part VIII 1(h))*	**Annual Financial Assistance at Cost** *(Form 990; Schedule H Part I, 7(a)(c))*	**Bad Debt Expense** *(Schedule H Part III, Section A(2))*	**Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy** *(Form 990; Schedule H Part III, Section A(3))*
0	0	118096	24,175

** Providing information from our patient Accting System for the period Oct 1, 2014 – Sept 30 2015

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13C .0301 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: Michelle Presnell **Date:** 12/1/15

PRINT NAME OF APPROVING OFFICIAL Michelle Presnell

ITEMIZED CHARGES: Licensure Rule 10 NCAC 3C .0205 requires the Applicant to provide itemized billing. Indicate which method is used:

_____ a. The facility provides a detailed statement of charges to all patients.

__X__ b. Patients are advised that such detailed statements are available upon request.

Ownership Disclosure (Please fill in any blanks and make changes where necessary.)

1. What is the name of the legal entity with ownership responsibility and liability?

Owner:	Wilmington Surgery Center LP
National Provider Identifier (NPI):	1063419998
Street/Box:	40 Burton Hill Blvd; Suite 500
City:	Nashville State: TN Zip: 37215
Telephone:	(615)234-5900 Fax: (615)234-7999
CEO:	~~Richard E. Francis, Jr.~~ MIKE DOYLE

Is your facility part of a Health System? [i.e., are there other ambulatory surgical facilities, hospitals, nursing homes, home health agencies, etc. owned by your facility, a parent company or a related entity?]
__X__ Yes _____ No

a. Legal entity is: __X__ For Profit _____ Not For Profit

b. Legal entity is: ___ Corporation ___ Limited Liability Corporation __X__ Partnership ___ Proprietorship ___ Limited Liability Partnership ___ Government Unit

c. Does the above entity (individual, partnership, corporation, etc.) **LEASE** the building from which services are offered? __X__ Yes ___ No

If "YES", name and address of building owner:

Wilmington SurgCare (WSC) Properties

2. Is the business operated under a management contract? X

If 'Yes', name and address of the management company

Name:	ARC Management Services Inc
Street/Box:	40 Burton Hills Blvd., Suite 500
City:	Nashville State: TN Zip: 37215
Telephone:	(615)234-5900

3. Accreditation: (Please fill in any blanks and change where necessary. **If you are deemed, please attach a copy of the deeming letter from the accrediting agency.** If surveyed within the last twelve (12) months, attach or mail a copy of your accreditation report and grid to this office. If applicable, attach copy of plan of correction.)

a.	Is this facility TJC accredited?	____ Yes	X No	Expiration Date: N/A
b.	Is this facility AAAHC accredited?	X Yes	X No	Expiration Date: 9/16/2016
c.	Is this facility AAAASF accredited?	____ Yes	X No	Expiration Date: N/A
d.	Is this facility DNV accredited?	____ Yes	X No	Expiration Date: N/A
e.	Are you a Medicare deemed provider?	____ Yes	X No	

Reporting Period: All responses should pertain to **October 1, 2014 to September 30, 2015.**

Meals:

a. Are meals provided for patients? ____ Yes X No

b. If 'Yes', describe arrangements for this service: N/A

c. If 'Yes', what is the date of the last sanitation inspection: N/A

d. Date of last Fire Marshal inspection: 12/30/14

e. Date inspected by the Health Department: N/A

Hours:

Indicate the number of hours (e.g., 8 hrs) that the facility is routinely open for surgery and recovery each day: (Use a zero "O" if not open)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
0	11.5	11.5	11.5	11.5	11.5	0

Anesthesia:

a. Qualifications of persons administering anesthesia (check one or more)
X Anesthesiologist ____ Other M.D. X CRNA ____ RN ____ DDS

b. Name of Anesthesia Group: Coastal Anesthesia Associates

c. Provide information regarding the use and storage of flammable anesthesia: N/A

Other Information Needed:

a. Name of laboratory and pathology services utilized: Solstas c/o Netware Labs, Wilmington Pathology, Coastal Carolina Pathology

b. Name of hospital with which transfer agreement has been made: New Hanover Health Network: New Hanover Regional Medical Center & Cape Fear Community Hospital

c. Describe arrangements for emergency transportation of patients from the facility: Transport by Emergency Ambulance.

d. Do you provide recovery care services overnight? X Yes ___ No

e. Are surgical abortions performed in this facility? ___ Yes X No

If 'Yes', please give the number of abortions performed during the reporting period: N/A

f. Are medical abortions performed in this facility? ___ Yes X No

If "Yes", please give the number of abortions performed during the reporting period: N/A

Composition of Surgical Staff:
Please indicate below the number of physicians credentialed to perform surgery in your ambulatory surgical program during the reporting period.

Surgical Specialist	Number
Anesthesiologist	5
Gastroenterologist	2
General Dentist	—
General Surgeon	13
Gynecologist	7
Neurologist	2
Obstetrician	—
Ophthalmologist	18
Oral Surgeon	—
Orthopedic Surgeon	18
Otolaryngologist	7
Plastic Surgeon	6
Podiatrist	8
Thoracic Surgeon	—
Urologist	3
Urologist/Cystoscopy	—
Vascular Surgeon	—
Other Radiology	1
Total:	90

Name of Chief of Staff: Dennis Nicks, M.D.

Name of Director of Nursing: Brian Pataky, R.N & Ellen Walsh, R.N.

Surgical Operating Rooms; Procedure Rooms; and Gastrointestinal Endoscopy Rooms, Cases and Procedures:

20 Most Common Outpatient Surgical Cases Table - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery.

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	227
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	159
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	264
42820	Tonsillectomy and adenoidectomy; younger than age 12	210
42830	Adenoidectomy, primary; younger than age 12	68
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	86
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	30
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	1
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	4
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	45
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	52
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	3

Continued on next page

20 Most Common Outpatient Surgical Cases Table – Continued

45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	13
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	48
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	53
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	269
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	~~0~~
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	237
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	3135
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	203

A. Total Existing Licensed Surgical Operating Rooms: # 7

Surgical Operating Rooms are defined as being built to meet specifications and standards for operating rooms specified by the Construction Section of the Division of Health Service Regulation **and** which are fully equipped to perform surgical procedures. Do not include those rooms listed in Part B. or C., which follow.

Additional CON approved surgical operating rooms pending development: # N/A

CON Project ID Number(s) N/A

B. Gastrointestinal Endoscopy Rooms, Cases and Procedures:

Report the number of *Gastrointestinal Endoscopy* rooms, and the Endoscopy cases and procedures **performed in these rooms** during the reporting period.

Total Existing Gastrointestinal Endoscopy Rooms: # 3

Additional CON approved GI Endoscopy Rooms pending development: # N/A

CON Project ID Number(s) N/A

Additional GI Endoscopy Rooms pending development pursuant to SB 714: # N/A

	Number of Cases Performed in GI Endoscopy Rooms		Numberof Procedures*Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy	Ø	240	Ø	277
Non-GI Endoscopy	Ø	Ø	Ø	0
Totals	Ø	240	Ø	277

Count each patient as one case regardless of the number of procedures performed while the patient was in the GI endoscopy room. The total number of GI Endoscopy Cases from this page plus GI Endoscopy Cases reported on Page 9 ("Non-Surgical Cases by Category" table) must match the total number of patients reported for the Patient Origin – Gastrointestinal (GI) Endoscopy Services table on Page 13.

*As defined in 10A NCAC 14C .3901 "Gastrointestinal (GI) endoscopy procedure" means a single procedure, identified by CPT code or ICD-9-CM procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.

C. Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not equipped for or do not meet all the specifications for an operating room, that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Procedure Rooms: # Ø

D. Total recovery room beds: # 8

Surgical and Non-Surgical Cases

Surgical Cases by Specialty Area Table - Enter the number of surgical cases performed only in licensed operating rooms by surgical specialty area in the chart below. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Categorize each case into one specialty area – the total number of surgical cases is an unduplicated count of surgical cases. **Please do not include abortion procedures on this table. Count all surgical cases performed only in licensed operating rooms. The total number of surgical cases should match the total number of patients listed in the Patient Origin Table on page 12.**

Surgical Specialty Area	Cases
Cardiothoracic	—
General Surgery	409
Neurosurgery	77
Obstetrics and GYN	52
Ophthalmology	4500
Oral Surgery	—
Orthopedics / Hand	1865
Otolaryngology	986
Plastic Surgery	247
Urology	145
Vascular	—
Other Surgeries (specify) Podiatry	157
Other Surgeries (specify) Pain/GI in OR Suite	25
Total Surgical Cases Performed Only in Licensed ORs (must match total on page 12)	8403

Non-Surgical Cases by Category Table - Enter the number of non-surgical cases by category in the table below. Count each patient undergoing a procedure or procedures as one case regardless of the number of non-surgical procedures performed. Categorize each case into one non-surgical category – the total number of non-surgical cases is an unduplicated count of non-surgical cases. **Count all non-surgical cases, including cases receiving services in operating rooms or in any other location, *except* do not count cases having endoscopies in GI Endoscopy rooms. Report cases having endoscopies in GI Endoscopy Rooms on page 8.**

Non-Surgical Category	Cases
Pain Management	212
Cystoscopy	—
Non-GI Endoscopies *(not reported on page 8)*	—
GI Endoscopies *(not reported on page 8)*	—
YAG Laser	—
Other (specify)	—
Other (specify)	—
Other (specify)	—
Total Non-Surgical Cases	212

Imaging Procedures

20 Most Common Outpatient Imaging Procedures Table - Enter the number of the top 20 common imaging procedures performed in the ambulatory surgical center in the table below by CPT code.

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	0
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	0
71010	Radiologic examination, chest; single view, frontal	0
71020	Radiologic examination, chest; two views, frontal and lateral	0
71260	Computed tomography, thorax; with contrast material(s)	0
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	0
72100	Radiologic examination, spine, lumbosacral; two or three views	0
72110	Radiologic examination, spine, lumbosacral; minimum of four views	0
72125	Computed tomography, cervical spine; without contrast material	0
73030	Radiologic examination, shoulder; complete, minimum of two views	0
73110	Radiologic examination, wrist; complete, minimum of three views	0
73130	Radiologic examination, hand; minimum of three views	0
73510	Radiologic examination, hip, unilateral; complete, minimum of two views	0
73564	Radiologic examination, knee; complete, four or more views	0
73610	Radiologic examination, ankle; complete, minimum of three views	0
73630	Radiologic examination, foot; complete, minimum of three views	0
74000	Radiologic examination, abdomen; single anteroposterior view	0
74022	Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest	0
74176	Computed tomography, abdomen and pelvis; without contrast material	0
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	0

Average Operating Room Availability and Average Case Times:
The Operating Room Methodology assumes that the average operating room is staffed 9 hours a day, for 260 days per year, and utilized at least 80% of the available time. This results in 1,872 hours per OR per year. The Operating Room Methodology also assumes 1.5 hours for each Outpatient Surgery.

Based on **your facility's** experience, please complete the table below by showing the assumptions for the **average operating room in your facility.**

Average Hours per Day **Routinely** Scheduled for Use *	Average Number of Days per Year **Routinely** Scheduled for Use	Average "Case Time" ** in **Minutes** for Ambulatory Cases
8	253	47.70

* (Use only Hours per Day **routinely** scheduled when determining. Example: 2 rooms @ 8 hours per day plus 2 rooms @ 10 hours per day equals 36 hours per day; divided by 4 rooms equals an average of 9 hours / per room / per day.)

** **"Case Time" = Time from Room Set-up Start to Room Clean-up Finish.** Definition 2.4 from the "Procedural Times Glossary" of the AACD, as approved by ASA, ACS, and AORN. *NOTE: This definition includes all of the time for which a given procedure requires an OR/PR. It allows for the different duration of Room Set-up and Room Clean-up Times that occur because of the varying supply and equipment needs for a particular procedure*

Reimbursement Source

PRIMARY PAYER SOURCE	NUMBER OF CASES
Self Pay/Indigent/Charity	123
Medicare & Medicare Managed Care	4575
Medicaid	710
Commercial Insurance	37
Managed Care	2855
Other (Specify) WC, Local, ON, Champus	615
TOTAL	8915

Patient Origin -Ambulatory Surgical Services

Facility County: New Hanover

In an effort to document patterns of utilization of ambulatory surgical services in North Carolina's licensed freestanding ambulatory surgical facilities, you are asked to provide the county of residence for each patient *(as reported on page 9)* who had **Ambulatory Surgery** in your facility during the reporting period.

Total number of patients must match the total number of surgical cases from the "Surgical Cases by Specialty Area" table on page 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	6
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	1
6. Avery	2	42. Halifax		78. Robeson	14
7. Beaufort	2	43. Harnett	1	79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen	11	45. Henderson		81. Rutherford	
10. Brunswick	1852	46. Hertford	1	82. Sampson	516
11. Buncombe		47. Hoke	1	83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	
13. Cabarrus	4	49. Iredell		85. Stokes	1
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	60	52. Jones	25	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir	11	90. Union	1
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	7
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	2
24. Columbus	440	60. Mecklenburg	10	96. Wayne	10
25. Craven	47	61. Mitchell		97. Wilkes	
26. Cumberland	6	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash	1	100. Yancey	
29. Davidson		65. New Hanover	3875		
30. Davie		66. Northampton	2	101. Georgia	6
31. Duplin	260	67. Onslow	718	102. South Carolina	71
32. Durham	1	68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico	6	104. Virginia	8
34. Forsyth	1	70. Pasquotank		105. Other States	
35. Franklin	2	71. Pender	790	106. Other	41
36. Gaston	3	72. Perquimans		**Total No. of Patients**	8463

Patient Origin –Gastrointestinal (GI) Endoscopy Services

Facility County: New Hanover

In an effort to document patterns of utilization of gastrointestinal endoscopy services in North Carolina's licensed freestanding ambulatory surgical facilities, you are asked to provide the county of residence for each patient who had a **Gastrointestinal Endoscopy** in your facility during the reporting period.

Total number of patients must match Total GI Endoscopy Cases from the "Gastrointestinal Endoscopy Rooms, Cases and Procedures" table on page 8 plus the Total GI Endoscopy Cases from the "Non-Surgical Cases by Category" table on page 9. Do not include Non-GI Endoscopy Cases patients.

County	No. of Patients	County	No. of Patients	County	No. 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	4	45. Henderson		81. Rutherford	
10. Brunswick	165	46. Hertford		82. Sampson	2
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	1	48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret	2	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	10	60. Mecklenburg		96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland	1	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	108		
30. Davie		66. Northampton		101. Georgia	
31. Duplin	4	67. Onslow	14	102. South Carolina	4
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender	24	106. Other	1
36. Gaston		72. Perquimans		**Total No. of Patients**	240

This application must be completed and submitted with ONE COPY to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2016 Ambulatory Surgical Facility license.

AUTHENTICATING SIGNATURE: The undersigned submits application for licensure subject to the provisions of G.S. 131E-147 and Licensure Rules 10A NCAC 13C adopted by the Medical Care Commission, and certifies the accuracy of this information.

Signature: Michelle Presnell **Date:** 12/1/2015

PRINT NAME & TITLE OF APPROVING OFFICIAL Michelle Presnell Assistant Administrator

Please be advised, the licensure fee must accompany the completed application and be submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation, prior to the issuance of an ambulatory surgical facility license.

Attachment D

Supplemental Data

GI-Only ASCs: Case Times Reported in 2016 License Renewal Applications

Primary Name	City (as Reported in Planning DB)	Case Time
Triangle Endoscopy Center	Nashville	30
Endoscopy Center of Lake Norman	Huntersville	60
Raleigh Endoscopy Center-North	Nashville	33
East Carolina Gastroenterology Endoscopy Center	Jacksonville	30
Asheboro Endoscopy Center	Asheboro	55
Bethany Medical Endoscopy Center	High Point	20
Gastroenterology Associates, Hickory	Hickory	30
Eagle Endoscopy Center	Greensboro	30
Pinehurst Medical Clinic Endoscopy Center	Pinehurst	20
Fayetteville Gastroenterology Associates	Fayetteville	30
Endoscopy Center NHRMC Physician Group	Wilmington	30
Park Endoscopy Center	Kinston	25
Carolinas Gastroenterology Center-Medical Center Plaza	Charlotte	30
Carolina Endoscopy Center-University	Charlotte	30
Raleigh Endoscopy Center	Nashville	30
Quadrangle Endoscopy Center	Greenville	30
Digestive Health Endoscopy Center of Kernersville	Winston Salem	30
High Point Endoscopy Center	High Point	30
Carolinas Gastroenterology Center-Ballantyne	Charlotte	30
Vidant Endoscopy Center	Tarboro	20
Boice-Willis Clinic Endoscopy Center	Rocky Mount	30
The Endoscopy Center	Asheville	30
Raleigh Endoscopy Center-Cary	Nashville	33
Gastroenterology East	Greenville	30
Western Carolina Endoscopy Center	Franklin	40
GastroIntestinal Healthcare	Raleigh	30
Guilford Endoscopy Center	Nashville	33
CGS Endoscopy Center	Wilson	30
Mid Carolina Endoscopy Center	Pinehurst	25
Wake Endoscopy Center	Raleigh	30
Triangle Gastroenterology	Raleigh	22
Carolina Digestive Endoscopy Center	Charlotte	30
Wilmington Gastroenterology	Wilmington	30
Charlotte Gastroenterology & Hepatology	Huntersville	60
Carolina Endoscopy Center-Monroe	Monroe	30
Carolina Endoscopy Center-Huntersville	Huntersville	30
Carolina Endoscopy Center-Pineville	Charlotte	30
Atlantic Gastroenterology Endoscopy Center	Greenville	30
Southeastern Gastroenterology Endoscopy Center	Lumberton	20
Charlotte Gastroenterology & Hepatology	Huntersville	60
Wake Forest Baptist Health Outpatient Endoscopy	Winston-Salem	30
W. F. Endoscopy Center, LLC	Wake Forest	30
Greater Gaston Endoscopy Center	Gastonia	30

Source: 2016 NC DHSR Planning Database, Available: https://www2.ncdhhs.gov/dhsr/mfp/data/

FFY 2015 ASC Orthopedic Cases

Primary Name	County	Orthopedic Cases
Asheville Eye Surgery Center	Buncombe	0
Carolina Birth Center	Guilford	0
CaroMont Specialty Surgery	Gaston	323
Charlotte Surgery Center	Mecklenburg	5597
Cleveland Ambulatory Services	Cleveland	55
Eastern Regional Surgical Center	Wilson	396
Eye Surgery Center of Shelby	Cleveland	0
Iredell Head Neck and Ear Ambulatory Surgery Center	Iredell	0
James E. Davis Ambulatory Surgical Center	Durham	606
Eye Surgery Center and Laser Clinic	Cabarrus	0
Fayetteville Ambulatory Surgery Center	Cumberland	3617
Graystone Eye Surgery Center	Catawba	0
Novant Health Ballantyne Outpatient Surgery	Mecklenburg	168
The Surgical Center of Morehead City	Carteret	899
The Eye Surgery Center of the Carolinas	Moore	0
Raleigh Plastic Surgery Center	Wake	0
Vidant SurgiCenter	Pitt	2427
Viewmont Surgery Center	Catawba	908
Surgery Center of Morganton Eye Physicians	Burke	0
Surgical Center of Greensboro	Guilford	5317
Surgical Eye Center	Guilford	0
SouthPark Surgery Center	Mecklenburg	0
Orthopaedic Surgery Center of Asheville	Buncombe	3042
Wilson OB-GYN	Wilson	0
Wilmington SurgCare	New Hanover	1865
Blue Ridge Surgery Center	Wake	1631
Piedmont Surgical Center	Guilford	380
Greensboro Specialty Surgical Center	Guilford	125
Sentara Kitty Hawk Ambulatory Surgery Center	Dare	69
Novant Health Huntersville Outpatient Surgery	Mecklenburg	389
Iredell Surgical Center	Iredell	124
Plastic Surgery Center of North Carolina	Forsyth	0
Southeastern Gastroenterology Endoscopy Center	Robeson	0
Surgery Center of Pinehurst	Moore	1914
Matthews Surgery Center	Mecklenburg	1887
Union West Surgery Center	Union	119
Capital City Surgery Center	Wake	3566
Rex Surgery Center of Cary	Wake	397
Raleigh Orthopaedic Surgery Center	Wake	3739
Piedmont Outpatient Surgery Center**	Forsyth	0
High Point Surgery Center	Guilford	924
Triangle Orthopaedics Surgery Center**	Wake	2203
Mallard Creek Surgery Center**	Mecklenburg	1874
The Surgery Center at Southeastern Health Park	Robeson	84
Total		44645

Source: 2016 NC DHSR Planning Database, Available: https://www2.ncdhhs.gov/dhsr/mfp/data/

FFY 2015 Hospital Outpatient Orthopedic Cases in Counties with at Least One ASC

Primary Name	County	Orthopedic Cases
CaroMont Regional Medical Center	Gaston	2280
Highsmith-Rainey Specialty Hospital	Cumberland	0
Kindred Hospital - Greensboro	Guilford	0
Lake Norman Regional Medical Center	Iredell	934
Carolinas HealthCare System University	Mecklenburg	347
Novant Health Medical Park Hospital	Forsyth	1573
Carolinas HealthCare System Cleveland	Cleveland	587
Wilson Medical Center	Wilson	137
Novant Health Huntersville Medical Center	Mecklenburg	860
Davis Regional Medical Center	Iredell	510
Iredell Memorial Hospital	Iredell	956
New Hanover Regional Medical Center	New Hanover	5132
Cape Fear Valley Medical Center	Cumberland	560
Carolinas HealthCare System NorthEast	Cabarrus	926
Carolinas HealthCare System Kings Mountain	Cleveland	80
High Point Regional Health	Guilford	266
Novant Health Matthews Medical Center	Mecklenburg	283
Carolinas HealthCare System Union	Union	1129
Rex Hospital	Wake	2355
Carolinas Medical Center	Mecklenburg	6211
WakeMed	Wake	1406
Carolinas HealthCare System Blue Ridge	Burke	1252
North Carolina Baptist Hospital	Forsyth	4099
Duke University Hospital	Durham	5017
North Carolina Specialty Hospital	Durham	1900
Catawba Valley Medical Center	Catawba	726
Southeastern Regional Medical Center	Robeson	554
Novant Health Presbyterian Medical Center	Mecklenburg	4202
The Outer Banks Hospital	Dare	373
Frye Regional Medical Center	Catawba	1391
FirstHealth Moore Regional Hospital	Moore	1190
Carteret General Hospital	Carteret	613
Duke Regional Hospital	Durham	657
Vidant Medical Center	Pitt	823
Duke Raleigh Hospital	Wake	3368
WakeMed Cary Hospital	Wake	493
Cone Health	Guilford	4673
Novant Health Forsyth Medical Center	Forsyth	4988
Mission Hospital	Buncombe	4258
Carolinas Healthcare System Pineville	Mecklenburg	667
Total		67776

Source: 2016 NC DHSR Planning Database, Available: https://www2.ncdhhs.gov/dhsr/mfp/data/