



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

March 3, 2017

Via Electronic Mail

Ms. Martha Frisone  
Assistant Chief, Certificate of Need  
Mr. Mike McKillip  
Analyst  
Healthcare Planning and Certificate of Need Section  
Division of Health Service Regulation  
2704 Mail Service Center  
Raleigh, NC 27699-2704

Re: Comments on Project J-11291-17  
Browning Mobile MRI

Dear Ms. Frisone and Mr. McKillip:

On behalf of the Duke University Health System, Inc., I am submitting these comments regarding the certificate of need application filed on January 18, 2017 for Project ID J-11291-17, the "Browning Mobile MRI."

This application is for the acquisition of an existing mobile MRI scanner currently operated by Rex Hospital by a new joint venture between Rex and Wake Radiology. However, the existing equipment does not appear to have been operated in compliance with the conditions of the original certificate of need for its development, and its acquisition by the joint venture should not be approved.

Failure to comply with existing CON conditions

As set forth in applicable certificate of need regulations, "Mobile MRI scanner" means "an MRI scanner and transporting equipment which is moved at least weekly to provide services at two or more campuses or physical locations." 10A NCAC 14C .2701(11) (emphasis added). Pursuant to this requirement, Rex acquired the existing mobile MRI scanner pursuant to Project ID #J-7284-05, approved for operation at Rex Hospital, Inc. and Rex Family Practice of Wakefield each week. That CON, enclosed herewith, includes the following conditions:



Ms. Martha Frisone  
Mr. Mike McKillip  
March 3, 2017

2. Rex Hospital, Inc. shall acquire one mobile MRI scanner with transporting equipment to serve two licensed hospital sites. The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites and shall not, at any time, serve less than two host sites each week.

....

6. The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without Rex Hospital first obtaining a new certificate of need for a fixed MRI scanner.

The CON also requires a declaratory ruling for any changes or additions to the proposed host sites. On March 3, 2009, Rex received a declaratory ruling authorizing it to provide services at an additional host site at Rex Knightdale. On June 14, 2011, it received another declaratory ruling authorizing the addition of a fourth site, the proposed Rex Holly Springs Hospital and/or Rex Holly Springs Outpatient Facility. No further declaratory rulings regarding this equipment appear on the DHSR website.

However, in recent years Rex has apparently been providing services only at a single site, Rex Wakefield. For example, in its 2017 hospital license renewal application, Rex reports 836 mobile procedures at the Wakefield site, no procedures at any other site – and a total of 836 mobile procedures at all sites “combined” on page 18. Therefore, the only reported procedures were provided at the Wakefield site.

The CON application glosses over this failure to comply with the requirements of the existing CON. For historic volume, the application provides only volumes at the Wakefield site, and is silent about volumes, or lack thereof, at other sites. In the Form C Utilization Assumptions and Methodology, Page 1, the application states:

Of the sites for which it is currently approved, the existing mobile MRI will continue providing services at Wakefield; thus, the historical volume of procedures provided at that site is relevant to the proposed utilization for the mobile MRI service to be provided at the Wakefield site.

The following shows the provided Wakefield volumes in the CON application with total volumes reported in Rex’s recent license renewal applications, excerpts of which are attached. In each year, the hospital license renewal application shows the same number for procedures for Wakefield as for all sites “combined,” demonstrating clearly that no volumes were generated at any other location.

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	CON volumes Wakefield only (Jul-Jun reporting year)	License Renewal Application Same for Wakefield and "combined" (Oct-Sept reporting year)
2015-16	796	836
2014-15	758	771
2013-14	905	826
2012-13	NA	871

No mobile MRI volume is reported for any site other than Wakefield in any of the past for license renewal applications, including for any site previously identified as a host site in the CON or subsequent declaratory rulings. Any slight discrepancy between the CON application volumes and the license renewal application volumes would result merely from the different reporting periods used.

Therefore, the application's reported historic mobile MRI volumes include only Wakefield procedures not because Wakefield will be the only "continuing" site of service if the project is approved, but instead because Wakefield is the only existing site of service. It appears that for at least four years, Rex has converted its "mobile" MRI to a de facto fixed machine located at Wakefield, without notice to or approval from the state and in direct contravention of the conditions on its certificate of need. This fundamental problem cannot simply be cured by transferring the equipment to the new joint venture and wiping the slate clean.

#### Failure to account for volume of Wake Radiology mobile MRI

Even if this equipment had been operated in compliance with its CON, Rex's historic volumes, along with the historic volumes of its joint venture co-member Wake Radiology, call into question the need for this project. As set forth above, the existing equipment was used for only 836 procedures (987.2 weighted) using the license renewal application reporting period of October 2015-September 2016. Wake Radiology performed 2041 procedures (2479.4 weighted) in the same period on its own mobile scanner. Combined, both mobile scanners performed a total of 3466.6 weighted scans.


"Capacity of mobile MRI scanner" is defined by regulation as "100 percent of the procedure volume that the MRI scanner is capable of completing in a year, given perfect scheduling, no machine or room downtime, no cancellations, no patient transportation problems, no staffing or physician delays and no MRI procedures outside the norm. Annual capacity of a mobile MRI scanner is 4,160 weighted MRI procedures, which assumes two weighted MRI procedures are performed per hour and the scanner is operated 40 hours per week, 52 weeks per year." 10A NCAC 14C .2701(3). The joint venture does not need two mobile MRI scanners to meet the demand for services.

Ms. Martha Frisone  
Mr. Mike McKillip  
March 3, 2017

Conclusion

For the foregoing reasons, this application is fundamentally flawed and should not be approved.

Very truly yours,

A handwritten signature in cursive script that reads "Catharine W. Cummer". The signature is written in black ink and is positioned above the printed name.

Catharine W. Cummer

Enclosures

# STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Facility Services

## CERTIFICATE OF NEED

for

Project Identification Number #J-7284-05

FID# 050627

ISSUED TO: Rex Hospital, Inc.  
4420 Lake Boone Trail  
Raleigh, NC 27607

Pursuant to N.C. Gen. Stat. § 131E-175, et. seq., the North Carolina Department of Health and Human Services hereby authorizes the person or persons named above (the "certificate holder") to develop the certificate of need project identified above. The certificate holder shall develop the project in a manner consistent with the representations in the project application and with the conditions contained herein and shall make good faith efforts to meet the timetable contained herein. The certificate holder shall not exceed the maximum capital expenditure amount specified herein during the development of this project, except as provided by N.C. Gen. Stat. § 131E-176(16)e. The certificate holder shall not transfer or assign this certificate to any other person except as provided in N.C. Gen. Stat. § 131E-189(c). This certificate is valid only for the scope, physical location, and person(s) described herein. The Department may withdraw this certificate pursuant to N.C. Gen. Stat. § 131E-189 for any of the reasons provided in that law.

SCOPE: Acquire one mobile magnetic resonance imaging (MRI) scanner

CONDITIONS: See Reverse Side


PHYSICAL LOCATION:	Rex Hospital 4420 Lake Boone Trail Raleigh, NC 27607	Rex Family Practice of Wakefield 1450 New Falls of Neuse Road Raleigh, NC 27587
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MAXIMUM CAPITAL EXPENDITURE: \$2,091,512

TIMETABLE: See Reverse Side

FIRST PROGRESS REPORT DUE: December 1, 2006

This certificate is effective as of the 4<sup>th</sup> day of August, 2006.

  
\_\_\_\_\_  
Chief, Certificate of Need Section  
Division of Facility Services

**CONDITIONS:**

1. Rex Hospital, Inc. shall materially comply with all representations made in the certificate of need application for Project I.D.#J-7284-05 and in the supplemental information it submitted to the Certificate of Need Section dated July 14, July 26, and July 31, 2006. In those instances in which any of the representations in these documents conflict, Rex Hospital, Inc. shall materially comply with the latter-made representation except as amended by the conditions of approval.
2. Rex Hospital, Inc. shall acquire one mobile MRI scanner with transporting equipment to serve two licensed hospital sites. The mobile MRI scanner shall be moved each week to provide MRI services to at least two host sites and shall not, at any time, serve less than two host sites each week.
3. Rex Hospital, Inc. shall provide mobile MRI services five days per week on the existing mobile pad at Rex Family Practice of Wakefield, as one host site.
4. Rex Hospital, Inc. shall provide mobile MRI service two days per week at the existing mobile pad at the main campus of Rex Hospital in Raleigh, as the second host site.
5. Rex Hospital, Inc. shall not change or add host sites unless it first obtains a declaratory ruling authorizing the change in location of the equipment pursuant to N. C. Gen. Stat. §150B-4 and the rules of the Department of Health and Human services, Division of Facility Services.
6. The mobile MRI scanner shall not, at any time, be converted to a fixed MRI scanner without Rex Hospital first obtaining a new certificate of need for a fixed MRI scanner.
7. The mobile MRI scanner shall be operated under the hospital's license and the MRI services shall be billed under Rex Hospital's provider number. The acquisition of the mobile MRI scanner shall not result in the creation of a mobile diagnostic program or a new diagnostic center at either host site or any other sites owned, operated or otherwise affiliated with Rex Hospital, Inc. or any successor.
8. Rex Hospital, Inc. shall not perform cardiac MRI procedures using the mobile MRI scanner.
9. Rex Hospital, Inc. shall not acquire any of the items listed as options on pages 28 through 39 of the Philips quote, which is dated August 20, 2006.
10. Rex Hospital, Inc. shall not acquire, as part of this project, any equipment that is not included in the project's proposed capital expenditure as described in the settlement materials.
11. The approved capital expenditure amount for this project is \$2,091,512.

**TIMETABLE:**

Ordering equipment -----	April 1, 2007
Arrival of equipment -----	July 15, 2007
Operation of equipment -----	August 1, 2007

REC'D DEC 22 2016

North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Acute and Home Care Licensure and Certification Section  
Regular Mail: 2712 Mail Service Center  
Raleigh, North Carolina 27699-2712  
Overnight UPS and FedEx only: 1205 Umstead Drive  
Raleigh, North Carolina 27603  
Telephone: (919) 855-4620 Fax: (919) 715-3073

**For Official Use Only**

License # H0065  
FID #: 953429

Medicare # 340114

PC JS

Date 1/3/17

**License Fee:**

\$10,427.50

**2017  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Rex Hospital, Inc.

(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: Rex Hospital  
Other: Rex Healthcare  
Other: Rex Rehab. & Nursing Center of Raleigh

Facility Mailing Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

Facility Site Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

County: Wake  
Telephone: (919)784-3100  
Fax: (919)784-3336

PAID  
CK NO. 8686926  
DATE 12-22-16  
\$10,427.50

**Administrator/Director:** Steve Burriss

**Title:** President

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

**Chief Executive Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(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:** Jeff Legay **Telephone:** 919-784-0394

**E-Mail:** jeff.legay@unchealth.unc.edu



All responses should pertain to October 1, 2015 through September 30, 2016.

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

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

Campus *if multiple sites:* Wakefield

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	
Fixed							
Mobile (Scans on mobile MRI performed only at this site)				458	378	836	836
<b>TOTAL**</b>				458	378	836	836

\* 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 17 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

**10c. Fixed MRI Scanners**

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:* Carry

Fixed Scanners	Number of Units
Number of fixed MRI scanners closed ( <i>do not include any Polkey AC-3 scanners</i> )	
# of fixed MRI scanners open ( <i>do not include any Polkey AC-3 scanners</i> )	
Number of Polkey AC-3 MRI scanners used for general clinical purposes	
<b>Total Fixed MRI Scanners</b>	<u>0</u>

**10d. Mobile MRI Services:**

During the reporting period:

- Did the facility own one or more mobile MRI scanners?  Yes  No  
 If Yes, how many? 1
- Did the facility contract for mobile MRI services?  Yes  No  
 If Yes, name of vendor/contractor: \_\_\_\_\_



All responses should pertain to **October 1, 2015 through September 30, 2016.**

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

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

Campus - if multiple sites: Combined

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	
Fixed	937	1334	2271	3077	2924	6001	8272
Mobile (Scans on mobile MRI performed only at this site)				458	378	836	836
<b>TOTAL**</b>	937	1334	2271	3535	3302	6837	9108

\* 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 17 and must be greater than or equal to the totals in the MRI Patient Origin Table on page 33 of this application.

**10c. Fixed MRI Scanners**

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: 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)	
Number of Policy AC-3 MRI scanners used for general clinical purposes	
<b>Total Fixed MRI Scanners</b>	<b>3</b>

**10d. Mobile MRI Services:**

During the reporting period,

- Did the facility own one or more mobile MRI scanners?  Yes  No  
 If Yes, how many? 1
- Did the facility contract for mobile MRI services?  Yes  No  
 If Yes, name of vendor/contractor: \_\_\_\_\_

DEC 15 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, North Carolina 27699-2712  
Telephone: (919) 855-4620 Fax: (919) 715-3073

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License # H0065

Medicare # 340114

FID #: 953429

PC WJ

Date 12/12/15

License Fee:

\$10,427.50

**2016  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Rex Hospital, Inc.

(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: Rex Hospital  
Other: Rex Healthcare  
Other: Rex Rehab. & Nursing Center of Raleigh

Facility Mailing Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

Facility Site Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

County: Wake  
Telephone: (919)784-3100  
Fax: (919)784-3336

PAID  
CK NO. 8654494  
DATE 12-16-15  
\$10,427.50

Administrator/Director: Steve Burriss Steve Burriss

Title: President

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_

(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: Jeff LeGay Telephone: 919-784-6394

E-Mail: jeff.legay@unchealth-unc.edu

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

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

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	
			381	390	771	771

\* 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: Wakefield

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	
<b>Total Fixed MRI Scanners</b>	

**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: Wakefield

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				381	390	771	771

\* 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.

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

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

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	
818	1361	2179	2822	3262	6084	8263

\* 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:* Combined

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

**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				381	390	771	771

\* 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.

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

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License # H0065  
FID #: 953429  
PC NS

Medicare # 340114

Date 1/19/15

License Fee:

\$10,427.50

**2015  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Rex Hospital, Inc.

(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: Rex Hospital  
Other: Rex Healthcare  
Other: Rex Rehab. & Nursing Center of Raleigh

Facility Mailing Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

Facility Site Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

County: Wake  
Telephone: (919)784-3100  
Fax: (919)784-3336

**PAID**  
CK NO. 8621059  
DATE 1-15-15  
\$10,427.50

Administrator/Director: ~~David Strong~~ Steve Burriss  
Title: President

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

Chief Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_  
(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: Jeff LeGay Telephone: (919)784-6394  
E-Mail: jeff.legay@unchealth.unc.edu

*ca  
pep  
1/15/2015*



All responses should pertain to October 1, 2013 through September 30, 2014.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and 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:

Wakefield

Number of fixed MRI scanners-closed (do not include any Policy AC-3 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	
# 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/Procedures								
Procedures performed on mobile MRI scanners <b>only at this site</b>					368	458	826	826
Name(s) of Mobile MRI Provider(s): <u>Rex Healthcare</u>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 34 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 34 of this application.								
Other Human Research MRI scanners								

\* 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.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	1
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	8
70544	MRA Head w/o	17
70545	MRA Head with contrast	
70546	MRA Head w/o & with	1
70547	MRA Neck w/o	
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	4
70551	MRI Brain w/o	71
70552	MRI Brain with contrast	1
Subtotal for this page		103

All responses should pertain to October 1, 2013 through September 30, 2014.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and 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:

Combined

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units 3	Inpatient Procedures*			Outpatient Procedures*			
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures	3	943	1,301	2,244	2,098	2,440	4,538	6,782
Procedures performed on mobile MRI scanners <b>only at this site</b>					368	458	826	826
Name(s) of Mobile MRI Provider(s): <u>Rex Healthcare</u>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 34 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 34 of this application.								
Other Human Research MRI scanners								

\* 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.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	3
70540	MRI Orbit/Face/Neck w/o	4
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	68
70544	MRA Head w/o	277
70545	MRA Head with contrast	
70546	MRA Head w/o & with	42
70547	MRA Neck w/o	5
70548	MRA Neck with contrast	1
70549	MRA Neck w/o & with	127
70551	MRI Brain w/o	1,506
70552	MRI Brain with contrast	31
	<b>Subtotal for this page</b>	<b>2,064</b>

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 # H0065

Medicare # 340114

Computer: 953429

PC \_\_\_\_\_

Date \_\_\_\_\_

**License Fee:**

**\$10,427.50**

**2014  
HOSPITAL LICENSE  
RENEWAL APPLICATION**

Legal Identity of Applicant: Rex Hospital, Inc.

(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:

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Other: Rex Rehab. & Nursing Center of Raleigh

Facility Mailing Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

Facility Site Address: 4420 Lake Boone Trail  
Raleigh, NC 27607

County: Wake

Telephone: (919)784-3100

Fax: (919)784-3336

**Administrator/Director:** David Strong

**Title:** President

(Designated agent (individual) responsible to the governing body (owner) for the management of the licensed facility)

**Chief Executive Officer:** \_\_\_\_\_

**Title:** \_\_\_\_\_

(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: Jeff LeGay

Telephone: 919-784-6394

E-Mail: jeff.legay@rexhealth.com

**Primary National Provider Identifier (NPI) registered at NPPES** 1942519483

**If facility has more than one "Primary" NPI, please provide** \_\_\_\_\_

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



All responses should pertain to October 1, 2012 through September 30, 2013.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and 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: *Wakefield*

Number of fixed MRI scanners-closed (do not include any Policy AC-3 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	
# 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/Procedures								
Procedures performed on mobile MRI scanners <b>only at this site</b>					346	525	871	871
Name(s) of Mobile MRI Provider(s): <i>Rex Healthcare</i>								
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* 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.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	
70540	MRI Orbit/Face/Neck w/o	1
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	10
70544	MRA Head w/o	23
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	1
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	4
70551	MRI Brain w/o	125
70552	MRI Brain with contrast	1
	Subtotal for this page	165

All responses should pertain to October 1, 2012 through September 30, 2013.

**10a. Magnetic Resonance Imaging (MRI)**

Indicate the number of MRI scanners (units) and 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: **Combined**

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			
	<b>3</b>							
# of fixed MRI scanners-open (do not include any Policy AC-3 scanners)		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Number of Policy AC-3 MRI scanners used for general clinical purposes								
Total Fixed MRI Scanners/Procedures	<b>3</b>	<b>1,105</b>	<b>1,547</b>	<b>2,652</b>	<b>2,350</b>	<b>2,450</b>	<b>4,800</b>	<b>7,452</b>
Procedures performed on mobile MRI scanners <b>only at this site</b>					<b>346</b>	<b>525</b>	<b>871</b>	<b>871</b>
Name(s) of Mobile MRI Provider(s):		<b>Rex Healthcare</b>						
The total number of procedures performed on the MRI scanners listed above should be equal to or more than the total number of patients reported on the MRI Patient Origin Table on page 25 of this application. Patients served on units listed in the next row should not be included in the MRI Patient Origin Table on page 25 of this application.								
Other Human Research MRI scanners								

\* 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.

**10b. MRI Procedures by CPT Codes**

CPT Code	CPT Description	Number of Procedures
70336	MRI Temporomandibular Joint(s)	<b>3</b>
70540	MRI Orbit/Face/Neck w/o	<b>5</b>
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	<b>79</b>
70544	MRA Head w/o	<b>366</b>
70545	MRA Head with contrast	<b>1</b>
70546	MRA Head w/o & with	<b>22</b>
70547	MRA Neck w/o	<b>13</b>
70548	MRA Neck with contrast	
70549	MRA Neck w/o & with	<b>193</b>
70551	MRI Brain w/o	<b>1,668</b>
70552	MRI Brain with contrast	<b>33</b>
	<b>Subtotal for this page</b>	<b>2,383</b>