



North Carolina Department of Health and Human Services
Division of Health Service Regulation

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Drexdal Pratt
Division Director

March 5, 2014

Douglas R. Lockett
President and CEO
CaroMont Regional Medical Center
2525 Court Drive
Gastonia, North Carolina 28054

Exempt from Review

Facility: CaroMont Regional Medical Center
Project Description: Renovate and expand ED, Imaging and Nuclear Medicine
County: Gaston
FID #: 943184

Dear Mr. Lockett:

In response to your letters of December 10, 2013, February 4, 2014 and February 19, 2014, the above referenced proposal is exempt from certificate of need review in accordance with N.C.G.S 131E-184(g). Therefore, you may proceed to offer, develop or establish the above referenced project without a certificate of need.

However, you need to contact the Construction and Acute and Home Care Licensure and Certification Sections of the Division of Health Service Regulation to determine if they have any requirements for development of the proposed project.

It should be noted that this determination is binding only for the facts represented by you. Consequently, if changes are made in the project or in the facts provided in your correspondence referenced above, a new determination as to whether a certificate of need is required would need to be made by the Certificate of Need Section. Changes in a project include, but are not limited to: (1) increases in the capital cost; (2) acquisition of medical equipment not included in the original cost estimate; (3) modifications in the design of the project; (4) change in location; and (5) any increase in the number of square feet to be constructed.

If you have any questions concerning this matter, please feel free to contact this office.

Certificate of Need Section

www.ncdhhs.gov

Telephone: 919-855-3873 • Fax: 919-733-8139

Location: Edgerton Building • 809 Ruggles Drive • Raleigh, NC 27603

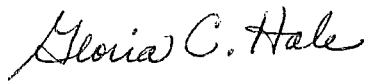
Mailing Address: 2704 Mail Service Center • Raleigh, NC 27699-2704

An Equal Opportunity/ Affirmative Action Employer



Mr. Douglas R. Lockett
March 5, 2014
Page 2

Sincerely,



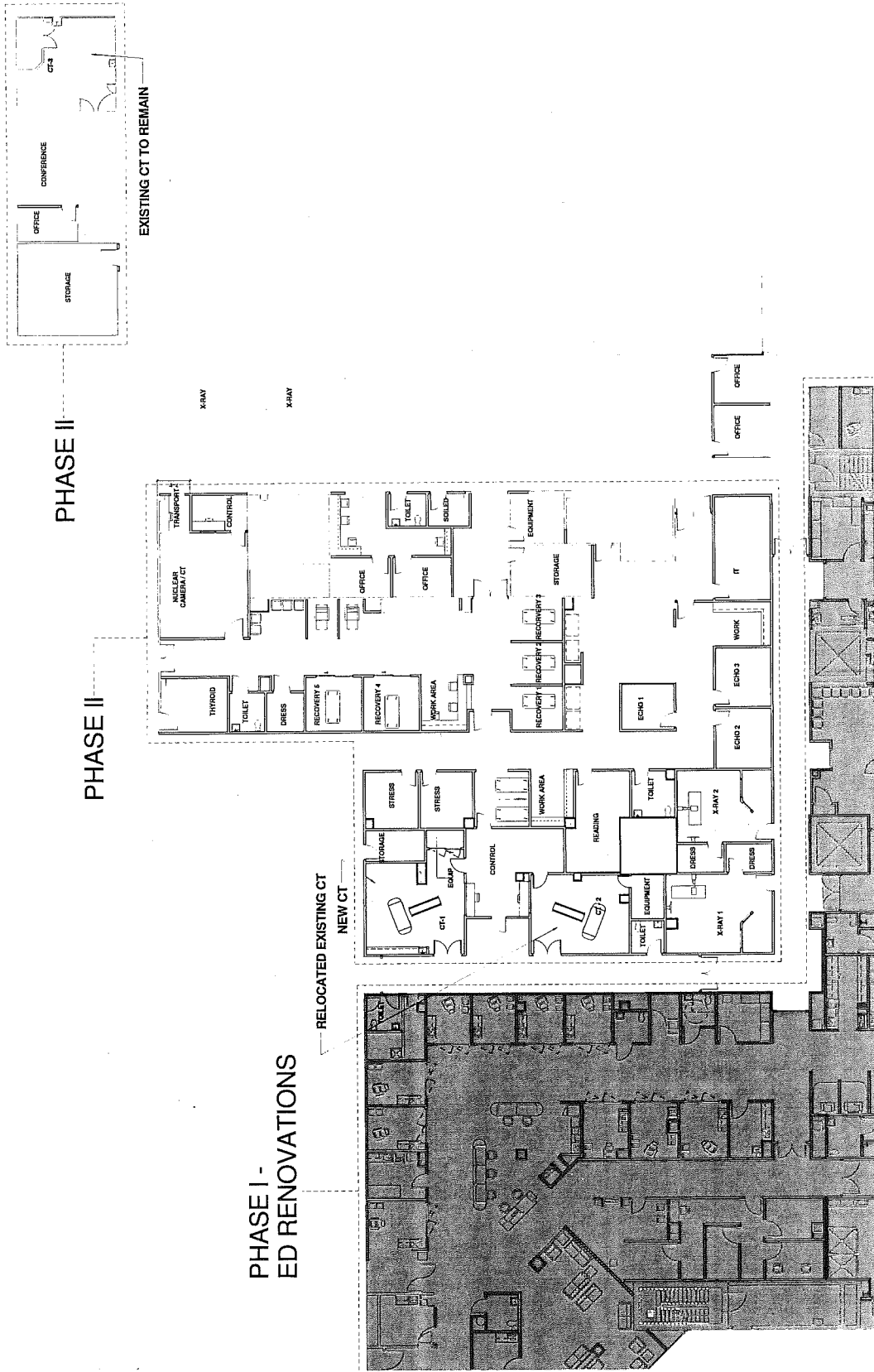
Gloria C. Hale
Project Analyst



Martha J. Frisone, Interim Chief
Certificate of Need Section

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

Received by
the CON Section
FEB 19 2014



CRMC ED ADDITION AND RENOVATIONS
PHASE II - IMAGING & NUCLEAR MEDICINE RENOVATIONS

02/18/14



PHASING - IMAGING, NUCLEAR
PLAN
DATE: 02/18/14

Blouin

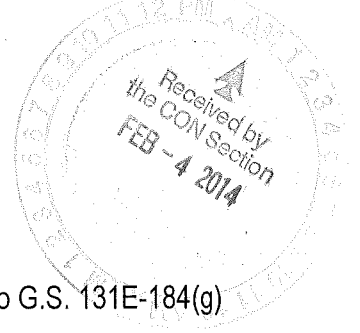


CaroMont Health

Douglas R. Lockett, FACHE
President and Chief Executive Officer

January 24, 2014

Ms. Martha Frisone
Chief, Certificate of Need Section
Department of Facility Services
809 Ruggles Drive
Raleigh, NC 27603



RE: Response to Information Request for Exemption Pursuant to G.S. 131E-184(g)
 Facility: CaroMont Regional Medical Center
 Project Description: Renovate and expand several departments and areas of the main hospital, relocate helipad and make EMS improvements. Renovation and expansion of several departments and areas of the main hospital include: 1) renovation of non-clinical support spaces in the basement, 2) renovation of the Emergency Department, Nuclear Medicine, and Pulmonary Rehabilitation on the 1st Floor, and 3) Administrative and non-clinical support spaces on the 2nd floor.
 County: FID #: 943184

Dear Ms. Frisone:

In response to the Certificate of Need Section's Information Request for Exemption Pursuant to G.S. 131E-184(g) letter, dated December 10, 2013; CaroMont Regional Medical Center provides the following additional information:

1. A copy of the health service facility's current license.

Please refer to Exhibit A for a copy of the CaroMont Regional Medical Center 2014 hospital license.

2. The street address of the site of the proposed renovations or construction.

**CaroMont Regional Medical Center
2525 Court Drive
Gastonia, NC 28054**

3. If the site of the proposed renovations or construction consists of multiple buildings, identify which of those buildings, by name and number, is the main building.

Please refer to Exhibit B for a site plan drawn to scale identifying the multiple building on the CaroMont Regional Medical Center campus, including the main building and the site of the proposed renovations and construction; CaroMont Regional Medical Center.

4. If the site of the proposed renovations or construction is not the main building, provide the name and number of the building(s) to be renovated or constructed.

Not applicable. The site of the proposed renovation and construction is the main building.

5. A site plan drawn to scale identifying the main building and the site of the proposed renovations or construction.

Please refer to Exhibit C for a site plan drawn to scale identifying the main building and the site of the proposed renovations and construction.

6. If the site of the proposed renovations or construction is not strictly contiguous to the main building, documentation that it is located within 250 yards of the main building.

Not applicable. The site of the proposed renovations and construction is strictly contiguous to the main building

7. Design schematics drawn to scale showing:
a. each area to be renovated; and
b. each area of new construction that replaces existing space.

Please refer to Exhibit D for design schematics drawn to scale showing each area to be renovated and the area of new construction.

8. Documentation that clinical patient services are provided at the site of the proposed renovations or construction.

Please refer to Exhibit E for a copy of the 2014 Hospital License Renewal Application identifying the address of the site, CaroMont Regional Medical Center, as 2525 Court Drive, Gastonia, NC 28054 and the clinical patient services provided at that site including emergency services, inpatient services, surgical services, radiology services, and outpatient services.

9. Documentation that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.

Please accept this Response to Information Request signed by Doug Lockett, President and CEO of CaroMont Regional Medical Center, as documentation indicating that financial control of the entire licensed health service facility is exercised at the site of the proposed renovations and construction, 2525 Court Drive, Gastonia, NC 28054. The office of the CFO is located in the Executive Suite on the 2nd floor and the office of the Controller is located in the Business Services Annex of the site, CaroMont Regional Medical Center. No outside entity exercises financial control over CaroMont Regional Medical Center.

10. Documentation that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations or construction.

Please accept this Response to Information Request signed by Doug Lockett, President and CEO of CaroMont Regional Medical Center, as documentation indicating that administrative control of the entire licensed health service facility is exercised at the site of the proposed renovations and construction, 2525 Court Drive, Gastonia, NC 28054. The offices of the President and CEO, Chief Operating Officer, Chief Financial Officer, Chief Medical Officer, Vice President of Medical Affairs, and Chief Nursing Officer are located in the Executive Suite on the 2nd floor of the site, CaroMont Regional Medical Center. No outside entity exercises administrative control over CaroMont Regional Medical Center.

11. Documentation that the sole purpose of the project is to:

- a. Renovate existing space;
- b. Replace existing services on the same site; or
- c. Expand the physical plant without adding any new services or major medical equipment.

Please refer to Exhibit F for a letter from Marcus Sheward, the project architect, indicating that the proposed renovations and construction project at CaroMont Regional Medical Center, 2525 Court Drive, Gastonia, NC 28054 solely involves the renovation of existing space and the expansion of the physical plant without adding any new services or medical equipment.

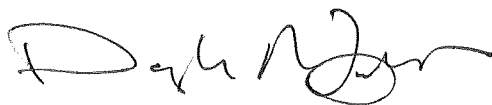
12. Documentation that the project will NOT result in:

- a. the offering of health services not currently provided;
- b. the acquisition of additional units of major medical equipment; or
- c. an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, etc.

Please accept this Response to Information Request signed by Doug Lockett, President and CEO of CaroMont Regional Medical Center, as documentation indicating that the proposed renovations and construction project at CaroMont Regional Medical Center, 2525 Court Drive, Gastonia, NC 28054 will not result in CaroMont Regional Medical Center offering any health services not currently provided at CaroMont Regional Medical Center or in the acquisition of any major medical equipment or in an increase in the number of beds, operating rooms, gastrointestinal endoscopy rooms, or any other health service that would first require a Certificate of Need.

If you require additional information concerning this request, please contact me at 704-834-2000.

Sincerely,



Douglas R. Lockett, FACHE
President and CEO
CaroMont Regional Medical Center

Ms. Martha Frisone
January 24, 2014

Attachments: Exhibit A - 2014 Hospital License
Exhibit B - Site Plan CaroMont Regional Medical Center Campus
Exhibit C - Site Plan CaroMont Regional Medical Center
Exhibit D - Proposed Design Schematics
Exhibit E - 2014 Hospital License Renewal Application
Exhibit F - Project Architect Letter

Exhibit A

Effective January 01, 2014, this license is issued to

Gaston Memorial Hospital, Inc.

to operate a hospital known as

Caromont Regional Medical Center

located in Gastonia, North Carolina, Gaston County.

*This license is issued subject to the statutes of the
State of North Carolina, is not transferable and shall remain
in effect until amended by the issuing agency.*

Facility ID: 943184

License Number: H0105

Bed Capacity: 435

General Acute 372, Psych 63,

Dedicated Inpatient Surgical Operating Rooms: 5

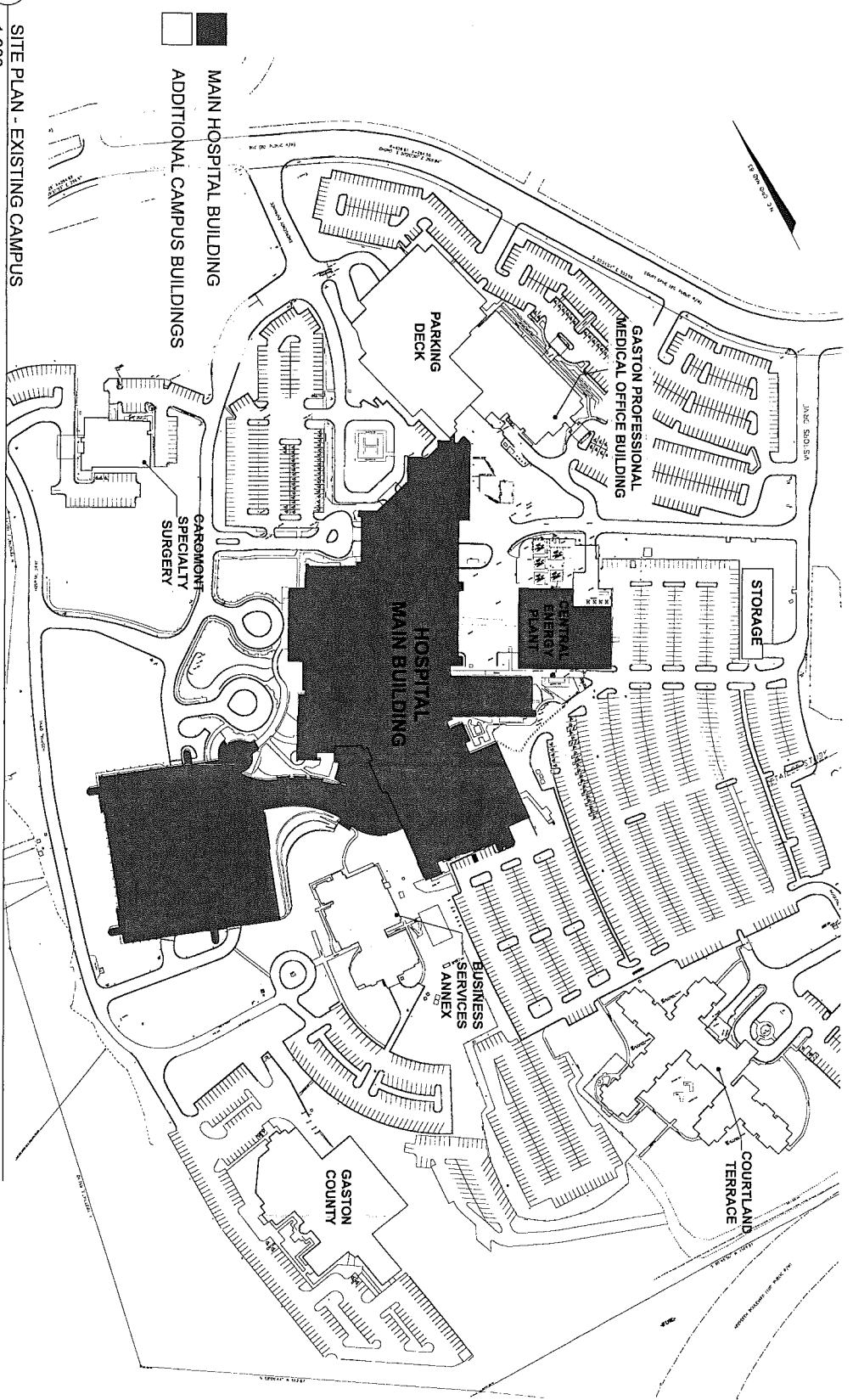
Dedicated Ambulatory Surgical Operating Rooms: 8

Shared Surgical Operating Rooms: 9

Dedicated Endoscopy Rooms: 6

Exhibit B

1 SITE PLAN - EXISTING CAMPUS
1:200



12/06/2013

CRMC Emergency Department Renovation and Expansion - Existing Campus Site Plan

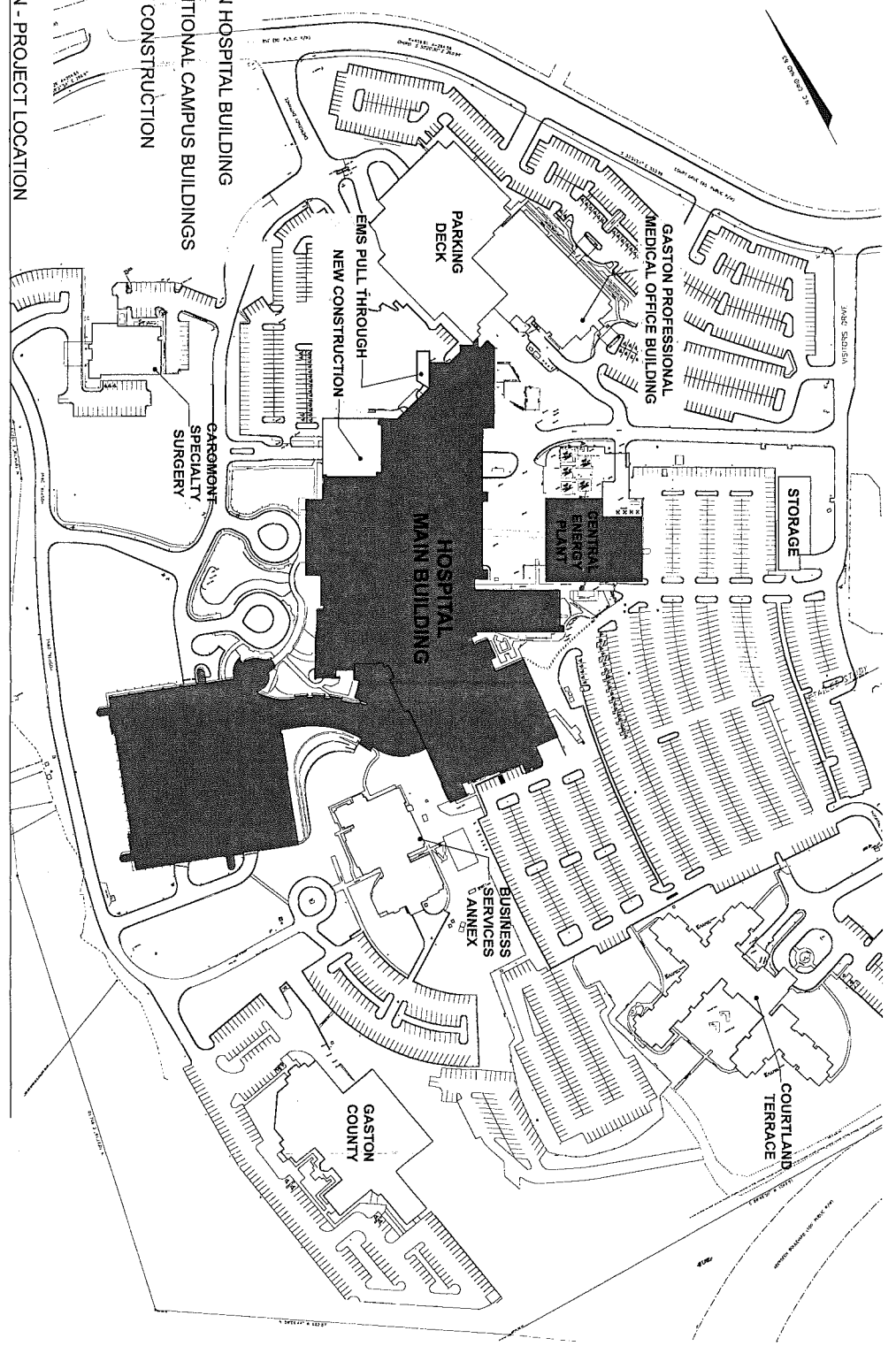


Exhibit C

1
1:200

SITE PLAN - PROJECT LOCATION

- MAIN HOSPITAL BUILDING
- ADDITIONAL CAMPUS BUILDINGS
- NEW CONSTRUCTION



12/06/2013

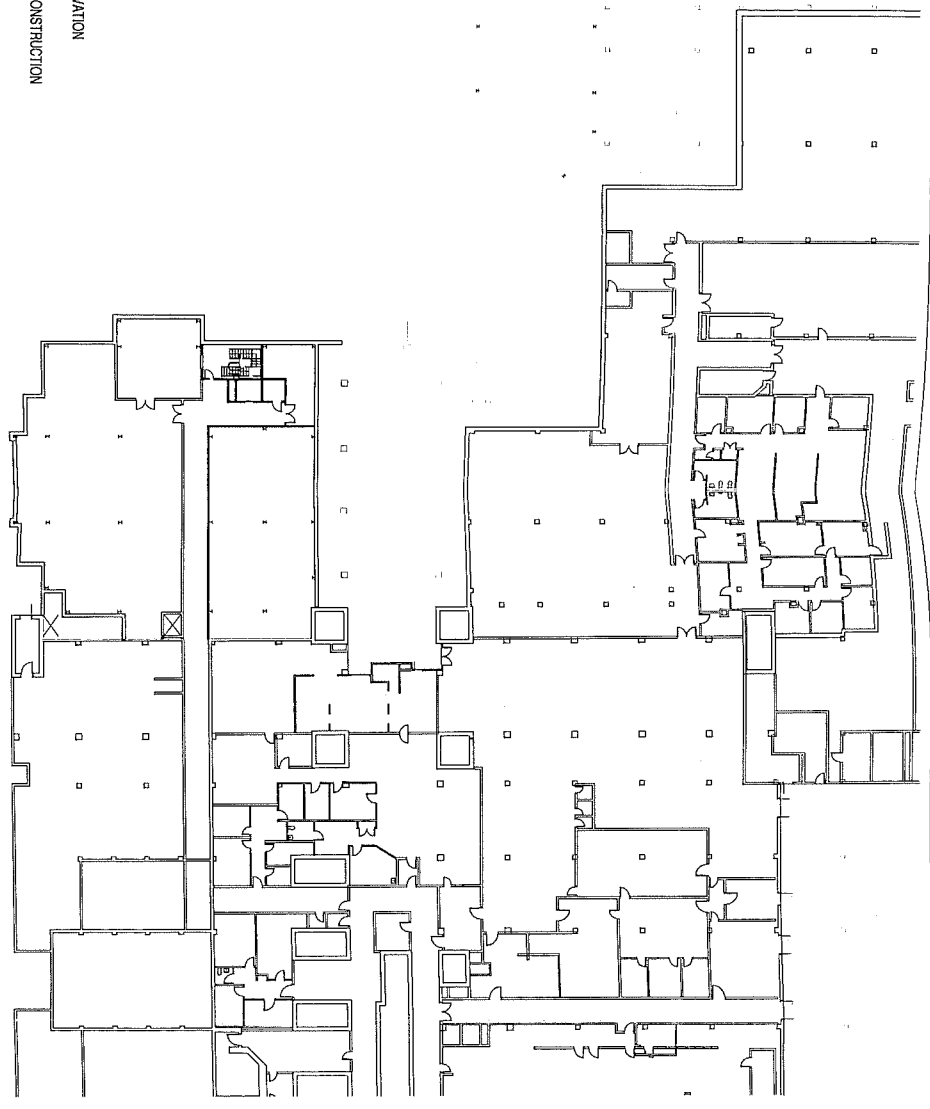
**CRMC Emergency Department Renovation and
Expansion-Project Location Site Plan**



Exhibit D

1 BASEMENT
1" = 40'-0"

RENOVATION
NEW CONSTRUCTION
EXISTING



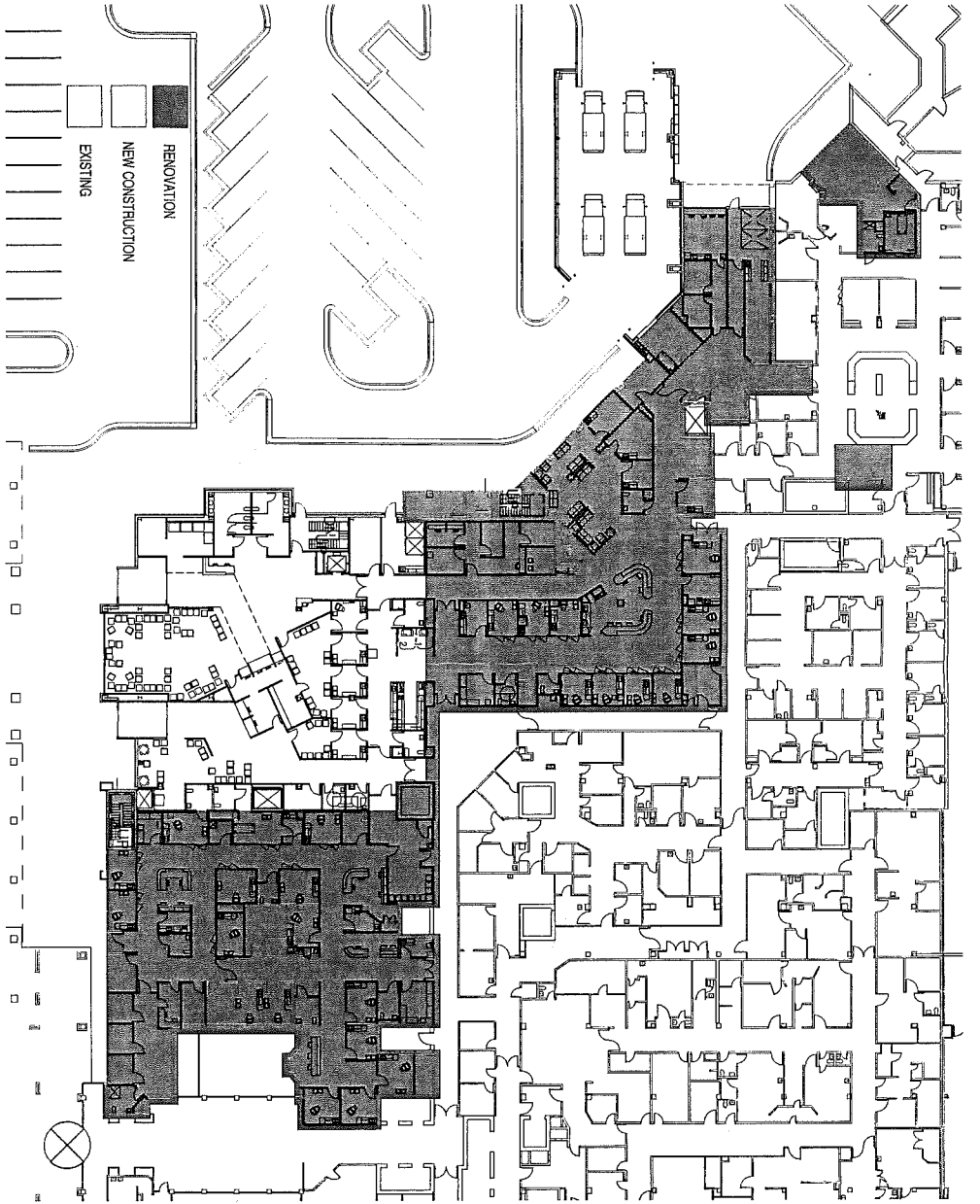
 CAROMONT

12/06/2013

**CRMC Emergency Department Renovation and
Expansion -Basement Schematic Plan**

 rpd design

1 1st FLOOR
1" = 40'-0"



 CARROMONT

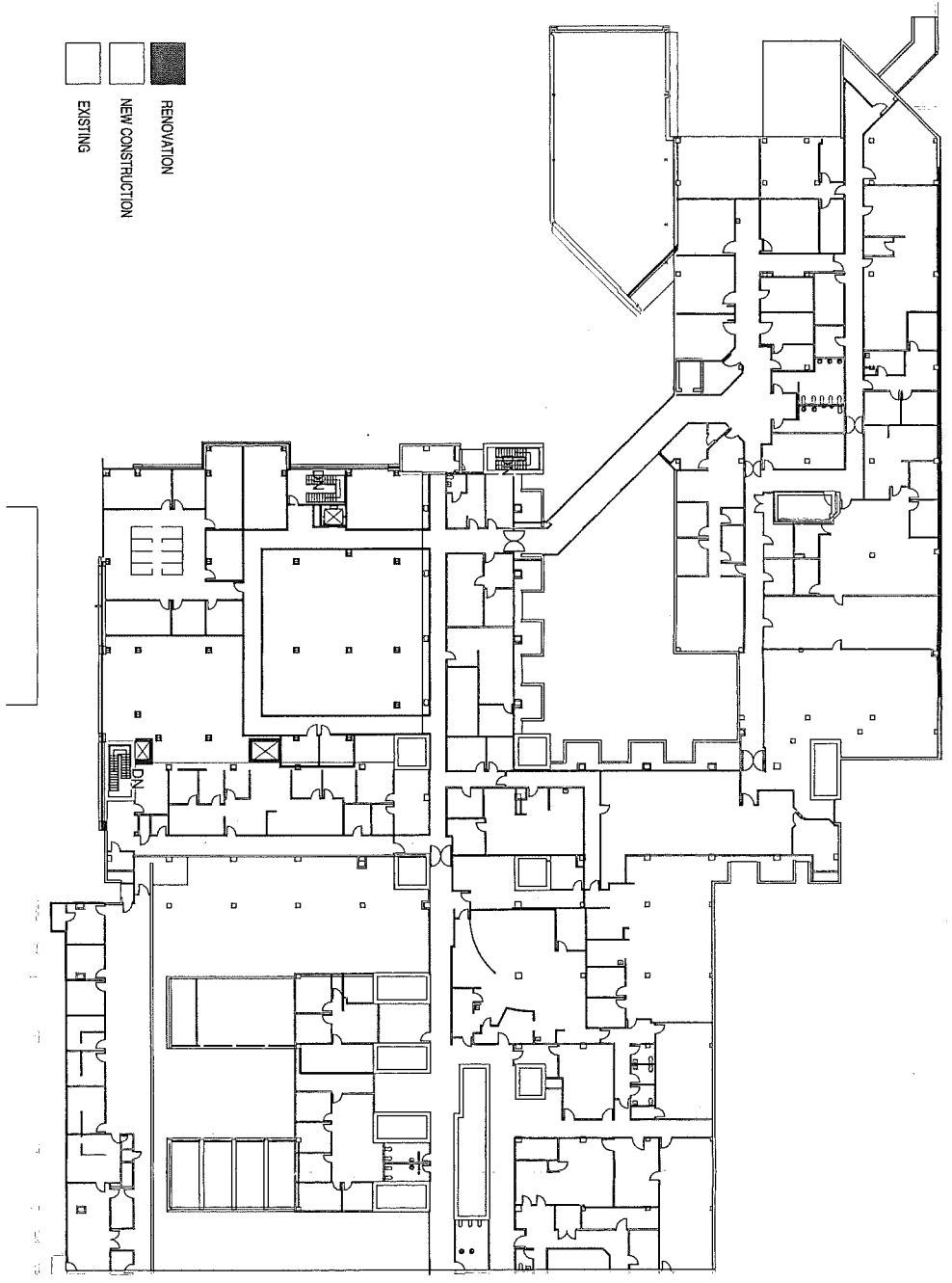
12/06/2013

**CRMC Emergency Department Renovation and
Expansion - First Floor Schematic Plan**



1 2nd FLOOR
1" = 40'-0"

RENOVATION
NEW CONSTRUCTION
EXISTING

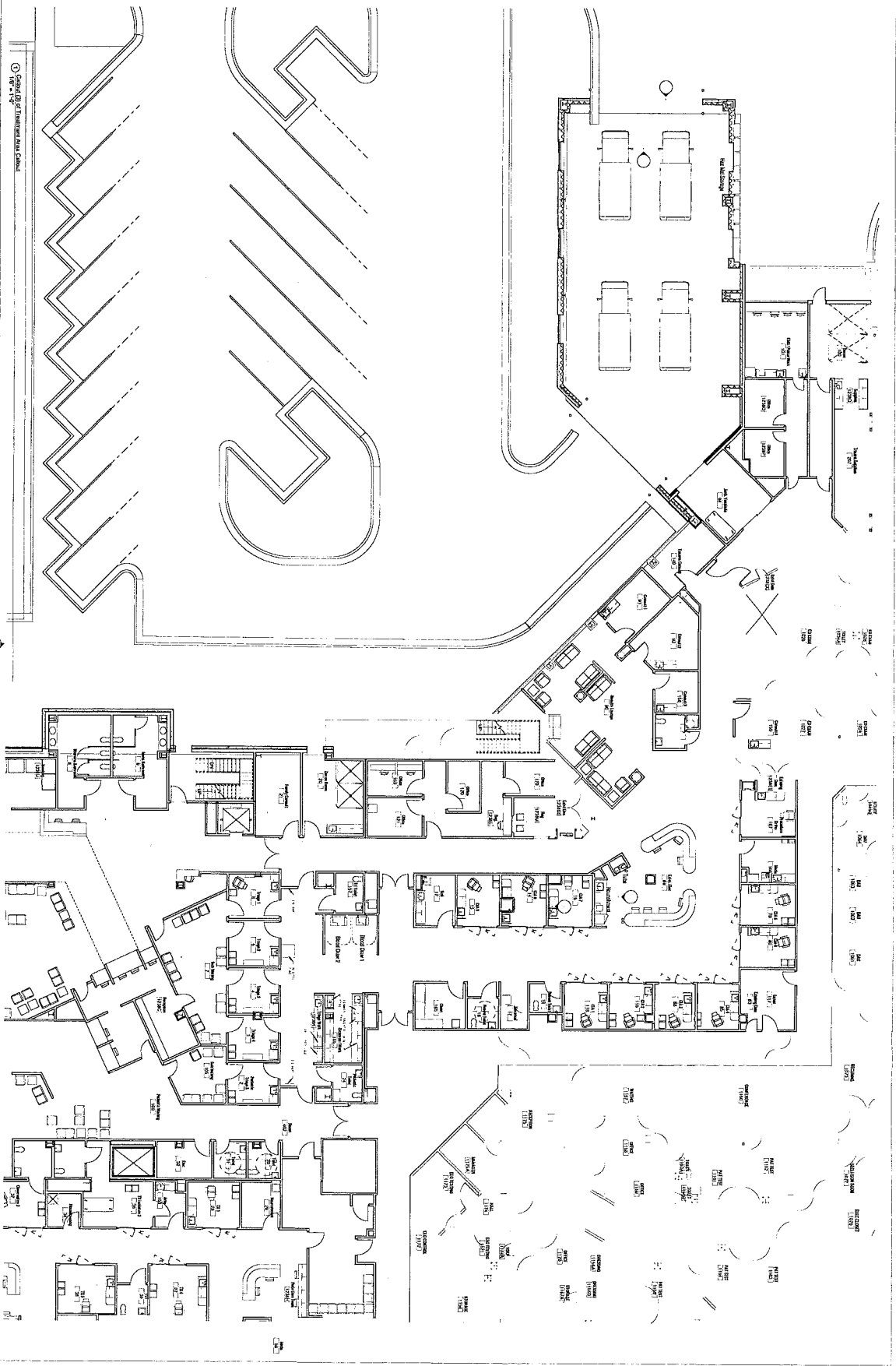


 CARROMONT

12/06/2013

**CRMC Emergency Department Renovation and
Expansion - Second Floor Schematic Plan**

 rpa design



① General Office Treatment Area Corridor
 1/11/13

 **CAROMONT**

Enlarged Main Reception and Treatment Area

1/11/13

 **rpa design**



① Client / 17 of Treatment Area Group
 ② 10' x 10'



Enlarged Main Reception and Pediatrics

11/1/13



Exhibit E

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 # H0105 Medicare # 340032
Computer: 943184
PC _____ Date _____

License Fee: \$8,362.50

**2014
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant: Gaston Memorial Hospital, Inc. INCORPORATED
(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: Caromont Regional Medical Center

Other: _____

Other: _____

Facility Mailing Address: P O Box 1747
Gastonia, NC 28053-1747

Facility Site Address: 2525 Court Dr
Gastonia, NC 28054

County: Gaston
Telephone: (704)834-2121
Fax: (704)834-2500

Administrator/Director: ~~Randall Kelley~~ DOUGLAS R. LUCKETT

Title: CEO

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

Chief Executive Officer: DOUGLAS R. LUCKETT Title: 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: DOUG ROWE, DIR. DECISION SUPPORT/PLANNING Telephone: 704.834.2404

E-Mail: ROWEA@CAROMONTHEALTH.ORG

Primary National Provider Identifier (NPI) registered at NPPES 1013918960

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.

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

List Name(s) of facilities:	Address:	Type of Business / Service:
CAROMONT REGIONAL MEDICAL CTR	2525 COURT DR, GASTONIA NC	ACUTE CARE/RSVS
THE IMAGING CTR	2525 COURT DR, GASTONIA NC	OP RADIOLOGY
CAROMONT IMAGING SVCS	620 SUMMIT CROSSING PLACE, GASTONIA NC	OP RADIOLOGY
ADVANCED SPINE CTR	640 SUMMIT CROSSING, GASTONIA NC	ACUTE/CHRONIC SVCS
CAROMONT IMAGING SVC - BELMONT	1212 SPRUCE ST, BELMONT NC 28012	OP RADIOLOGY

Please attach a separate sheet for additional listings

(SEE ATTACHED SHEET)

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: Gaston Memorial Hospital Inc
 Street/Box: 2525 Court Dr
 City: Gastonia State: NC Zip: 28054
 Telephone: (704)834-2121 Fax: (704)834-2500
 CEO: ~~Randall Kelley, CEO~~ **DOUGLAS R. LUCKETT, CEO**

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 X No

If 'Yes', name of Health System*: CAROMONT HEALTH, INC

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

If 'Yes', name of CEO: DOUGLAS R. LUCKETT

- a. Legal entity is: For Profit X Not For Profit
- b. Legal entity is: X Corporation LLP Partnership
 Proprietorship LLC 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:
Gaston 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: () _____



Attachment to 2013 Hospital License Renewal Application

List Name(s) of facilities:	Address:	Type of Business/Service:
Hospice of Gaston County, Inc.	258 E. Garrison Blvd. Gastonia, NC 28054	Hospice Services
CaroMont Health-Lincoln Cancer Center	440 McAlister Road Lincolnton, NC 28092	Outpatient Radiation Services

CAROMONT IMAGING
SVC - SHELBY

520 N. DEKALB ST.
LOWER LEVEL, SUITE C
SHELBY, NC 28150

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

Ownership Disclosure continued. . . .

3. Vice President of Nursing and Patient Care Services:

BOONIE FAUST

4. Director of Planning:

DOUG ROWE, DIR. DECISION SUPPORT/PLANNING

Facility Data

A. Reporting Period All responses should pertain to the period **October 1, 2012 to September 30, 2013.**

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 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	19071	
b. Discharges from Licensed Acute Care Beds: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	19038	
c. Average Daily Census: include responses to "a - q" on page 4; exclude responses to "2-9" on page 4; and exclude normal newborn bassinets.	224	
d. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes	No
		X
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.	7170	

C. Designation and Accreditation

- Are you a designated trauma center? Yes (III Designated Level #) No
- Are you a critical access hospital (CAH)? Yes No
- Are you a long term care hospital (LTCH)? Yes No
- Is this facility TJC accredited? Yes No Expiration Date: 4.20.2016
- Is this facility DNV accredited? Yes No Expiration Date: _____
- Is this facility AOA accredited? Yes No Expiration Date: _____
- Are you a Medicare deemed provider? Yes No

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

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

[Please provide a Beds by Service (p. 4) 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)	Licensed Beds as of September 30, 2013	Staffed Beds as of September 30, 2013	Annual Census Inpt. Days of Care
<i>Campus</i> _____			
Intensive Care Units			
1. General Acute Care Beds/Days			
a. Burn *			*
b. Cardiac			
c. Cardiovascular Surgery	8	8	1968
d. Medical/Surgical	3	3	1145
e. Neonatal Beds Level IV ** (Not Normal Newborn)	14	14	** 3942
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
Other Units			
i. Gynecology			
j. Medical/Surgical ***	279	279	*** 52138
k. Neonatal Level III ** (Not Normal Newborn)	8	8	** 1151
l. Neonatal Level II ** (Not Normal Newborn)	8	8	** 2154
m. Obstetric (including LDRP)	52	40	6622
n. Oncology			7856
o. Orthopedics			4061
p. Pediatric		12	605
q. Other (List)			
Total General Acute Care Beds/Days (a through q)	372	372	81642
2. Comprehensive In-Patient Rehabilitation	0		
3. Inpatient Hospice	0		
4. Detoxification	0		
5. Substance Abuse / Chemical Dependency Treatment	0		
6. Psychiatry	63	36	8204
7. Nursing Facility	0		
8. Adult Care Home	0		
9. Other	0		
10. Totals (1 through 9)	435	408	89846

* 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)

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

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	46

* 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. 4)	Emergency Visits (total should be the same as F.3.b. on p. 6)	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. 9)	Ambulatory Surgical Cases (total should be same as F.8.d. Total Surgical Cases-Ambulatory Cases on p. 9)
Self Pay/Indigent/Charity	4199	23061	7689	313	348
Medicare & Medicare Managed Care	48538	23302	94335	2983	2596
Medicaid	15126	26105	23073	491	1324
Commercial Insurance	401	2031	1245	38	60
Managed Care	11858	14900	60674	811	3742
Other (Specify)	1520	2070	4485	101	408
TOTAL	81642	91469	191501	4737	8478

F. Services and Facilities

1. Obstetrics

	Enter Number of Infants
a. Live births (Vaginal Deliveries)	1698
b. Live births (Cesarean Section)	693
c. Stillbirths	7

d. Delivery Rooms - Delivery Only (not Cesarean Section)	0
e. Delivery Rooms - Labor and Delivery, Recovery	0
f. Delivery Rooms - LDRP (include Item "D.1.m" on Page 4)	52
g. Normal newborn bassinets (Level I Neonatal Services) Do not include with totals under the section entitled Beds by Service (Inpatient)	52

2. Abortion Services

Number of procedures per Year

0

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

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

- a. Total Number of ED Exam Rooms: 49. Of this total, how many are:
- a.1. # Trauma Rooms 4
 - a.2 # Fast Track Rooms 9
 - a.3 # Urgent Care Rooms 0
- b. Total Number of ED visits for reporting period: 91469
- c. Total Number of admits from the ED for reporting period: 20541
- 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				
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 938

HIV Culture _____

- 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.

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

7. **Specialized Cardiac Services** (for questions, call 855-3865 [Medical Facilities 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	3	
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger	ϕ	ϕ
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older	1755	819
4. Number of Procedures* Performed in Mobile Units	ϕ	ϕ
	Electro-physiology ICF-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	1	
6. Number of Procedures on Dedicated EP Equipment	499	

*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: ϕ

Number of 8-hour days per week the mobile unit is onsite: ϕ 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	2
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	230
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	32
4. Total Open Heart Surgery Procedures (2. + 3.)	262
Procedures on Patients Age 14 and younger	
5. Of total in #2, Number of Procedures on Patients Age 14 & younger	ϕ
6. Of total in #3, Number of Procedures on Patients Age 14 & younger	ϕ

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

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 8 and 9 for each site. Submit the Cumulative Totals and submit a duplicate of pages 8 and 9 for each campus.

(Campus – If multiple sites: _____)

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	1
Dedicated C-Section	4
Other Dedicated Inpatient Surgery	0
Dedicated Ambulatory Surgery	8
Shared - Inpatient / Ambulatory Surgery	9
Total of Surgical Operating Rooms	22

Number of additional CON approved surgical operating rooms pending development: N/A

CON Project ID Number(s) N/A

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 procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: N/A

c) Gastrointestinal Endoscopy Rooms, Cases and Procedures:

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

Total Number of existing Gastrointestinal Endoscopy Rooms: 6

Number of additional CON approved GI Endoscopy Rooms pending development: 2 rooms moved to Bellmont

CON Project ID Number(s) F-9989-07

	Number of Cases Performed In GI Endoscopy Rooms		Number of Procedures* Performed in GI Endoscopy Rooms	
	Inpatient	Outpatient	Inpatient	Outpatient
GI Endoscopy**	1340	8356	1449	9007
Non-GI Endoscopy	26	92	27	95
Totals	1366	8448	1476	9102

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.

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

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

(Campus – If multiple sites: _____)

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 20 and 21.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases	
		MAIN OR	GMH OPS
Cardiothoracic (excluding Open Heart Surgery)	26	4	
Open Heart Surgery (from 7.(b) 4.)	262		
General Surgery	1228	1379	361
Neurosurgery	344	721	
Obstetrics and GYN (excluding C-Sections)	164	609	180
Ophthalmology	2		1
Oral Surgery	10	9	289
Orthopedics	1182	404	1970
Otolaryngology	45	38	90
Plastic Surgery	29	19	317
Urology	431	1277	
Vascular	312	223	29
Other Surgeries (specify) PEDIATRY			558
Other Surgeries (specify) LIFE SHARE	7		
Number of C-Section's Performed in Dedicated C-Section ORs	693		
Number of C-Section's Performed in Other ORs (MAIN OR)	2		
Total Surgical Cases Performed Only in Licensed ORs	4737	4683	3795 = 8478

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 8.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Pain Management	158	10614
Cystoscopy	3	
Non-GI Endoscopies (not reported in 8. c)		
GI Endoscopies (not reported in 8. c)	43	
YAG Laser		
Other (specify)		
Other (specify)		
Other (specify)		
Total Non-Surgical Cases	204	10614

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

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
7.8	261	116.6	71

* 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.

$$\begin{aligned}
 &2 \text{ rooms} \times 8 \text{ hours} = 16 \text{ hours per day} \\
 &\quad \text{plus} \\
 &2 \text{ rooms} \times 10 \text{ hours} = 20 \text{ hours per day} \\
 &\quad \text{equals} \quad 36 \text{ hours per day total}
 \end{aligned}$$

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.*

CRMC

2014 Renewal Application for Hospital:
Caromont Regional Medical Center

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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*:

Number of fixed MRI scanners-closed (do not include any Policy AC-3 scanners)	# Units	Inpatient Procedures*			Outpatient Procedures*			
# 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		With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	TOTAL Procedures
Total Fixed MRI Scanners/Procedures	1	1293	1288	2581	2164	2356	4520	7101
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
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, 1	2
70542	MRI Orbit/Face/Neck with contrast 1, 8	1
70543	MRI Orbit/Face/Neck w/o & with 11, 8, 12, 26	43
70544	MRA Head w/o 3, 394, 218	615
70545	MRA Head with contrast 300, 1,	1
70546	MRA Head w/o & with	
70547	MRA Neck w/o 6, 1	7
70548	MRA Neck with contrast 2, 230, 141,	373
70549	MRA Neck w/o & with 1, 2	3
70551	MRI Brain w/o 10, 50, 456, 10, 2, 370	898
70552	MRI Brain with contrast 16, 12,	28
	Subtotal for this page	1971

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

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with 9, 12, 4, 767, 2, 600	54, 36, 1081, 1966
7055A	IAC Screening	
71550	MRI Chest w/o	1
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with 1, 2	3
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o 10, 88, 300,	398
72142	MRI Cervical Spine with contrast	1
72156	MRI Cervical Spine w/o & with 34, 144, 1, 3	182
72146	MRI Thoracic Spine w/o 1, 42, 71	114
72147	MRI Thoracic Spine with contrast	1
72157	MRI Thoracic Spine w/o & with 2, 33, 63, 3	101
72148	MRI Lumbar Spine w/o 23, 74, 476,	573
72149	MRI Lumbar Spine with contrast 3, 5	8
72158	MRI Lumbar Spine w/o & with 10, 72, 292, 6	380
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o 5, 9	14
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with 1, 7, 44	52
72198	MRA Pelvis w/o OR with Contrast	1
73218	MRI Upper Ext, other than joint w/o 1, 6, 6	13
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with 2, 1, 3, 4	10
73221	MRI Upper Ext, any joint w/o 4, 2, 125, 132,	203
73222	MRI Upper Ext, any joint with contrast 7, 3, 1	11
73223	MRI Upper Ext, any joint w/o & with 2, 3, 3	8
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o 8, 7, 25, 22	62
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with 21, 21, 17, 17	76
73721	MRI Lower Ext any joint w/o 16, 6, 243, 264	529
73722	MRI Lower Ext any joint with contrast 6, 3	9
73723	MRI Lower Ext any joint w/o & with 3, 4, 11, 3	21
73725	MRA Lower Ext w/o OR with contrast 1, 1, 1, 1	4
74181	MRI Abdomen w/o 109, 6, 21, 4, 1	141
74182	MRI Abdomen with contrast	
Subtotal for this page		4943 5000

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10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with <u>4, 37, 3, 122</u>	<u>166</u>
74185	MRA Abdomen w/o OR with contrast <u>4, 4, 5, 7</u>	<u>20</u>
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy <u>1</u>	<u>1</u>
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Subtotal for this page		<u>187</u>
Total Number of Procedures for all pages		<u>7101</u>

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2
 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	<u>9886</u>	X	1.00	=	<u>9886.00</u>
2	Head with contrast	<u>119</u>	X	1.25	=	<u>148.75</u>
3	Head without and with contrast	<u>623</u>	X	1.75	=	<u>1090.25</u>
4	Body without contrast	<u>5742</u>	X	1.50	=	<u>8613.00</u>
5	Body with contrast	<u>5903</u>	X	1.75	=	<u>10330.25</u>
6	Body without contrast and with contrast	<u>3718</u>	X	2.75	=	<u>10224.50</u>
7	Biopsy in addition to body scan with or without contrast	<u>640</u>	X	2.75	=	<u>1760.00</u>
8	Abscess drainage in addition to body scan with or without contrast	<u>124</u>	X	4.00	=	<u>496.00</u>

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

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	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	4	7300	11288	18588 ✓
Mammography equipment	3	9	2530	2539
Bone Density Equipment	0	0	0	0
Fixed X-ray Equipment (excluding fluoroscopic)	5	30527	49889	80416
Fixed Fluoroscopic X-ray Equipment	3	620	1427	2047
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	2	1552	3599	5151
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT	4	1851	6027	7878
Mobile SPECT		3024	1024	3895
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

includes mobile unit

11.22 PER BSM

* 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 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

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Caromont Regional Medical Center

The Diagnostic Center
 License No: **H0105**
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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:*

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	1	0	0	0	4	11	15	15
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
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	
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	
Subtotal for this page		0

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

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	4
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	5
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	5
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	
73220	MRI Upper Ext, other than joint w/o & with	
73221	MRI Upper Ext, any joint w/o	1
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	
	Subtotal for this page	15

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

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
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	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for this page	0
	Total Number of Procedures for all pages	15

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 2
 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	891	X	1.00	=	891.00
2	Head with contrast	4	X	1.25	=	5.00
3	Head without and with contrast	175	X	1.75	=	306.25
4	Body without contrast	1019	X	1.50	=	1528.50
5	Body with contrast	1916	X	1.75	=	2653.00
6	Body without contrast and with contrast	140	X	2.75	=	385.00
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

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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	=

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	1	0	2558	2558
Mammography equipment	0			
Bone Density Equipment	0			
Fixed X-ray Equipment (excluding fluoroscopic)	1	0	13499	13499
Fixed Fluoroscopic X-ray Equipment	2	0	357	357
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

* 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 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

CIS Summit

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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:

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	1	0	0	0	1050	1686	2736	2736
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
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)	2
70540	MRI Orbit/Face/Neck w/o	
70542	MRI Orbit/Face/Neck with contrast	
70543	MRI Orbit/Face/Neck w/o & with	10
70544	MRA Head w/o	28
70545	MRA Head with contrast	
70546	MRA Head w/o & with	
70547	MRA Neck w/o	
70548	MRA Neck with contrast	15
70549	MRA Neck w/o & with	
70551	MRI Brain w/o	146
70552	MRI Brain with contrast	2
	Subtotal for this page	203

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10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	477
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	3
71555	MRA Chest with OR without contrast	1
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	248
72142	MRI Cervical Spine with contrast	
72156	MRI Cervical Spine w/o & with	60
72146	MRI Thoracic Spine w/o	52
72147	MRI Thoracic Spine with contrast	
72157	MRI Thoracic Spine w/o & with	24
72148	MRI Lumbar Spine w/o	542
72149	MRI Lumbar Spine with contrast	
72158	MRI Lumbar Spine w/o & with	184
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	7
72196	MRI Pelvis with contrast	
72197	MRI Pelvis w/o & with	20
72198	MRA Pelvis w/o OR with Contrast	11
73218	MRI Upper Ext, other than joint w/o	10
73219	MRI Upper Ext, other than joint with contrast	
73220	MRI Upper Ext, other than joint w/o & with	7
73221	MRI Upper Ext, any joint w/o	251
73222	MRI Upper Ext, any joint with contrast	
73223	MRI Upper Ext, any joint w/o & with	7
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	26
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	13
73721	MRI Lower Ext any joint w/o	353
73722	MRI Lower Ext any joint with contrast	
73723	MRI Lower Ext any joint w/o & with	10
73725	MRA Lower Ext w/o OR with contrast	2
74181	MRI Abdomen w/o	21
74182	MRI Abdomen with contrast	
	Subtotal for this page	2329

2014 Renewal Application for Hospital:
Caromont Regional Medical Center

CIS Summit

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*Not listed
 CPT's
 77021-7
 75557-1
 75561-4*

10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	84
74185	MRA Abdomen w/o OR with contrast	18
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	1
77056	MRI Breast, bilateral w/o and/or with contrast	101
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
	Subtotal for this page	204
	Total Number of Procedures for all pages	2736

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 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	223	X	1.00	=	223.00
2	Head with contrast	5	X	1.25	=	6.25
3	Head without and with contrast	76	X	1.75	=	133.00
4	Body without contrast	509	X	1.50	=	763.50
5	Body with contrast	927	X	1.75	=	1622.25
6	Body without contrast and with contrast	61	X	2.75	=	167.75
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

1801

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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	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner	1	0	692	692
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	3	0	5900	5900
Mammography equipment includes CAD's	2	0	34062	34062
Bone Density Equipment	1	0	1732	1732
Fixed X-ray Equipment (excluding fluoroscopic)	1	0	6366	6366
Fixed Fluoroscopic X-ray Equipment	1	0	238	238
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)	1	0	780	780
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

14932 is cad's

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 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

CIS Belmont

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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:*

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	1	0	0	0	1292	1935	3227	3227
Procedures performed on mobile MRI scanners only at this site								
Name(s) of Mobile MRI Provider(s):								
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	15
70544	MRA Head w/o	45
70545	MRA Head with contrast	
70546	MRA Head w/o & with	1
70547	MRA Neck w/o	
70548	MRA Neck with contrast	14
70549	MRA Neck w/o & with	1
70551	MRI Brain w/o	190
70552	MRI Brain with contrast	2
Subtotal for this page		269

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10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	578
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	5
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
72141	MRI Cervical Spine w/o	303
72142	MRI Cervical Spine with contrast	
72156	MRI Cervical Spine w/o & with	62
72146	MRI Thoracic Spine w/o	59
72147	MRI Thoracic Spine with contrast	1
72157	MRI Thoracic Spine w/o & with	20
72148	MRI Lumbar Spine w/o	648
72149	MRI Lumbar Spine with contrast	3
72158	MRI Lumbar Spine w/o & with	198
72159	MRA Spinal Canal w/o OR with contrast	
72195	MRI Pelvis w/o	20
72196	MRI Pelvis with contrast	1
72197	MRI Pelvis w/o & with	24
72198	MRA Pelvis w/o OR with Contrast	
73218	MRI Upper Ext, other than joint w/o	14
73219	MRI Upper Ext, other than joint with contrast	2
73220	MRI Upper Ext, other than joint w/o & with	3
73221	MRI Upper Ext, any joint w/o	312
73222	MRI Upper Ext, any joint with contrast	203
73223	MRI Upper Ext, any joint w/o & with	14
73225	MRA Upper Ext, w/o OR with contrast	
73718	MRI Lower Ext other than joint w/o	32
73719	MRI Lower Ext other than joint with contrast	
73720	MRI Lower Ext other than joint w/o & with	17
73721	MRI Lower Ext any joint w/o	293
73722	MRI Lower Ext any joint with contrast	21
73723	MRI Lower Ext any joint w/o & with	10
73725	MRA Lower Ext w/o OR with contrast	
74181	MRI Abdomen w/o	18
74182	MRI Abdomen with contrast	
	Subtotal for this page	2861

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

CPT Code	CPT Description	Number of Procedures
74183	MRI Abdomen w/o & with	85
74185	MRA Abdomen w/o OR with contrast	10
75557	MRI Cardiac Morphology w/o	
75561	MRI Cardiac Morphology with contrast	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	2
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Subtotal for this page		97
Total Number of Procedures for all pages		3227

10c. Computed Tomography (CT)

How many fixed CT scanners does the hospital have? 1
 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	352	X	1.00	=	352.00
2	Head with contrast	2	X	1.25	=	2.50
3	Head without and with contrast	49	X	1.75	=	85.75
4	Body without contrast	371	X	1.50	=	556.50
5	Body with contrast	668	X	1.75	=	1169.00
6	Body without contrast and with contrast	60	X	2.75	=	165.00
7	Biopsy in addition to body scan with or without contrast	0	X	2.75	=	0
8	Abscess drainage in addition to body scan with or without contrast	0	X	4.00	=	0

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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	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	1	0	1861	1861
Mammography equipment	1	0	2791	2791
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)			3303	
Fixed Fluoroscopic X-ray Equipment	1	0	623	3926
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

* 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 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

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Caromont Regional Medical Center

CIS Shelby

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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:

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 only at this site								
Name(s) of Mobile MRI Provider(s):								
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	
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	
Subtotal for this page		

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10b. MRI Procedures by CPT Codes *continued*

CPT Code	CPT Description	Number of Procedures
70553	MRI Brain w/o & with	
7055A	IAC Screening	
71550	MRI Chest w/o	
71551	MRI Chest with contrast	
71552	MRI Chest w/o & with	
71555	MRA Chest with OR without contrast	
72126	Cervical Spine Infusion only	
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	
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	
Subtotal for this page		

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

CPT Code	CPT Description	Number of Procedures
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	
75554	MRI Cardiac Function Complete	
75555	MRI Cardiac Function Limited	
75556	MRI Cardiac Velocity Flow Mapping	
77055	MRI Breast, unilateral w/o and/or with contrast	
77056	MRI Breast, bilateral w/o and/or with contrast	
76125	Cineradiography to complement exam	
76390	MRI Spectroscopy	
76393	MRI Guidance for needle placement	
76394	MRI Guidance for tissue ablation	
76400	MRI Bone Marrow blood supply	
7649A	MR functional imaging	
7649D	MRI infant spine comp w/ & w/o contrast	
7649E	Spine (infants) w/o infusion	
7649H	MR functional imaging	
N/A	Clinical Research Scans	
Subtotal for this page		
Total Number of Procedures for all pages		

10c. 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	=	

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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	=	

10d. Other Imaging Equipment

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other Human Research PET Scanner				
Ultrasound equipment	1	0	308	308
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)				
Fixed Fluoroscopic X-ray Equipment	1	0	368	368
Special Procedures/ Angiography Equipment (neuro & vascular, but not including cardiac cath.)				
Coincidence Camera				
Mobile Coincidence Camera				
Vendor:				
SPECT				
Mobile SPECT				
Vendor:				
Gamma Camera				
Mobile Gamma Camera				
Vendor:				

* 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 27.

10e. Lithotripsy

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner:

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

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)	
77403	Radiation treatment delivery (6-10 MeV)	25
77404	Radiation treatment delivery (11-19 MeV)	26
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)	
77413	Radiation treatment delivery (6-10 MeV)	5666
77414	Radiation treatment delivery (11-19 MeV)	2470
77416	Radiation treatment delivery (>= 20 MeV)	
Other Treatment Delivery Not Included Above		
77418	Intensity modulated radiation treatment (IMRT) delivery	4896
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	41
G0340	(Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction	115
	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	2286
Total Procedures – Linear Accelerators		15,526
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®		

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

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 639 (This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 26.)

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

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)))

12. Telemedicine

- a. Does your facility utilize telemedicine to have images read at another facility? N/A
 b. Does your facility read telemedicine images? N/A

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	<u>7</u>

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.

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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										

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

13. Additional Services: continued

c) Mental Health and Substance Abuse

1. If psychiatric care has a different name than the hospital, please indicate:

N/A

2. If address is different than the hospital, please indicate:

N/A

3. Director of the above services.

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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				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.	N/A					
.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				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders	CRMC	14	13	27	36	63

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

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				
		0-12	13-17	Subtotal 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers	N/A					
.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				
		0-12	13-17	Subtotal 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 _____	N/A					

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

Patient Origin - General Acute Care Inpatient Services

Facility County: Gaston

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	1	37. Gates		73. Person	1
2. Alexander	3	38. Graham		74. Pitt	
3. Alleghany	1	39. Granville	1	75. Polk	2
4. Anson	1	40. Greene		76. Randolph	2
5. Ashe	4	41. Guilford	3	77. Richmond	5
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	4
8. Bertie		44. Haywood	1	80. Rowan	5
9. Bladen		45. Henderson	5	81. Rutherford	47
10. Brunswick	4	46. Hertford		82. Sampson	
11. Buncombe	1	47. Hoke		83. Scotland	
12. Burke	9	48. Hyde		84. Stanly	5
13. Cabarrus	25	49. Iredell	12	85. Stokes	
14. Caldwell	6	50. Jackson		86. Surry	1
15. Camden		51. Johnston	1	87. Swain	1
16. Carteret	2	52. Jones	1	88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	73	54. Lenoir		90. Union	16
19. Chatham		55. Lincoln	859	91. Vance	
20. Cherokee	1	56. Macon		92. Wake	4
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	1239	59. McDowell	5	95. Watauga	1
24. Columbus	1	60. Mecklenburg	326	96. Wayne	
25. Craven	1	61. Mitchell	2	97. Wilkes	3
26. Cumberland	3	62. Montgomery	1	98. Wilson	
27. Currituck		63. Moore	2	99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	3		
30. Davie	1	66. Northampton		101. Georgia	14
31. Duplin		67. Onslow		102. South Carolina	884
32. Durham	1	68. Orange	1	103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	6
34. Forsyth	1	70. Pasquotank		105. Other States	80
35. Franklin	1	71. Pender		106. Other	
36. Gaston	16819	72. Perquimans		Total No. of Patients	20508

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

Patient Origin – Inpatient Surgical Cases

Facility County: Gaston

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 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	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	1
6. Avery	1	42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	1
9. Bladen		45. Henderson		81. Rutherford	27
10. Brunswick	1	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	4	48. Hyde		84. Stanly	
13. Cabarrus	4	49. Iredell	8	85. Stokes	
14. Caldwell	2	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	20	54. Lenoir		90. Union	9
19. Chatham		55. Lincoln	212	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	382	59. McDowell	2	95. Watauga	
24. Columbus		60. Mecklenburg	93	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	3
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie	1	66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	277
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth	1	70. Pasquotank		105. Other States	15
35. Franklin		71. Pender		106. Other	
36. Gaston	3671	72. Perquimans		Total No. of Patients	4737

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

Patient Origin – Ambulatory Surgical Cases

Facility County: Gaston

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 9.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	1	38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	2
5. Ashe	2	41. Guilford		77. Richmond	
6. Avery	1	42. Halifax		78. Robeson	7
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	4
9. Bladen		45. Henderson		81. Rutherford	53
10. Brunswick	3	46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	5	48. Hyde		84. Stanly	1
13. Cabarrus	8	49. Iredell	4	85. Stokes	
14. Caldwell	6	50. Jackson	1	86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones	1	88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	32	54. Lenoir		90. Union	17
19. Chatham	1	55. Lincoln	447	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	852	59. McDowell	3	95. Watauga	3
24. Columbus	1	60. Mecklenburg	240	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	
26. Cumberland	2	62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare	1	64. Nash		100. Yancey	
29. Davidson		65. New Hanover	2		
30. Davie	1	66. Northampton		101. Georgia	5
31. Duplin		67. Onslow		102. South Carolina	516
32. Durham		68. Orange		103. Tennessee	2
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	11
35. Franklin		71. Pender		106. Other	
36. Gaston	6234	72. Perquimans		Total No. of Patients	8478

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

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

Facility County: Gaston

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 8 plus the total Inpatient and Ambulatory GI Endoscopy cases from the “Non-Surgical Cases by Category” 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	1
3. Alleghany		39. Granville		75. Polk	
4. Anson	1	40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	11
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	4	48. Hyde		84. Stanly	
13. Cabarrus	6	49. Iredell	5	85. Stokes	
14. Caldwell	1	50. Jackson		86. Surry	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	13	54. Lenoir		90. Union	3
19. Chatham		55. Lincoln	435	91. Vance	
20. Cherokee		56. Macon		92. Wake	2
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	710	59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg	141	96. Wayne	
25. Craven	1	61. Mitchell		97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover			
30. Davie		66. Northampton		101. Georgia	1
31. Duplin		67. Onslow		102. South Carolina	513
32. Durham	1	68. Orange		103. Tennessee	1
33. Edgecombe		69. Pamlico		104. Virginia	1
34. Forsyth		70. Pasquotank		105. Other States	5
35. Franklin		71. Pender		106. Other	
36. Gaston	6812	72. Perquimans		Total No. of Patients	8671

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

Patient Origin - Psychiatric and Substance Abuse Alamance through Johnston

Facility County: Gaston

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			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Alamance									
Alexander	1								
Alleghany									
Anson									
Ashe	1								
Avery									
Beaufort									
Bertie									
Bladen									
Brunswick									
Buncombe		1							
Burke		1							
Cabarrus	2	6							
Caldwell	2	1							
Camden									
Carteret	1	1							
Caswell									
Catawba	13	11							
Chatham									
Cherokee									
Chowan									
Clay									
Cleveland	20	69							
Columbus									
Craven									
Cumberland	1	1							
Currituck									
Dare									
Davidson									
Davie									
Duplin									
Durham									
Edgecombe									
Forsyth									
Franklin	1								
Gaston	97	997							
Gates									
Graham									
Granville		1							
Greene									
Guilford		1							
Halifax									
Harnett									
Haywood	1								
Henderson									
Hertford									
Hoke									
Hyde									
Iredell	3	4							
Jackson									
Johnston									

** Note: See counties: Jones through Yancey (including Out-of-State) on next page.

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

Patient Origin - Psychiatric and Substance Abuse Jones through Yancey (including Out-of-State)

Facility County: Gaston

(Continued from previous page)

County of Patient Origin	Psychiatric Treatment Days of Care			Substance Abuse Treatment Days of Care			Detoxification Days of Care		
	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals	Age 0-17	Age 18+	Totals
Jones									
Lee									
Lenoir									
Lincoln	14	114							
Macon									
Madison									
Martin									
McDowell	2								
Mecklenburg	3	36							
Mitchell	1								
Montgomery	1								
Moore									
Nash									
New Hanover		1							
Northampton									
Onslow									
Orange									
Pamlico									
Pasquotank									
Pender									
Perquimans									
Person	1								
Pitt									
Polk									
Randolph									
Richmond	1	1							
Robeson									
Rockingham	1								
Rowan	2								
Rutherford	3	8							
Sampson									
Scotland									
Stanly	2	1							
Stokes									
Surry	1								
Swain									
Transylvania									
Tyrrell									
Union	4								
Vance									
Wake	1	2							
Warren									
Washington									
Watauga	1								
Wayne									
Wilkes									
Wilson									
Yadkin									
Yancey									
Out of State	2	49							
TOTALS			1490						

** Note: See counties: Alamance through Johnston on previous page.

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

Patient Origin - MRI Services

Facility County: **Gaston**

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 11.

County	No. of Patients	County	No. of Patients	County	No. of Patients
1. Alamance	1	37. Gates		73. Person	
2. Alexander	2	38. Graham		74. Pitt	1
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford	1	77. Richmond	1
6. Avery	1	42. Halifax	1	78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	2
9. Bladen		45. Henderson	2	81. Rutherford	36
10. Brunswick	2	46. Hertford		82. Sampson	1
11. Buncombe		47. Hoke		83. Scotland	
12. Burke	3	48. Hyde		84. Stanly	1
13. Cabarrus	6	49. Iredell	5	85. Stokes	
14. Caldwell	3	50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret	1	52. Jones		88. Transylvania	2
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	44	54. Lenoir		90. Union	7
19. Chatham		55. Lincoln	554	91. Vance	
20. Cherokee		56. Macon		92. Wake	3
21. Chowan	1	57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	958	59. McDowell	4	95. Watauga	2
24. Columbus		60. Mecklenburg	259	96. Wayne	
25. Craven		61. Mitchell	1	97. Wilkes	1
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	1
28. Dare		64. Nash		100. Yancey	
29. Davidson	1	65. New Hanover	1		
30. Davie	1	66. Northampton		101. Georgia	3
31. Duplin		67. Onslow		102. South Carolina	617
32. Durham	1	68. Orange	1	103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	4
34. Forsyth		70. Pasquotank		105. Other States	30
35. Franklin		71. Pender	1	106. Other	
36. Gaston	8527	72. Perquimans		Total No. of Patients	11096

Are mobile MRI services currently provided at your hospital? yes _____ no _____

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

Patient Origin – Linear Accelerator Treatment

Facility County: Gaston

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. 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	
7. Beaufort		43. Harnett		79. Rockingham	1
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		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		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	17	54. Lenoir		90. Union	
19. Chatham		55. Lincoln	95	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	53	59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	6	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover	1		
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	40
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	1
35. Franklin		71. Pender		106. Other	
36. Gaston	422	72. Perquimans		Total No. of Patients	639

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

Patient Origin – PET Scanner

Facility County: Gaston

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 14.**

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		45. Henderson		81. Rutherford	2
10. Brunswick		46. Hertford		82. Sampson	
11. Buncombe		47. Hoke		83. Scotland	
12. Burke		48. Hyde		84. Stanly	
13. Cabarrus		49. Iredell		85. Stokes	
14. Caldwell		50. Jackson		86. Surry	1
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba	3	54. Lenoir		90. Union	1
19. Chatham		55. Lincoln	56	91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland	61	59. McDowell	1	95. Watauga	
24. Columbus		60. Mecklenburg	12	96. Wayne	
25. Craven		61. Mitchell		97. Wilkes	
26. Cumberland		62. Montgomery		98. Wilson	
27. Currituck		63. Moore		99. Yadkin	
28. Dare		64. Nash		100. Yancey	
29. Davidson		65. New Hanover			
30. Davie		66. Northampton		101. Georgia	
31. Duplin		67. Onslow		102. South Carolina	39
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other States	
35. Franklin		71. Pender		106. Other	
36. Gaston	516	72. Perquimans		Total No. of Patients	692

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

Patient Origin – Emergency Department Services

Facility County: Gaston

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 6.

County	No. of Visits	County	No. of Visits	County	No. of Visits
1. Alamance	2	37. Gates		73. Person	2
2. Alexander	10	38. Graham	3	74. Pitt	10
3. Alleghany	1	39. Granville	1	75. Polk	3
4. Anson	8	40. Greene	1	76. Randolph	
5. Ashe	5	41. Guilford	25	77. Richmond	14
6. Avery	2	42. Halifax	3	78. Robeson	6
7. Beaufort		43. Harnett	3	79. Rockingham	4
8. Bertie		44. Haywood	10	80. Rowan	27
9. Bladen	2	45. Henderson	15	81. Rutherford	101
10. Brunswick	15	46. Hertford	2	82. Sampson	3
11. Buncombe	11	47. Hoke	3	83. Scotland	1
12. Burke	35	48. Hyde		84. Stanly	28
13. Cabarrus	80	49. Iredell	35	85. Stokes	4
14. Caldwell	32	50. Jackson	6	86. Surry	7
15. Camden		51. Johnston	2	87. Swain	2
16. Carteret		52. Jones	2	88. Transylvania	4
17. Caswell		53. Lee	1	89. Tyrrell	1
18. Catawba	177	54. Lenoir	6	90. Union	76
19. Chatham	2	55. Lincoln	2629	91. Vance	1
20. Cherokee	5	56. Macon	4	92. Wake	32
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin	1	94. Washington	
23. Cleveland	4014	59. McDowell	14	95. Watauga	3
24. Columbus	3	60. Mecklenburg	1986	96. Wayne	1
25. Craven	5	61. Mitchell	1	97. Wilkes	3
26. Cumberland	12	62. Montgomery	5	98. Wilson	1
27. Currituck		63. Moore	8	99. Yadkin	9
28. Dare		64. Nash	1	100. Yancey	2
29. Davidson	17	65. New Hanover	12		
30. Davie		66. Northampton		101. Georgia	94
31. Duplin		67. Onslow	6	102. South Carolina	3508
32. Durham	7	68. Orange	3	103. Tennessee	39
33. Edgecombe		69. Pamlico	1	104. Virginia	73
34. Forsyth	15	70. Pasquotank		105. Other States	466
35. Franklin		71. Pender		106. Other	
36. Gaston	77694	72. Perquimans	1	Total No. of Patients	91469

2014 Renewal Application for Hospital:
Caromont Regional Medical Center

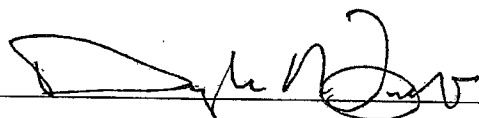
License No: H0105
Facility ID: 943184

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

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 2014 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2014 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: _____

11-26-2013

PRINT NAME

OF APPROVING OFFICIAL

Paul Guckett, CEO

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.

2014 Renewal Application for Hospital:
Caromont Regional Medical Center

License No: **H0105**
Facility ID: **943184**

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

This page will be separated and kept in a confidential file.

Federal Tax ID number: 56-0619359

CAROMONT HEALTH
CHECK REQUEST FORM

DATE OF REQUEST: 11-25-13 DATE CHECK NEEDED BY: 11-26-13

ACCOUNT TO BE CHARGED: COMPANY 120 COST CENTER 600540 NATURAL (EXPENSE) 70120

AMOUNT OF CHECK: \$ 8,362.50

CHECK PAYABLE TO: NC-DHSR

MAILING ADDRESS (If Applicable):

DISTRIBUTION OF CHECK (If other than mailed): Doug Rowe will pick up

REASON FOR REQUEST (Attach receipts and/or documentation):

See attached

CHECK REQUESTED BY: Astinson PHONE: 3506

APPROVED BY: Doug Rowe

- REQUESTS WILL NOT BE PROCESSED AND RETURNED IF:
1. ALL ACCOUNT NUMBERS (Company, Cost Center and Natural) ARE NOT COMPLETE
 2. RECEIPTS AND/OR DOCUMENTATION ARE NOT ATTACHED.
 3. NOT PROPERLY APPROVED (Including phone number)
(Managers may not approve their own reimbursements - Director or V.P. must approve)
 4. REQUEST IS ILLEGIBLE

FedEx Package Express **US Airbill**

FedEx Tracking Number **8020 3252 6633**

1 From Please print and press hard. Sender's FedEx Account Number **11227-13** **SENDER'S FEDEX ACCOUNT NUMBER ONLY**

Date **11-27-13** Sender's Name **FROM Doug Rowe** Phone **704 834-2000**

Company **GASTON MEMORIAL HOSPITAL**

Address **2525 COURT DR** Dept./Floor/Suite/Rm

City **GASTONIA** State **NC** ZIP **28054-2182**

2 Your Internal Billing Reference **1206005102**

3 To Recipient's Name **NCDHHS Acute + Home Care** Phone ()

Company **Licensure + Certification Section**

Address **1205 Umstead Drive** Dept./Floor/Suite/Rm

Address **Raleigh** State **NC** ZIP **27699-2712**

0102314562

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Seniors Copy

4 Express Package Service *To meet deadlines. NITE Service order has changed. Please contact carefully.

- 1-DAY BUSINESS DAY**
 - FedEx 2 Day AM (Second business morning, Sunday/Delivery NOT available)
 - FedEx 2 Day (Second business morning, Sunday/Delivery NOT available)
 - FedEx Express Saver (Sunday/Delivery NOT available)
- Next Business Day** (Monday through Saturday delivery is fastest)
- FedEx Priority Overnight (Monday through Saturday delivery is fastest)
- FedEx Standard Overnight (Monday through Saturday delivery is fastest)

- 5 Packaging *Declared value limit box
 - FedEx Envelope*
 - FedEx Pak*
 - FedEx Box
 - FedEx Tube
 - Other

6 Special Handling and Delivery Signature Options

- SATURDAY Delivery (for return to carrier back Standard Overnight, FedEx 2 Day AM, or FedEx Express Saver)
 - No Signature Required (Package may be left without obtaining a signature for delivery)
 - Direct Signature (Signature required for delivery)
 - Indirect Signature (Signature required for delivery)
- Does this shipment contain dangerous goods?
 - Yes (Permitted for shipping)
 - No (Permitted for shipping)

7 Payment Bill to:

- Recipient
- Third Party
- Credit Card
- Cash/Check

Total Packages **1** Total Declared Value **\$ 00**

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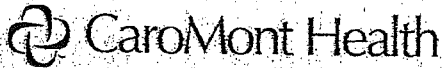
1089

1176

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PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

BANK OF AMERICA
355 S New Hope Road
Gastonia NC



66-19
530

GASTON MEMORIAL HOSPITAL INC
704-834-2000
P O BOX 1747
GASTONIA NC 28053-1747

CHECK NUMBER	DATE
124277	11/25/2013

AMOUNT
\$8,362.50

Pay Eight Thousand Three Hundred Sixty-Two And 50/100 Dollars

TO THE ORDER OF NC DHSR
ACUTE AND HOME CARE
LICENSURE AND CERTIFICATION SE
2712 MAIL SERVICE CENTER
RALEIGH NC 27699

[Handwritten Signature]

SIGNATURE HAS A BLUE-GREEN BACKGROUND - BORDER CONTAINS MICROPRESSING MP

⑈0000124277⑈ ⑆053000196⑆ 000654799958⑈



GASTON MEMORIAL HOSPITAL INC
GASTONIA NC 28053-1747

Vendor Number: CH6372
Vendor Name: NC DHSR
Check Number: 124277
Check Date: 11/25/2013

Invoice No	Invoice Date	P.O. Number	Comments	Gross Amount	Discounts	Net Check Amount
112513	11/25/2013			8362.50	0.00	8362.50

Exhibit F



January 6, 2014

Ms. Martha Frisone
Chief, Certificate of Need Section
Department of Facility Services
809 Ruggles Drive
Raleigh, NC 27603

5960 Fairview Road
Suite 500
Charlotte, NC 28210
704.
887.3500
887.3507 fax

Response to Information Request for Exemption Pursuant to G.S. 131E-184(g)

Facility: CaroMont Regional Medical Center
Project Description: Renovate and expand several departments and areas of the main hospital, relocate helipad and make EMS improvements. Renovation and expansion of several departments and areas of the main hospital include: 1) renovation of non-clinical support spaces in the basement, 2) renovation of the Emergency Department, Nuclear Medicine, and Pulmonary Rehabilitation on the 1st Floor, and 3) Administrative and non-clinical support spaces on the 2nd floor.
County: FID #: 943184

Dear Ms. Frisone:

In response to the Certificate of Need Section's Information Request for Exemption Pursuant to G.S. 131E-184(g) letter, dated December 10, 2013; RPA Design provides the following additional information in response to the following:

11. Documentation that the sole purpose of the project is to:
- a. Renovate existing space;
 - b. Replace existing services on the same site; or
 - c. Expand the physical plant without adding any new services or major medical equipment.

Please accept this letter as documentation that the sole purpose of the proposed renovations and construction project at CaroMont Regional Medical Center, 2525 Court Drive, Gastonia, NC 28054 is the (a) renovation of existing space one the basement, 1st floor, and 2nd floor of the hospital and the (c) expansion of the physical plant without adding any new services or medical equipment. The proposed renovations and construction are clearly identified in Exhibit D of CaroMont Regional Medical Center's Response to Information Request.

If you require additional information concerning this request, please contact me at 704-887-3500.

Sincerely,

Marcus Sheward, AIA
CRMC Project Architect
RPA Design

November 15, 2013

VIA HAND DELIVERY

Mr. Craig Smith
Chief, Certificate of Need Section
Department of Facility Services
809 Ruggles Drive
Raleigh, NC 27603



RE: Request for Exemption to CON Review for Renovations at CaroMont Regional Medical Center / Gaston County / Health Service Area III

Dear Mr. Smith:

CaroMont Regional Medical Center (CRMC) intends to renovate and expand several departments and areas within its existing health service facility and requests a determination that such related capital expenditure is exempt from certificate of need review pursuant to N.C. Gen. Stat. § 131E-184(g). As Interim CEO of CRMC, the facts stated in this letter are based upon my personal knowledge.

The project described in this exemption request is the next phase of our Master Facilities Plan, which is proposed several years after the completion of our patient tower renovations. In this project, we will renovate and expand our emergency department by adding pediatric treatment rooms and renovate several sections of the basement, 1st floor, and 2nd floor of the main hospital and adding a two story tower addition, not including the basement level. The total estimated capital costs are approximately \$21,000,000.

Exemption from Review

N.C. Gen. Stat. § 131E-184(g) provides:

The Department shall exempt from certificate of need review any capital expenditure that exceeds the two million dollar (\$2,000,000) threshold set forth in G.S. 131E-176(16)b if all of the following conditions are met:

- (1) The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.
- (2) The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.
- (3) The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.

Compliance

CRMC hereby certifies that all conditions set forth in N.C. Gen. Stat. § 131E-184(g) are met.

- 1. The sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus.**

CRMC certifies that the sole purpose of the capital expenditure is to renovate, replace on the same site, or expand the entirety or a portion of an existing health service facility that is located on the main campus. In this request, CRMC proposes to renovate and expand its existing health service facility located at 2525 Court Drive, Gastonia (the "CRMC Campus"). "Main campus" is defined in N.C. Gen. Stat. § 131E-176(14n) a. and b. to mean: "[t]he site of the main building from which a licensed health service facility provides clinical patient services and exercises financial and administrative control over the entire facility, including the buildings and grounds adjacent to that main building." The definition of "main campus" also includes "other areas and structures that are not strictly contiguous to the main building but are located within 250 yards of the main building."

The CRMC Campus is the Main Campus of CRMC. The CRMC Campus is the site of the main building, labeled as "Gaston Memorial Hospital" on Exhibit C. The project described below will take place in the main building or on grounds adjacent to the main building. The main building on the CRMC Campus provides clinical patient services and is also the location where financial and administrative control of CRMC resides.

The following list identifies the proposed renovation areas, as well as their projected costs, that CRMC proposes to complete on the Main Campus:

Renovate Basement, 1 st and 2 nd Floors	\$15,200,000
Basement: Non-clinical support spaces	
1 st Floor: Emergency Department, Nuclear Medicine, and Pulmonary Rehabilitation.	
2 nd Floor: Administrative and non-clinical support spaces	
Relocate Helipad and EMS Improvements	<u>\$ 1,200,000</u>
Renovation Costs	\$16,400,000

Please refer to Exhibit A for copies of the proposed floor plans. Exhibit B contains a completed capital cost form. Exhibit C contains a CRMC Campus diagram; the main building is labeled "Gaston Memorial Hospital".

2. **The capital expenditure does not result in (i) a change in bed capacity as defined in G.S. 131E-176(5) or (ii) the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b.**

CRMC hereby certifies that its proposed capital expenditure does not result in a change in bed capacity as defined in N.C. Gen. Stat. § 131E-176(5) or the addition of a new health service facility or any other new institutional health service other than that allowed in N.C. Gen. Stat. § 131E-176(16)b.

CRMC is currently licensed for 435 beds (inclusive of acute care and psychiatric beds). This project will not change our licensed bed capacity. This project does not involve the addition, deletion or relocation of any beds and does not involve any redistribution of beds among the categories defined in N.C. Gen. Stat. § 131E-176(9c).

CRMC's proposed capital expenditure does not result in the addition of a health service facility or any other new institutional health service other than that allowed in N.C. Gen. Stat. § 131E-176(16)b. None of the categories of "new institutional health services" in N.C. Gen. Stat. §§ 131E-176(16)a. and c.-v. applies to this project.

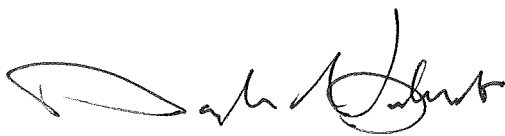
3. **The licensed health service facility proposing to incur the capital expenditure shall provide prior written notice to the Department, along with supporting documentation to demonstrate that it meets the exemption criteria of this subsection.**

This letter constitutes prior written notice to the Department and provides the supporting documentation to demonstrate that CRMC's project meets the exemption criteria in N.C. Gen. Stat. § 131E-184(g).

CRMC respectfully requests that the CON Section make a determination that the capital expenditures described in this request fall within N.C. Gen. Stat. § 131E-184(g) and that no CON is required.

If you require additional information concerning this request, please contact me at 704-834-2000.

Sincerely,



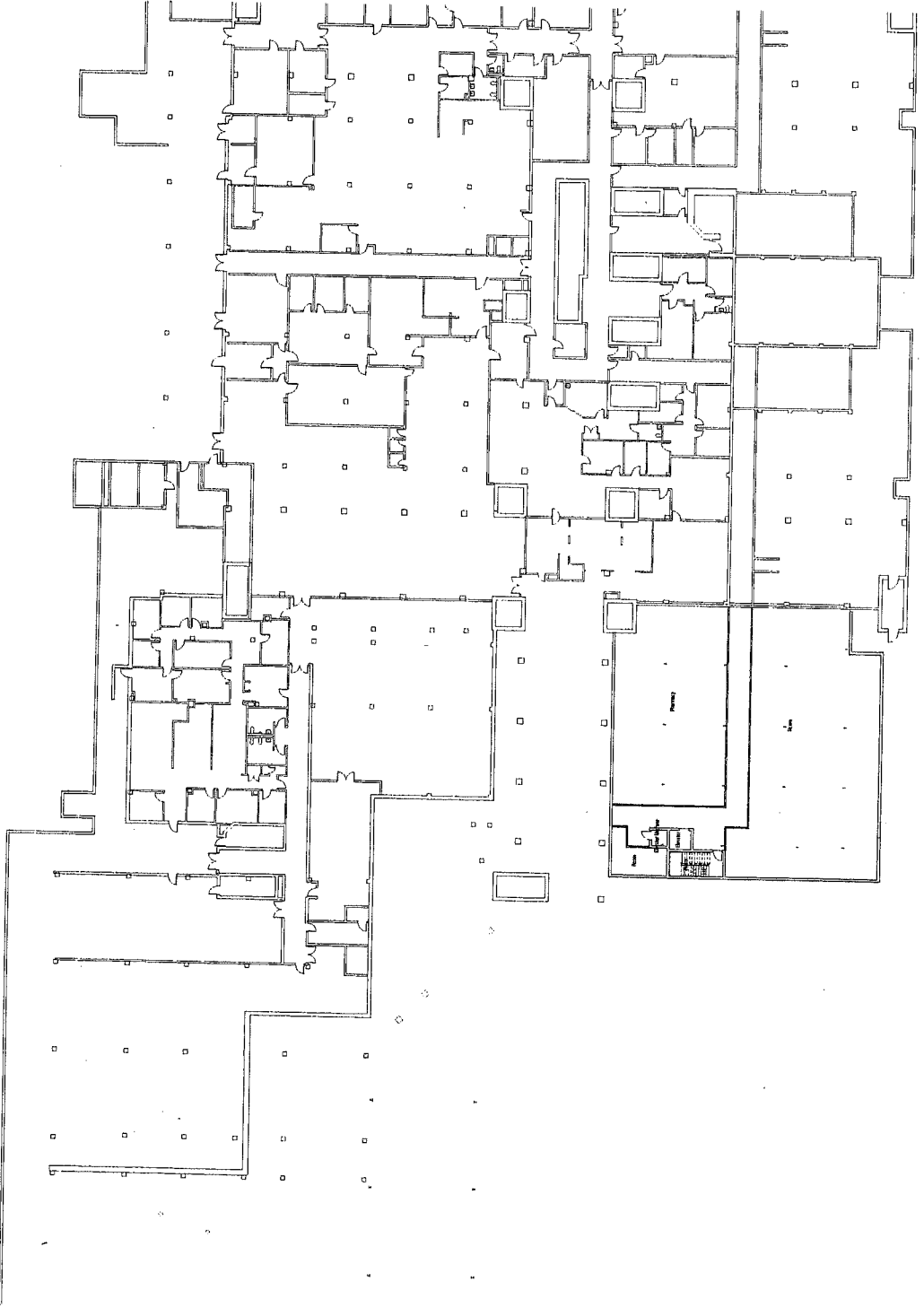
Douglas Lockett
President and CEO

Attachments: Exhibit A - Floor Plans
 Exhibit B - Capital Cost Form
 Exhibit C - CRMC Campus Map

NOT FOR CONSTRUCTION

A100

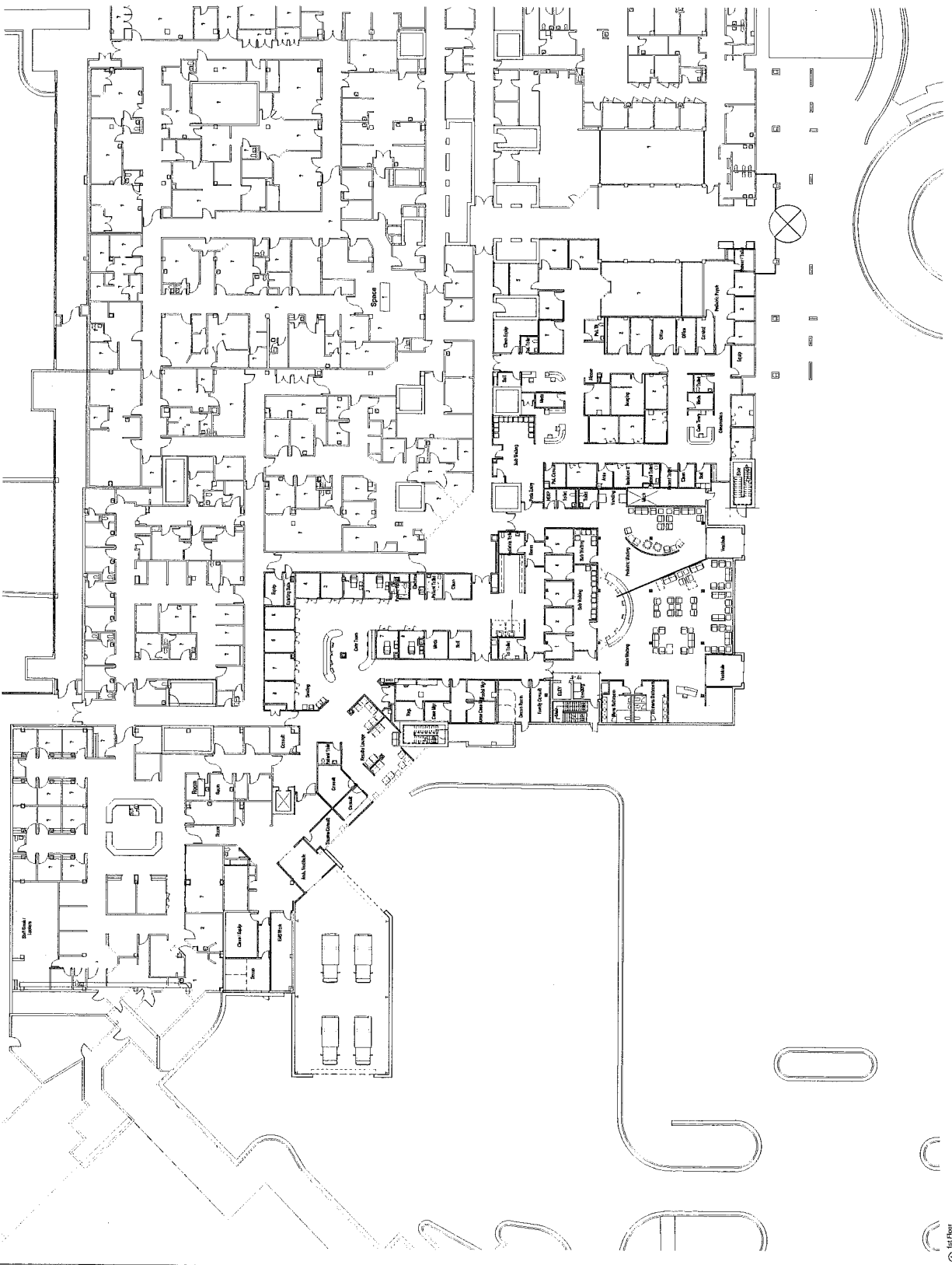
EXHIBIT A



Basement
1/16" = 1'-0"

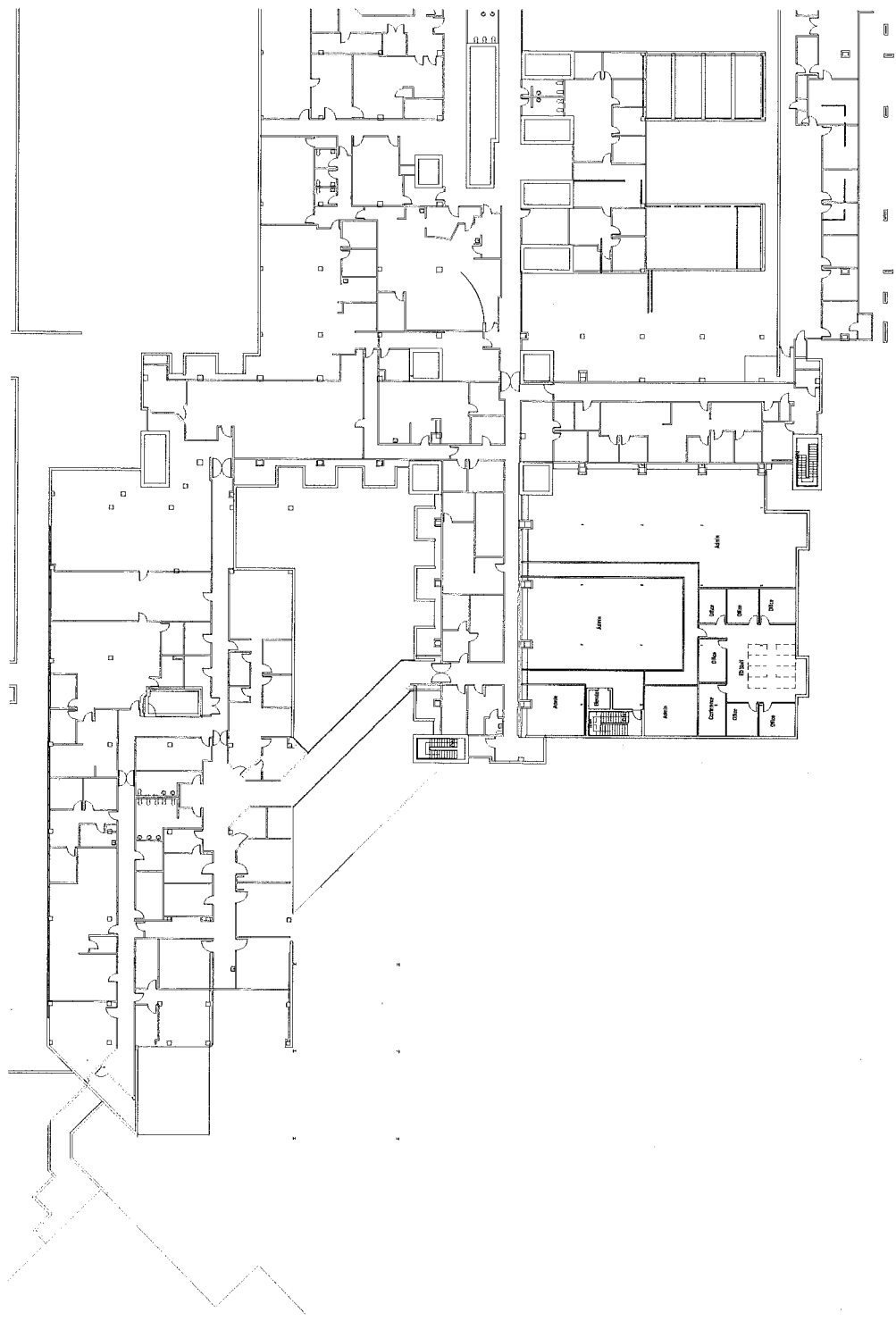
THIS DOCUMENT IS THE PROPERTY OF RPA DESIGN. IT IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. IT IS NOT TO BE REPRODUCED, COPIED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF RPA DESIGN.

NOT FOR CONSTRUCTION



Date	Drawn	Checked

NOT FOR CONSTRUCTION

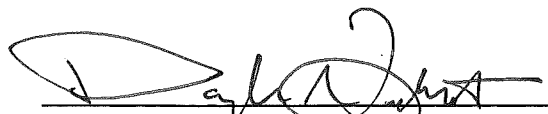


CAPITAL COST FORM

Project name: CRMC Campus RenovationsProponent: CaroMont Regional Medical Center

A. Site Costs		
(1)	Full purchase price of land _____ Acres at \$_____ per acre	
(2)	Closing costs	
(3)	Site inspection and survey	
(4)	Legal fees/subsoil investigation	
(5)	Site preparation costs	
(6)	Other (Specify)	
(7)	<i>Sub-Total Site Costs</i>	
Construction Contract		
(8)	Cost of materials/labor	\$16,400,000
(9)	Other (Specify)	
(10)	<i>Sub-Total Construction Contract</i>	\$16,400,000
Miscellaneous Project Costs		
(11)	Building purchase	
(12)	Equipment purchase/lease	\$691,000
(13)	IS/Telecom equipment purchase/lease	\$375,000
(14)	Furniture	\$350,000
(15)	Landscaping	
(16)	Consultant fees (A&E Fees)	\$1,200,000
(17)	Financing costs (e.g. bond, loan, etc.)	
(18)	Other (Project Management and Testing)	\$82,000
(19)	Other (Project Contingency)	\$1,909,800
(20)	<i>Sub-Total Miscellaneous</i>	\$4,607,800
(21)	TOTAL CAPITAL COST OF PROJECT	\$20,007,800

To the best of my knowledge, the above capital costs for the proposed project are complete and correct and it is the intent of CaroMont Regional Medical Center to carry out the proposed project as described.

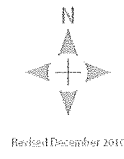
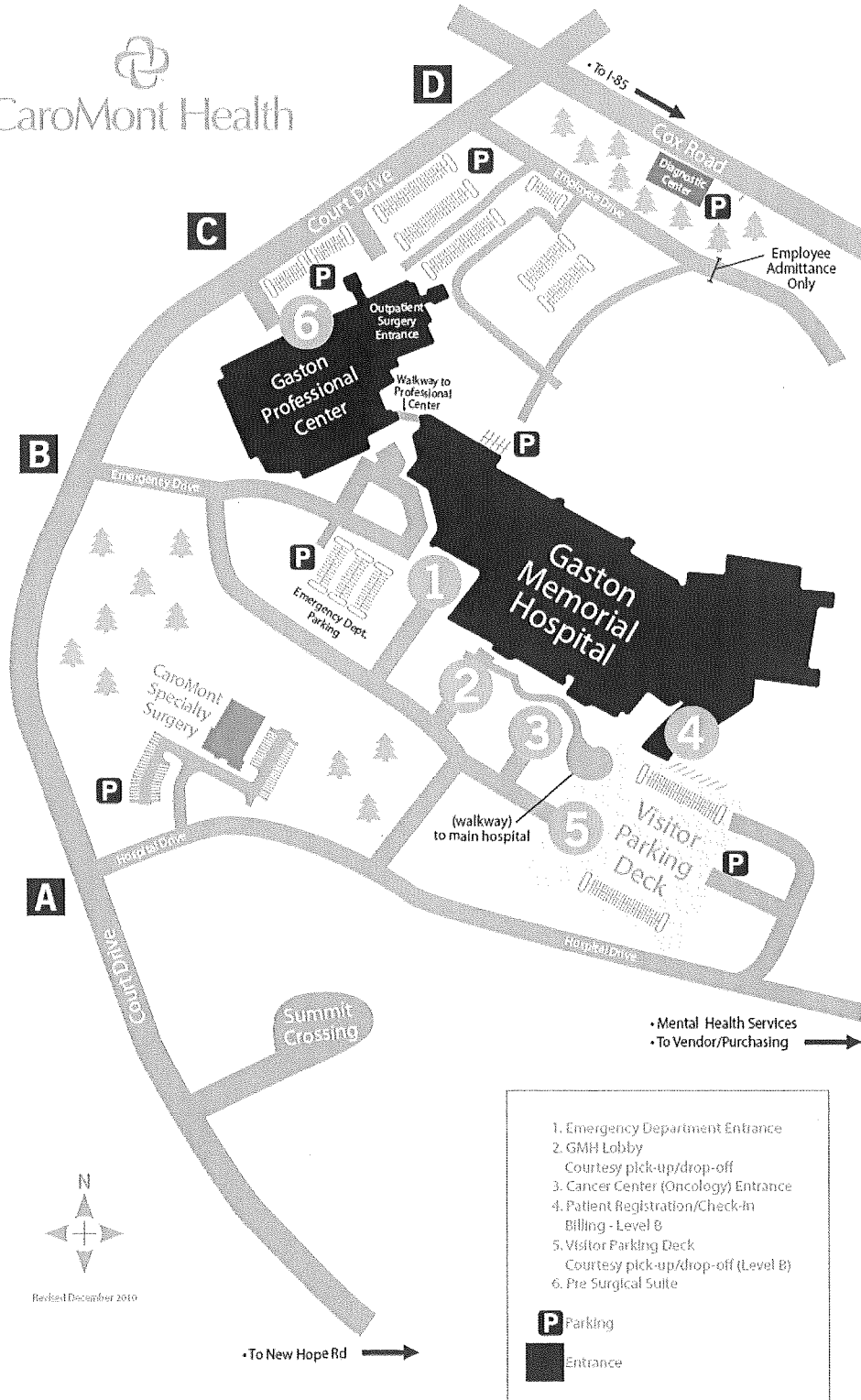


 Douglas Lockett, President and CEO

11.14.2013

 Date

CAROMONT REGIONAL MEDICAL CENTER CAMPUS



Revised December 2010