



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Service Regulation

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary  
MARK PAYNE • Director

June 1, 2018

David French  
PO Box 2154  
Reidsville, NC 27323

**Exempt from Review – Replacement Equipment**

**Record #:** 2588  
**Facility Name:** Alliance Healthcare Services, Inc.  
**FID #:** 020756  
**Business Name:** Alliance Healthcare Services, Inc.  
**Business #:** 60  
**Project Description:** Temporarily replace mobile PET/CT Unit 110  
**Counties:** Burke, Caldwell, Cleveland, Davidson, Haywood, Henderson, Jackson, Mecklenburg, Randolph, Rowan, Rutherford, Stanly, Surry, and Watauga

Dear Mr. French:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that based on your letter of May 18, 2018, the above referenced proposal is exempt from certificate of need review in accordance with N.C. Gen. Stat. §131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens Biograph 6 (PET/CT Unit 44, Serial #1M9A6A8256H022243) to temporarily replace the Siemens Biograph 6 (PET/CT Unit 110, Serial #1M9A6A8256H022233). This determination is based on your representations that the PET/CT Unit 44 will be sold or otherwise disposed of and will not be used again in the State without first obtaining a certificate of need if one is required.

Moreover, you need to contact the Agency's Construction, Radiation Protection, and Acute and Home Care Licensure and Certification Sections to determine if they have any requirements for development of the proposed project.

It should be noted that the Agency's position is based solely on the facts represented by you and that any change in facts as represented would require further consideration by this office and a separate determination.

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

HEALTHCARE PLANNING AND CERTIFICATE OF NEED SECTION

LOCATION: 809 Ruggles Drive, Edgerton Building, Raleigh, NC 27603  
MAILING ADDRESS: 2704 Mail Service Center, Raleigh, NC 27699-2704  
www.ncdhs.gov/dhsr/ • TEL: 919-855-3873

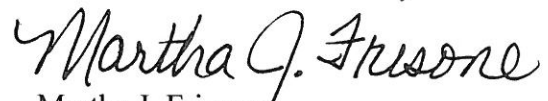
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

Sincerely,



Julie M. Faenza  
Project Analyst



Martha J. Frisone  
Chief, Healthcare Planning and  
Certificate of Need Section

cc: Construction Section, DHSR  
Radiation Protection Section, DHSR  
Acute and Home Care Licensure and Certification Section, DHSR  
Amy Craddock, Assistant Chief, Healthcare Planning, DHSR

**ALLIANCE HEALTHCARE SERVICES**

c/o Rodney Skelding  
8390 Hunting Court  
Stokesdale, NC 27357



May 17, 2018

Martha Frisone, Chief  
Health Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Alliance Imaging Inc. – Emergency Exemption Notice for Mobile PET/CT 110

Dear Ms. Frisone:

I am writing on behalf of my client, Alliance Healthcare Services d/b/a/Alliance Imaging Inc., regarding the need to temporarily replace mobile PET/CT Unit 110, Serial Number 1M9A6A8256H022233. This unit has been out of service for two days and repair parts have been ordered.

The temporary replacement unit is PET/CT 44, Serial Number 1M9A6A8256H022243, which will be brought to North Carolina to serve host sites that are normally scheduled to be served by PET/CT 110. Once the PET/CT 110 unit is repaired and operational in North Carolina, PET/CT 44 shall be removed from the State.

A previous exemption has been approved to permanently replace the PET/CT 110 with either one new GE PET/CT scanner or one new Siemens PET/CT scanner to be purchased by Alliance, each with a total capital cost of less than \$2,000,000. However, the permanent replacement unit is not yet available for delivery to North Carolina.

This letter provides justification and written notice regarding the temporary replacement equipment in accordance with NCGS 131 E-184. Alliance Imaging Inc. also provides documentation that the replacement equipment conforms to the Certificate of Need laws and Administrative rules:

G.S. 131E-176 (22a) Replacement equipment definition

G.S. 131E-184 (a) (7) Exemptions from review to provide replacement equipment

10A NCAC 14C.0303 Replacement Equipment Administrative Rules



## Overview

The existing PET/CT scanner requires replacement for several reasons:

- 1) The existing PET/CT 110 is ten years old and has required frequent repairs due to the age and condition of the unit.
- 2) Service to the existing host sites will be disrupted if a replacement mobile PET/CT unit cannot be provided.
- 3) Patient diagnosis and treatment at the host sites will be seriously disrupted without access to PET/CT.

Alliance Imaging recognizes the need to provide high quality, cost effective, and reliable mobile PET/CT scanner service.

## **Compliance Documentation**

Compliance with G.S. 131E-176 (22a) Replacement Equipment Definition is demonstrated because the temporary replacement unit PET/CT 44, Serial Number 1M9A6A8256H022243, is owned by Alliance and has a capital cost of less than \$2,000,000. No additional shipping or installation costs are expected. The temporary replacement PET/CT equipment will be used for the same diagnostic purposes as the existing equipment. Once PET/CT 100 is repaired and becomes operational, PET/CT 44 will be removed from North Carolina.

In addition, Alliance Imaging is providing prior written notice to the Department in accordance with G.S. 131E-184 (a) (7) Exemption from Review to provide replacement equipment.

## **Applicability and Conformance with Administrative Rule 10A NCAC 14C.0303 Replacement Equipment**

The proposed replacement PET/CT equipment conforms to the rules as follows:

### *10A NCAC 14C.0303 Replacement Equipment*

*(a) The purpose of this Rule is to define the terms used in the definition of "replacement equipment" set forth in G.S. 131E-176(22a).*

Alliance Imaging Inc. has reviewed this rule definition.

*(b) "Activities essential to acquiring and making operational the replacement equipment" means those activities which are indispensable and requisite, absent which the replacement equipment could not be acquired or made operational.*

Alliance Imaging Inc. has reviewed this rule definition.

*(c) "Comparable medical equipment" means equipment which is functionally similar and which is used for the same diagnostic or treatment purposes.*



Alliance Imaging Inc. has reviewed this rule definition.

(d) *Replacement equipment is comparable to the equipment being replaced if:*

(1) *it has the same technology as the equipment currently in use, although it may possess expanded capabilities due to technological improvements; and*

The replacement PET/CT scanner is comparable to the equipment being replaced because the replacement equipment will also obtain PET/CT images and data. The proposed replacement mobile PET/CT scanner is used to acquire the same type of PET/CT images and data.

(2) *it is functionally similar and is used for the same diagnostic or treatment purposes as the equipment in use and is not used to provide a new health service; and*

Alliance Imaging Inc. certifies that the replacement mobile PET/CT equipment will be used for the same diagnostic purposes as the existing unit.

(3) *The acquisition of the equipment does not result in more than a 10% increase in patient charges or per procedure operating expenses within the first twelve months after the replacement equipment is acquired.*

As seen in Attachment 1, the proposed replacement shall not result in more than a 10% increase in operating expenses to the host sites within the first 12 months after replacement

(e) *Replacement equipment is not comparable to the equipment being replaced if:*

(1) *the replacement equipment is new or reconditioned, the existing equipment was purchased second hand and the replacement equipment is purchased less than three years after the acquisition of the existing equipment.*

Not applicable. The replacement equipment is functionally similar to the existing equipment and will be used for the same diagnostic procedures as the existing equipment. The temporary replacement PET/CT equipment is used and owned by Alliance. The PET/CT unit to be replaced was acquired by Alliance more than ten years ago.

(2) *The replacement equipment is new, the existing equipment was reconditioned when purchased, and the replacement equipment is purchased less than three years after the acquisition of the existing equipment; or*

Not applicable. The existing equipment (PET/CT 110) was new when it was acquired in 2008 and the replacement equipment will be purchased new and owned by Alliance; in the interim, PET/CT 110 will be temporarily replaced by PET/CT 44.

(3) *The replacement equipment is capable of performing procedures that could result in the provision of a new health service or type of procedure that has not been provided with the existing equipment; or*

Not applicable. The replacement equipment is functionally similar to the existing equipment and will be used for the same diagnostic procedures as the existing equipment.

*(4) The replacement equipment is purchased and the existing equipment is leased, unless the lease is a capital lease;*

Not applicable. Both the existing and the replacement equipment are owned by Alliance.

*(5) The replacement equipment is a dedicated PET scanner and the existing equipment is:*


*(A) a gamma camera with coincidence capability; or*

*(B) nuclear medicine equipment that was designed, built, modified to detect only the single photon emitted from nuclear events other than positron annihilation.*

Not applicable. The existing equipment is not a gamma camera or nuclear medicine equipment.

Thank you for your review and consideration of this information. Please call me at the office at 336 349-6250 or 336 432-8308 (cell phone) if you have any questions.

Sincerely,



David French  
Consultant to Alliance Imaging Inc.  
P.O. Box 2154  
Reidsville, NC 27323  
djfrench45@gmail.com

Attachments:

Attachment 1 - Letter from Rodney Skelding  
Attachment 2 - 2018 PETCT Inventory Forms

Cc: Rodney Skelding  
Manager of Operations  
Alliance Healthcare Services  
8390 Hunting Court  
Stokesdale, NC 27357

Melissa VanOostrom  
Manager of Operations  
Alliance Healthcare Services  
Phone: 910-340-1494

Andre' D. Kellogg, Sr., MPA  
Director of Operations  
Alliance Healthcare Services  
Phone: 404-317-7800

**EQUIPMENT COMPARISON**

	EXISTING EQUIPMENT	TEMPORARY REPLACEMENT EQUIPMENT
Type of Equipment (List Each Component)	PET CT	PET CT
Manufacturer of Equipment	Siemens	Siemens
Tesla Rating for MRIs	NA	NA
Model Number	Siemens Biograph 6	Siemens Biograph 6
Serial Number	1M9A6A8256H022233	1M9A6A8256H022243
Provider's Method of Identifying Equipment	PETCT110	PET/CT 44
Specify if Mobile or Fixed	Mobile	Mobile
Mobile Trailer Serial Number/VIN #	1M9A6A8256H022233	Not yet assigned
Mobile Tractor Serial Number/VIN #	NA – No changes	NA – No changes
Date of Acquisition of Each Component	2008	2018
Does Provider Hold Title to Equipment or Have a Capital Lease?	Holds Title	Holds Title
Specify if Equipment Was/Is New or Used When Acquired	New when acquired	New when acquired
Total Capital Cost of Project (no construction involved)	NA	NA
Total Cost of Equipment	NA	\$1,902,817 (in 2006)
Fair Market Value of Equipment	NA	NA
Net Purchase Price of Equipment	NA	NA
Locations Where Operated *	See attached 2018 Inventory Form for PET/CT110	Same sites as 2018 Inventory Form for PET/CT110
Number Days In Use/To be Used in N.C. Per Year	365	365
Percent of Change in Patient Charges (by Procedure)	NA	No increase will result
Percent of Change in Per Procedure Operating Expenses (by Procedure)	NA	No increase will result
Type of Procedures Currently Performed on Existing Equipment	PET CT Procedures	PET CT Procedures
Type of Procedures New Equipment is Capable of Performing	NA	PET CT procedures



**ALLIANCE HEALTHCARE SERVICES**

c/o Rodney Skelding  
8390 Hunting Court  
Stokesdale, NC 27357



May 17, 2018

Ms. Martha Frisone, Chief  
Health Planning and Certificate of Need Section  
2704 Mail Service Center  
Raleigh, NC 27699-2704

RE: Temporary Equipment Replacement for PET/CT Unit 110

Dear Ms. Frisone,

Alliance Imaging intends to temporarily replace its existing mobile PET/CT 110, serial number 1M9A6A8256H022233, with a replacement unit, PET/CT 44.

In accordance with 10A NCAC 14C.030 Replacement Equipment Administrative Rules, Alliance agree that the replacement PET/CT equipment will not result in more than a 10 percent increase in expense or charges to any of the PET/CT host sites within the first twelve months after the equipment is acquired.

Thank you for your consideration. Please call me at 336 580-9061 if you have any questions.

Sincerely,

*Rodney Skelding*

Rodney Skelding  
rskelding@allianceradiology-us.com





**Registration and Inventory of Medical Equipment  
Mobile Positron Emission Tomography Scanners  
January 2018 PET CT 110**

**Instructions**

This is the legally required "Registration and Inventory of Medical Equipment" (G.S. 131E-177) for mobile positron emission tomography scanners. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 26, 2018**.

1. Complete and sign the form
2. Return the form by one of two methods:
  - a. Email a scanned copy to [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Sharetta Blackwell, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Sharetta Blackwell in Healthcare Planning at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).

**Section 1: Contact Information**

1. Full legal name of corporation, partnership, individual, or other legal entity that acquired the equipment by purchase, donation, lease, transfer, or comparable arrangement:

**Alliance Healthcare Services**  
(Legal Name)

2. Address of the corporation, partnership, individual, or other legal entity that acquired the equipment:

**100 Bayview Circle, Suite 400**  
(Street and Number)

**Newport Beach CA 92660**                      **(800) 544-321**  
(City)                      (State)                      (Zip)    (Phone Number)

3. Chief Executive Officer or approved designee who is certifying the information in this registration form:

**Rodney Skelding**                      **Manager Operations**  
(Name)    (Title)

**1233 Front Street Suite A Raleigh, NC 27612**  
(Street and Number)                      (City)                      (State)                      (Zip)

**336 207 5613**                      **fcrawford@allianceimaging.com**  
(Phone Number)    (Email)

4. Information Compiled or Prepared by: **David French**  
(Name)

**(336) 349-6250**    **djfrench45@gmail.com**  
(Phone Number)    (Email)



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017     Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6650-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>1</u>	Service Site Number <u>2</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Novant Matthews 1500 Matthews Township Parkway Matthews, NC 28105  Mecklenburg	Cleveland Regional Medical Cent 201 East Grover St Shelby, NC 28150  Cleveland
<u>Procedures* – Inpatient</u>	<b>Inpatient    0</b>	<b>Inpatient    14</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient   16</b>	<b>Outpatient   575</b>
Total # of procedures* for report period	<b><u>Total        16</u></b>	<b><u>Total        589</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	16 hrs  12/21/2016 – 9/30/2016	589 hrs  12/21/2016 – 9/30/2016
Total number of hours in operation by site for report period.	16 hrs	589hrs

\* 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. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>3</u>	Service Site Number <u>4</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Novant - Huntersville 10030 Gilead Road Huntersville, NC 28078  Mecklenburg	Lake Norman Medical Center 171 Fairview Road Mooresville, NC 28117  Mecklenburg
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 3</b>	<b>Outpatient 199</b>
Total # of procedures* for report period	<b><u>Total 3</u></b>	<b><u>Total 199</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	3 hrs 12/21/2016 – 9/30/2016	199 hrs 12/21/2016 – 9/30/2016
Total number of hours in operation by site for report period.	3 hrs	199 hrs

\* 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. PET **procedure** means a single discrete study of one patient involving one or more PET scans.



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>5</u>	Service Site Number <u>6</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Margaret R. Pardee Memorial Hosp 800 North Justice St Hendersonville, NC 28791  Henderson	Northern Hosp of Surry County 830 Rockford Street Mount Airy, NC 27030  Surry
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 135</b>	<b>Outpatient 63</b>
Total # of procedures* for report period	<b><u>Total 135</u></b>	<b><u>Total 63</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	135 hrs 12/21/2016 – 9/30/2016	63 hrs 12/21/2016 – 9/30/2016
Total number of hours in operation by site for report period.	135 hrs	63 hrs

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Name of entity that acquired the equipment (from page 1) Alliance Imaging





**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>7</u>	Service Site Number <u>8</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Park Ridge Hospital 100 Hospital Drive Fletcher, NC 28732  Henderson	Rowan Regional Medical Center 514 Corporate Circle Salisbury, NC 28147  Rowan
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 101</b>	<b>Outpatient 0</b>
Total # of procedures* for report period	<b><u>Total 101</u></b>	<b><u>Total 0</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	101 hrs  12/21/2016 – 9/30/2016	0 hrs  12/21/2016 – 9/30/2016
Total number of hours in operation by site for report period.	101 hrs	0 hrs

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**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>9</u>	Service Site Number <u>10</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	LifePoint Rutherford Hosp., Inc. 288 South Ridgcrest Ave. Rutherfordton, NC 28193  Rutherford	Watauga Medical Center 336 Deerfield Road Boone, NC 28607  Watauga
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 99</b>	<b>Outpatient 90</b>
Total # of procedures* for report period	<b><u>Total 99</u></b>	<b><u>Total 90</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	99 hrs 12/21/2016 – 9/30/2017	90 hrs 12/21/2016 – 9/30/2017
Total number of hours in operation by site for report period.	99 hrs	90 hrs

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**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>11</u>	Service Site Number <u>12</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	LifePoint WestCare Health System 68 Hospital Drive Sylva, NC 28779  Jackson	Stanly Regional Medical Center 301 Yadkin Street Albemarle, NC 28001  Stanly
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 208</b>	<b>Outpatient 171</b>
Total # of procedures* for report period	<b><u>Total 208</u></b>	<b><u>Total 171</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	208 hrs  12/21/2016 9/30/2017	171 hrs  12/21/2016 9/30/2017
Total number of hours in operation by site for report period.	208 hrs	171 hrs

\* 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. PET **procedure** means a single discrete study of one patient involving one or more PET scans.



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>13</u>	Service Site Number <u>14</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Blue Ridge-Grace Hospital 2201 S. Sterling Street Morganton, NC 28655  Burke	Blue Ridge-Valdese Hospital 720 Malcolm Blvd Rutherford College, NC 28671  Burke
<u>Procedures* – Inpatient</u>	<b>Inpatient    0</b>	<b>Inpatient    0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient   171</b>	<b>Outpatient   73</b>
Total # of procedures* for report period	<b><u>Total        171</u></b>	<b><u>Total        73</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	171 hrs 12/21/2016 – 9/30/2017	73 hrs 12/21/2016 – 9/30/2017
Total number of hours in operation by site for report period.	171 hrs	73 hrs

\* 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. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>15</u>	Service Site Number <u>16</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Caldwell Memorial Hospital 321 Mulberry Street, SW Lenoir, NC 28645  Caldwell	Novant Thomasville 207 Old Lexington Rd Thomasville, NC 27360  Davidson
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 81</b>	<b>Outpatient 0</b>
Total # of procedures* for report period	<b><u>Total 81</u></b>	<b><u>Total 0</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	81 hrs 12/21/2016 – 9/30/2017	0 hrs 12/21/2016 – 9/30/2017
Total number of hours in operation by site for report period.	81 hrs	0 hrs

\* 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. PET **procedure** means a single discrete study of one patient involving one or more PET scans.



**Section 2: Equipment and Procedures Information**

Time Period for Report:  10/01/2016 – 9/30/2017  Other time period 12/21/2016 – 9/30/2017

(Please make additional copies of pages of this form as needed.)

Mobile Scanner Information (one scanner per page)		
Manufacturer	Siemens	
Model Number	PET/CT	
Serial or I.D. Number	PET/CT 110, Serial Number 1M9A6A8256H022233	
Date of purchase	2008 (Replacement Exemption Obtained)	
Purchase price	\$1,902,817	
Certificate of Need Project ID	F-6605-02	
Certificate Holder, as listed on Certificate of Need	Alliance HealthCare	
	Service Site Number <u>17</u>	Service Site Number <u>18</u>
Service Site Information: Please include <b>all</b> of the information requested for each location.	Randolph Hospital 364 White Oak Street Asheboro, NC 27203  Randolph	LifePoint – Haywood Hospital 262 Leroy George Dr. Clyde, NC 28721
<u>Procedures* – Inpatient</u>	<b>Inpatient 0</b>	<b>Inpatient 0</b>
<u>Procedures* – Outpatient</u>	<b>Outpatient 101</b>	<b>Outpatient 39</b>
Total # of procedures* for report period	<b><u>Total 101</u></b>	<b><u>Total 39</u></b>
Put a check by the days per week, and write in the hours per day, the scanner is in operation.	101 hrs  12/21/2016 – 9/30/2017	39 hrs  12/21/2016 – 9/30/2017
Total number of hours in operation by site for report period.	101 hrs	39 hrs

\* 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. PET **procedure** means a single discrete study of one patient involving one or more PET scans.

Name of entity that acquired the equipment (from page 1) Alliance Imaging





**Section 3: PET Procedures by CPT Code**

Please write the number of procedures provided by CPT Code during the time period of this report.

<b>CPT Code</b>	<b>CPT Description</b>	<b>Number of Procedures</b>
78608	Brain imaging – metabolic evaluation	1
78609	Brain imaging – perfusion evaluation	
78459	Myocardial imaging - metabolic evaluation	
78491	Myocardial imaging – perfusion; single study at rest or stress	
78492	Myocardial imaging – perfusion; multiple studies at rest and/or stress	
78811	Tumor imaging – limited area (e.g., chest, head/neck)	
78812	Tumor imaging – skull base to mid-thigh	
78813	Tumor imaging – whole body	
78814	Tumor imaging – with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (e.g., chest, head/neck)	1
78815	Tumor imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh	2012
78816	Tumor imaging with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body	125
Please list other CPT codes and number of procedures billed for (make a copy of this page if needed)		
Total Number of Procedures		<b>2139</b>



**Section 4: Patient Origin Data by Service Site**

Please provide the county of residence for each patient who received PET scanner services during the time period of this report. Provide patient origin data separately for each service site. Make additional copies of this page as needed. The total number of patients receiving services should be the same as the total number of procedures reported on page 2 of this form.

Service Site Name: **No patient origin data is collected by Alliance**

County in which service was provided: **Not applicable**

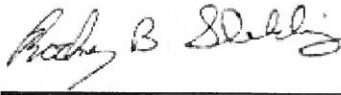
Patient County	Number of Patients	Patient County	Number of Patients	Patient County	Number of Patients
1. Alamance		37. Gates		73. Person	
2. Alexander		38. Graham		74. Pitt	
3. Alleghany		39. Granville		75. Polk	
4. Anson		40. Greene		76. Randolph	
5. Ashe		41. Guilford		77. Richmond	
6. Avery		42. Halifax		78. Robeson	
7. Beaufort		43. Harnett		79. Rockingham	
8. Bertie		44. Haywood		80. Rowan	
9. Bladen		45. Henderson		81. Rutherford	
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	
15. Camden		51. Johnston		87. Swain	
16. Carteret		52. Jones		88. Transylvania	
17. Caswell		53. Lee		89. Tyrrell	
18. Catawba		54. Lenoir		90. Union	
19. Chatham		55. Lincoln		91. Vance	
20. Cherokee		56. Macon		92. Wake	
21. Chowan		57. Madison		93. Warren	
22. Clay		58. Martin		94. Washington	
23. Cleveland		59. McDowell		95. Watauga	
24. Columbus		60. Mecklenburg		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	
32. Durham		68. Orange		103. Tennessee	
33. Edgecombe		69. Pamlico		104. Virginia	
34. Forsyth		70. Pasquotank		105. Other (specify)	
35. Franklin		71. Pender			
36. Gaston		72. Perquimans		<b>Total Number of Patients</b>	<b>2,139</b>

Name of entity that acquired the equipment (from page 1) Alliance Imaging



**Section 5: Certification and Signature**

The undersigned Chief Executive Officer or approved designee certifies the accuracy of the information contained on all pages of this form.

Signature 

Print Name **Rodney Skelding**

Date signed **January 26, 2018**

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 26, 2018**.

1. Complete and sign the form
2. Return the form by one of two methods:
  - a. Email a scanned copy to [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov)
  - b. Mail the form to Sharetta Blackwell in Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Sharetta Blackwell in Healthcare Planning at (919) 855-3865 or email [DHSR.SMFP.Registration-Inventory@dhhs.nc.gov](mailto:DHSR.SMFP.Registration-Inventory@dhhs.nc.gov).