**Registration and Inventory of Medical Equipment**

Linear Accelerator Equipment

January 2024

**Instructions**

This is the legally required “Registration and Inventory of Medical Equipment” (G.S. 131E-177) for linear accelerator equipment. Please complete all sections of this form and return to Healthcare Planning by **Friday, January 26, 2024**.

1. **Submit one completed Registration and Inventory form per linear accelerator (LINAC).**
2. Complete and sign the form
3. Return the form by one of two methods:
4. Email a scanned copy to DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.
5. Mail the form to Andrea Emanuel, Healthcare Planning, 2704 Mail Service Center, Raleigh, NC 27699-2704.

If you have questions, call Andrea Emanuel in Healthcare Planning at (919) 855-3954 or email DHSR.SMFP.Registration-Inventory@dhhs.nc.gov.

**Note: A LINAC operated in a facility licensed under a hospital must be reported on that hospital’s license renewal application, and not duplicated on this form.**

**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Legal Name)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street and Number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City) (State) (Zip) (Phone Number)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name) (Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street and Number) (City) (State) (Zip)

(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone Number) (Email)

1. Information compiled or prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name)

(\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Phone Number) (Email)

**Section 2: Equipment and Procedures Information**

Reporting Period: 🞎 10/01/2022 – 9/30/2023

🞎 Other time period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do not make extra copies of this page if the entity has multiple LINACs at the same site or in the same county. Submit a complete, separate R&I form for each LINAC.**

|  |  |
| --- | --- |
| For DHSR Planning Use Only |  |
| Serial or I.D. number |  |
| Model number |  |
| Manufacturer |  |
| Certificate of Need Project ID |  |
| Date of purchase  |  |
| Purchase price |  |
| Service Site Information: Please enter **all** the information requested for each location. | Service Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Configured for stereotactic radiosurgery? | 🞎 Yes 🞎 No |
| Number of patients\* who received radiation oncology treatment on the linear accelerator |  |
| Does service site have Proton Therapy equipment?  | 🞎 Yes 🞎 NoTotal Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*** Patients shall be counted once for each course of radiation oncology treatment using the linear accelerator. 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 the Linear Accelerator Treatment Patient Origin chart on page 4 of this form.

**Section 2: Equipment and Procedures Information, continued**

**If the service site has more than one LINAC, provide simulator data on only one R&I form.**

(Please make additional copies of pages of this form if this site has more than two simulators.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Simulator\*\* Number \_\_\_** | **Simulator\*\* Number \_\_\_** | **Total Units** |
| For DHSR Planning Use Only |  |  |  |
| Serial or I.D. number  |  |  |  |
| Model number |  |  |  |
| Manufacturer |  |  |  |
| Certificate of Need Project ID |  |  |  |
| Date of purchase  |  |  |  |
| Purchase price |  |  |  |
| Number of unduplicated patients who received treatment simulation |  |  | Total Patients |

\*\* “... 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))

**Section 3: Linear Accelerator Treatment Data**

Enter the number of procedures by CPT Code provided by the LINAC on page 2 (including Cyberknife and similar equipment) during the time period of this report.

|  |  |  |
| --- | --- | --- |
| **CPT Code** | **Description** | **Number of Procedures** |
| **Simple Treatment Delivery** |
| 77401 | Radiation treatment delivery |  |
| 77402 | Radiation treatment delivery (<=5 MeV) |  |
| 77403 | Radiation treatment delivery (6-10 MeV) |  |
| 77404 | Radiation treatment delivery (11-19 MeV) |  |
| 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) |  |
| 77411 | Radiation treatment delivery (>=20 MeV) |  |
| **Complex Treatment Delivery** |
| 77412 | Radiation treatment delivery (<=5 MeV) |  |
| 77413 | Radiation treatment delivery (6-10 MeV) |  |
| 77414 | Radiation treatment delivery (11-19 MeV) |  |
| 77416 | Radiation treatment delivery (>= 20 MeV) |  |
| **Other Treatment Delivery Not Included Above** |
| 77418 | Intensity modulated radiation treatment (IMRT) deliveryand/or CPT codes 77385, 77386 and/or G6015 |  |
| 77371 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multisource Cobalt 60 based (Gamma Knife) |  |
| 77372 | Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator |  |
| 77373 | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions |  |
| G0339 | (Image-guided) robotic linear accelerator-based stereotactic radiosurgery in one session or first fraction |  |
| G0340 | (Image-guided) robotic linear accelerator-based stereotactic radiosurgery, fractionated treatment, 2nd-5th fraction |  |
|  | Intraoperative radiation therapy (conducted by bringing the anesthetized patient down to the LINAC) |  |
|  | Pediatric Patient under anesthesia |  |
|  | Neutron and proton radiation therapy |  |
|  | Limb salvage irradiation |  |
|  | Hemibody irradiation |  |
|  | Total body irradiation |  |
| **Imaging Procedures Not Included Above** |
| 77417 | Additional field check radiographs  |  |
| **Total Procedures** |  |

**Section 4: Linear Accelerator Treatment Patient Origin Data**

Please provide the county of residence for unduplicated patients (see note on page 2) during the time period of this report. The total number served should be the same as on page 2. This data is needed to calculate linear accelerator service areas.

County in which service was provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  |  **Total Number of** **Patients** |  |

**Section 5: Certification and Signature**

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete all sections of this form and return to Healthcare Planning by **Friday, January 26, 2024**.

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