



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEVPUTTA SANGVAI • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

VIA EMAIL ONLY

September 26, 2025

Taylor Spell

tspell2@capefearvalley.com

Exempt from Review – Replacement Equipment

Record #: 4929

Date of Request: September 17, 2025

Facility Name: Cape Fear Valley Medical Center

FID #: 030360

Business Name: Cumberland County Hospital System, Inc.

Business #: 578

Project Description: Replace PET scanner

County: Cumberland

Dear Mr. Spell:

The Healthcare Planning and Certificate of Need Section, Division of Health Service Regulation (Agency), determined that the above referenced project is exempt from certificate of need review in accordance with G.S. 131E-184(a)(7). Therefore, you may proceed to acquire without a certificate of need the Siemens Trinion EP PET scanner to replace the Siemens Biograph mCT PET scanner. This determination is based on your representations that the existing unit 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.

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

Sincerely,

Cynthia Bradford
Project Analyst

Micheala Mitchell
Chief

cc: Acute and Home Care Licensure and Certification Section, DHSR
Radiation Protection Section, DHSR

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: 809 Ruggles Drive, 2704 Mail Service Center, Raleigh, NC 27699-2704

<https://info.ncdhhs.gov/dhsr/> • TEL: 919-855-3873

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



BEHAVIORAL HEALTH CARE
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CAPE FEAR VALLEY
MEDICAL CENTER
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BREAST CARE CENTER
CANCER CENTER
CAPE FEAR VALLEY
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CARELINK
FAMILY BIRTH CENTER
HEART & VASCULAR CENTER
HEALTH PAVILION NORTH
HEALTHPLEX
MOBILE INTEGRATED
HEALTHCARE
SLEEP CENTER

September 16, 2025

Ms. Tanya Saporito
Project Analyst, Healthcare Planning & Certificate of Need Section
Division of Health Service Regulation
N.C. Department of Health and Human Services
2704 Mail Center Service
Raleigh, NC 27699-2704

RE: Replacement of PET Scanner at Cape Fear Valley Medical Center/ Cumberland County

Ms. Saporito:

The purpose of this letter is to give the North Carolina Department of Health and Human Services, Division of Health Service Regulation, Healthcare Planning and Certificate of Need Section (the "Agency") prior written notice pursuant to NCGS § 131E-184(f) that Cumberland County Hospital System, Inc. d/b/a Cape Fear Valley Medical Center("CFVMC") plans to replace its PET scanner located on CFVMC's main campus.

NCGS § 131E-184(a)(7) provides an exemption from CON review for the acquisition and installation of "replacement equipment" costing less than \$3,000,000.00, provided that the CON Section receives prior written notice from the party proposing to acquire the equipment which explains why the proposed acquisition and installation qualifies under this exemption.

"Replacement equipment" is defined at N.C. Gen. Stat. § 131E-176(22a) as equipment which costs less than \$3,000,000 and is "purchased for the sole purpose of replacing comparable medical equipment currently in use which will be sold or otherwise disposed of when replaced."

According to 10A NCAC 14C .0303, "Replacement equipment" is "comparable" to the equipment being replaced if:

1. It is capable of providing the same health service as the equipment currently in use; and
2. The equipment to be replaced was acquired more than 12 months prior and was not refurbished or reconditioned when originally acquired.



BEHAVIORAL HEALTH CARE

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The replacement of the PET scanner at CFVMC falls within the parameters of this exemption. Specifically:

1. Please see Attachment A for a copy of the replacement equipment comparison table, which demonstrates the proposed PET scanner is comparable to the PET scanner being replaced.
2. The PET scanner being replaced was acquired more than 12 months ago and was not refurbished or reconditioned when originally acquired.
3. As shown in Attachment B, the estimated project cost for the replacement PET scanner is less than \$3M, which includes equipment and renovations to accommodate the replacement equipment.
4. This letter serves as prior written notice to the Department.

CFVHS asks the Division of Health Service Regulation to confirm that the proposed replacement of the PET scanner does not qualify as a new institutional health service and is therefore exempt from certificate of need review.

Please contact me at 910.615.7529 or tspell2@capefearvalley.com regarding any questions concerning this request.

Sincerely,

A handwritten signature in black ink that reads "Taylor Spell".

Taylor Spell, CPA
Senior Finance & Strategic Planning Analyst
Cape Fear Valley Health System

ATTACHMENT A
REPLACEMENT EQUIPMENT COMPARISON TABLE

| | |
|---|-------------------------------|
| | CFVMC PET Scanner |
| Type of Existing Equipment | PET/CT Scanner |
| Manufacturer of Existing Equipment | Siemens |
| CON Project ID, if applicable | M-6755-03 |
| Tesla Rating for MRI Being Replaced | N/A |
| Model Number - Existing | 10507786 |
| Serial Number - Existing | 7578 |
| Provider's Method of Identifying Equipment | Biograph mCT |
| Specify if Mobile or Fixed | Fixed |
| Mobile Trailer Serial Number / VIN # | N/A |
| Mobile Tractor Serial Number / VIN # | N/A |
| Date Acquired | 10/5/2014 |
| Does Provider Hold Title to Equipment or Have a Capital Lease? | Owned |
| Specify if Equipment Was/Is New or Used When Acquired | New |
| Total Capital Cost of Project (Including Construction, etc.) <See Attachment B> | \$2,756,540 |
| Total Cost of Equipment | \$2,244,915 |
| Location Where Operated | CFVMC - Main Campus |
| Number of Times Equipment was Used to Provide a Health Service during the 12 months prior to the Date of the Written Notice | 280 Days |
| Type of Procedures Currently Performed on Existing Equipment | PET/CT, Specialized PET Scans |
| Type of Procedures New Equipment is Capable of Performing | PET/CT, Specialized PET Scans |

New Equipment

| | |
|-------------------------------|---------------------|
| Manufacturer of New Equipment | Siemens |
| Tesla Rating for New MRI | N/A |
| Model Number - New Equipment | Biograph Trinion EP |
| Serial Number - New Equipment | TBD |

Attachment B
Replacement Equipment: Capital Cost

| Projected Capital Cost Form: | CFVMC PET Scanner |
|--|--------------------------|
| Building Purchase Price | |
| Purchase Price of Land | |
| Closing Costs | |
| Site Preparation | |
| Construction / Renovation Contract (s) | \$376,625 |
| Landscaping | |
| Architect / Engineering Fees | |
| Medical Equipment | \$2,244,915 |
| Non-Medical Equipment | |
| Furniture | |
| Consultant Fees (specify) | |
| Financing Costs | |
| Interest during Construction | |
| Other (mobile rental during construction) | \$135,000 |
| TOTAL CAPITAL COSTS | \$2,756,540 |

From: [Taylor Spell](#)
To: [Tanya, Saporito](#)
Cc: [Sandy Godwin](#); [Stancil, Tiffany C](#)
Subject: [External] CFVMC PET Scanner Replacement - Exemption Request
Date: Tuesday, September 16, 2025 5:42:05 PM
Attachments: [image001.png](#)
[CFVMC PET Scanner Replacement Letter.pdf](#)

CAUTION: External email. Do not click links or open attachments unless verified. Report suspicious emails with the Report Message button located on your Outlook menu bar on the Home tab.

Hi Tanya,

I hope you are doing well. I can't believe we are already halfway through September. I have been enjoying the cooler temperatures and hope you have too! I have attached an exemption request for the replacement of the PET Scanner on the campus of Cape Fear Valley Medical Center. Please let me know if you have any questions.

Have a great day!

Thank you,
Taylor

Taylor Spell, CPA | Senior Finance & Strategic Planning Analyst

Cape Fear Valley Health System | 101 Robeson Street, Suite 303 | Fayetteville, NC 28301

Office: 910-615-7529 | tspell2@capefearvalley.com



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