

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

Acute and Home Care Licensure and Certification Section
Regular Mail: 1205 Umstead Drive
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Raleigh, North Carolina 27699-2712
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Raleigh, North Carolina 27603
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For Official Use Only

License # _____ Medicare # _____

FID #: _____

PC _____ Date _____

License Fee: _____

**2019
HOSPITAL LICENSE
RENEWAL APPLICATION**

Legal Identity of Applicant:

(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: _____

Other: _____

Other: _____

Facility Mailing Address: Street/P.O. Box: _____

City: _____, State: _____ Zip: _____

Facility Site Address: Street: _____

City: _____, State: _____ Zip: _____

County:

Telephone: (____) _____

Fax: (____) _____

Administrator/Director: _____

Title: _____

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

Chief Executive Officer: _____ **Title:** _____

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

Name of the person to contact for any questions regarding this form:

Name: _____ **Telephone:** _____

E-Mail: _____

All responses should pertain to **October 1, 2017 through September 30, 2018.**

For questions regarding this page, please contact Azzie Conley at (919) 855-4646.

In accordance with Session Law 2013-382 and 10A NCAC 13B .3502(e) on an annual basis, on the license renewal application provided by the Division, the facility shall provide to the Division the direct website address to the facility's financial assistance policy. This Rule applies only to facilities required to file a Schedule H, federal form 990. Please use Form 990 Schedule B and/or Schedule H as a reference.

1) Please provide the main website address for the facility:

2) In accordance with 131E-214.4(a) DHSR can no longer post a link to internet Websites to demonstrate compliance with this statute.

A) Please provide the website address and/or link to access the facility's charity care policy and financial assistance policy:

B) **Also, please attach a copy of the facility's charity care policy and financial assistance policy:**

Feel free to email the copy of the facility's charity care policy to:
DHHS.DHSR.Hospital.CharityCare.Policy@dhhs.nc.gov.

3) Please provide the following financial assistance data. All responses can be located on Form 990 and/or Form 990 Schedule H.

Contribution, Gifts, Grants and other similar Amounts <i>(Form 990; Part VIII 1(h))</i>	Annual Financial Assistance at Cost <i>(Form 990; Schedule H Part I, 7(a)(c))</i>	Bad Debt Expense <i>(Form 990; Schedule H Part III, Section A(2))</i>	Bad Debt Expense Attributable to Patients eligible under the organization's financial assistance policy <i>(Form 990; Schedule H Part III, Section A(3))</i>

AUTHENTICATING SIGNATURE: this attestation statement is to validate compliance with GS 131E-91 as evidenced through 10A NCAC 13B .3502 and all requirements set forth to assure compliance with fair billing and collection practices.

Signature: _____ **Date:** _____

Print Name of Approving Official: _____

All responses should pertain to **October 1, 2017 through September 30, 2018.**

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

Primary National Provider Identifier (NPI) registered at NPES _____

If facility has more than one “Primary” NPI, please provide _____

List all campuses as defined in NCGS 131E-176(2c) under the hospital license. Please include offsite emergency departments

Name(s) of Campus:	Address:	Services Offered:

Please attach a separate sheet for additional listings

ITEMIZED CHARGES: Licensure Rule 10A NCAC 13B .3110 requires the Applicant to provide itemized billing. Indicate which method is used:

- _____ a. The facility provides a detailed statement of charges to all patients.
- _____ b. Patients are advised that such detailed statements are available upon request.

All responses should pertain to **October 1, 2017 through September 30, 2018.**

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: _____
Street/Box: _____
City: _____ State: _____ Zip: _____
Telephone: (____) _____ Fax: (____) _____
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 ____ No

If 'Yes', name of Health System*: _____

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

If 'Yes', name of CEO: _____

- a. Legal entity is: ____ For Profit ____ Not For Profit
b. Legal entity is: ____ Corporation ____ LLP ____ Partnership
____ Proprietorship ____ LLC ____ Government Unit

c. Does the above entity (partnership, corporation, etc.) **LEASE** the building from which services are offered? ____ Yes ____ No

If "YES", name of building owner:

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: (____) _____

3. Vice President of Nursing and Patient Care Services:

4. Director of Planning: _____

All responses should pertain to **October 1, 2017 through September 30, 2018**.

Facility Data

A. Reporting Period. All responses should pertain to the period **October 1, 2017 to September 30, 2018**.

B. General Information. (Please fill in any blanks and make changes where necessary.)

For B and C, submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

1. Admissions to Licensed Acute Care Beds: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	
2. Discharges from Licensed Acute Care Beds: include only discharges from beds in category D-1 (a – q) on page 6; exclude responses in categories D-2 – D-8 on page 6; exclude normal newborn bassinets; exclude swing bed admissions.	
3. Average Daily Census: include only admissions to beds in category D-1 (a – q) on page 6; exclude responses in categories D-2-D-8 on page 6; exclude normal newborn bassinets; and exclude swing bed admissions.	
4. Was there a permanent change in the total number of licensed beds during the reporting period?	Yes No
If ‘Yes’, what was the number of licensed beds at the end of the reporting period?	
If ‘Yes’, please state reason(s) (such as additions, alterations, or conversions) which may have affected the change in bed complement:	
5. Observations: Number of patients in observation status and not admitted as inpatients, excluding Emergency Department patients.	
6. Number of unlicensed Observation Beds	

C. Designation and Accreditation

1. Are you a designated trauma center? ___Yes ___No Designated Level # _____
2. Are you a critical access hospital (CAH)? ___Yes ___No
3. Are you a long term care hospital (LTCH)? ___Yes ___No
4. Is this facility TJC accredited? ___Yes ___No Expiration Date: _____
5. Is this facility DNV accredited? ___Yes ___No Expiration Date: _____
6. Is this facility AOA accredited? ___Yes ___No Expiration Date: _____
7. Are you a Medicare deemed provider? ___Yes ___No

All responses should pertain to **October 1, 2017 through September 30, 2018.**

D. Beds by Service (Inpatient – Do Not Include Observation Beds or Days of Care)
Please provide a Beds by Service (p. 6) 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. 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 Beds	Licensed Beds as of 9/30/2018	Operational Beds as of 9/30/2018	Inpatient Days of Care
Campus – if multiple sites: _____			
<i>Intensive Care Units</i>			
1. General Acute Care Beds/Days			
a. Burn (for DRG’s 927, 928, 929, 933, 934, and 935 only)			
b. Cardiac			
c. Cardiovascular Surgery			
d. Medical/Surgical			
e. Neonatal Beds Level IV* (Not Normal Newborn)			
f. Pediatric			
g. Respiratory Pulmonary			
h. Other (List)			
<i>Other Units</i>			
i. Gynecology			
j. Medical/Surgical (Exclude Skilled Nursing swing-beds)			
k. Neonatal Level III* (Not Normal Newborn)			
l. Neonatal Level II* (Not Normal Newborn)			
m. Obstetric (including LDRP)			
n. Oncology			
o. Orthopedics			
p. Pediatric			
q. Other, List:			
Total General Acute Care Beds/Days (a through q)			
2. Comprehensive In-Patient Rehabilitation			
3. Inpatient Hospice			
4. Substance Abuse / Chemical Dependency Treatment			
5. Psychiatry			
6. Nursing Facility			
7. Adult Care Home			
8. Other			
9. Totals (1 through 8)			

*Neonatal service levels are defined in 10A NCAC 14C .1401.

If this hospital is designated as a swing-bed hospital by Centers for Medicare & Medicaid Services (CMS):

10. Number of Swing Beds	
11. Number of Skilled Nursing days in Swing Beds	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

E. Reimbursement Source. (For “Inpatient Days,” show Acute Inpatient Days only, excluding normal newborns.)

Campus – if multiple sites: _____

Primary Payer Source	Inpatient Days of Care (total should be the same as D.1.a – q total on p. 6)	Emergency Visits (total should be the same as F.3.b. on p. 8)	Outpatient Visits (excluding Emergency Visits and Surgical Cases)	Inpatient Surgical Cases (total should be same as 9.e. Total Surgical Cases-Inpatient Cases on p. 12)	Ambulatory Surgical Cases (total should be same as 9.e. Total Surgical Cases-Ambulatory Cases on p. 12)
Self Pay					
Charity Care					
Medicare*					
Medicaid*					
Insurance*					
Other (Specify)					
TOTAL					

* Including any managed care plans.

F. Services and Facilities

1. Obstetrics

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

	Number of Rooms
d. Delivery Rooms - Delivery Only (not Cesarean Section)	
e. Delivery Rooms - Labor and Delivery, Recovery	
f. Delivery Rooms – LDRP (include in Item “D.1.m” on Page 6)	

g. Number of Normal Newborn Bassinets (Level I Neonatal Services) _____

Do not include in section “D. Beds by Service” on Page 6

2. Abortion Services

Number of procedures per Year _____

(Feel free to footnote the type of abortion procedures reported)

All responses should pertain to **October 1, 2017 through September 30, 2018.**

3. Emergency Department Services

a. Total Number of ED Exam Rooms: _____

Of this total, how many are:

a.1. # Trauma Rooms _____

a.2. # Fast Track Rooms _____

a.3. # Urgent Care Rooms _____

b. Total Number of ED visits for reporting period: _____

c. Total Number of admits from the ED for reporting period: _____

d. Total Number of Urgent Care visits for reporting period: _____

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 _____

HIV Culture _____

d. Organ Bank ___ Yes ___ No

e. Pap Smear Screening ___ Yes ___ No

All responses should pertain to **October 1, 2017 through September 30, 2018.**

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

7. Telehealth/Telemedicine*

Check the appropriate box for each service this facility provides or receives via telehealth/telemedicine.
 A service may apply to more than one category.

Service	Check all that apply	
	Provide service to other facilities via telemedicine	Receive service from other facilities via telemedicine
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>
Imaging	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol and/or substance use disorder (other than tobacco) services	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>
Other services	<input type="checkbox"/>	<input type="checkbox"/>

* Telehealth/telemedicine is defined by the U.S. Health Resources & Services administration as “the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.”

8. Specialized Cardiac Services (for questions, call Healthcare Planning at 919-855-3865)

a. Open Heart Surgery

Open Heart Surgery	Number of Machines/Procedures
1. Number of Heart-Lung Bypass Machines	
2. Total Annual Number of Open Heart Surgery Procedures Utilizing Heart-Lung Bypass Machine	
3. Total Annual Number of Open Heart Surgery Procedures done without utilizing a Heart-Lung Bypass Machine	
4. Total Open Heart Surgery Procedures (2. + 3.)	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

8. Specialized Cardiac Services *continued* (for questions, call Healthcare Planning at 919-855-3865)

b. Cardiac Catheterization and Electrophysiology

Cardiac Catheterization, as defined in NCGS 131E-176(2g)	Diagnostic Cardiac Catheterization**	Interventional Cardiac Catheterization***
1. Number of Units of Fixed Equipment		
2. Number of Procedures* Performed in Fixed Units on Patients Age 14 and younger		
3. Number of Procedures* Performed in Fixed Units on Patients Age 15 and older		
4. Number of Procedures* Performed in Mobile Units		
Dedicated Electrophysiology (EP) Equipment		
5. Number of Units of Fixed Equipment		
6. Number of Procedures on Dedicated EP Equipment		

*A **procedure** is defined as one visit or trip by a patient to a catheterization laboratory for a single or multiple catheterizations. Count each visit only once, regardless of the number of diagnostic, interventional, and/or EP catheterizations performed during that visit. For example, if a patient has both a diagnostic and an interventional procedure in one visit, count it as one interventional procedure.

** “a cardiac catheterization procedure performed for the purpose of detecting and identifying defects or diseases in the coronary arteries or veins of the heart, or abnormalities in the heart structure, but not the pulmonary artery.” 10A NCAC 14C .1601(9)

*** “a cardiac catheterization procedure performed for the purpose of treating or resolving anatomical or physiological conditions which have been determined to exist in the heart or coronary arteries or veins of the heart, but not the pulmonary artery.” 10A NCAC 14C .1601(16)

Number of fixed or mobile units of grandfathered cardiac catheterization equipment owned by hospital (i.e., equipment obtained before a CON was required): _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed or mobile units of cardiac catheterization equipment owned by hospital:

Name of Mobile Vendor, if not owned by hospital: _____

Number of 8-hour days per week the mobile unit is onsite: _____ 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)

All responses should pertain to **October 1, 2017 through September 30, 2018.**

9. 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 11-13 (through Section 9-g) for each site. Submit the Cumulative Totals and submit a duplicate of pages 11-13 for each campus.

Campus – if multiple sites: _____

a) Surgical Operating Rooms

A Surgical Operating Room is defined as a room “used for the performance of surgical procedures requiring one or more incisions and that is required to comply with all applicable licensure codes and standards for an operating room” (G.S. §131E-146(1c)). These surgical operating rooms include rooms located in both Obstetrics and surgical suites.

Type of Room	Number of Rooms
Dedicated Open Heart Surgery	
Dedicated C-Section	
Other Dedicated Inpatient Surgery (<i>Do not include dedicated Open Heart or C-Section rooms</i>)	
Dedicated Ambulatory Surgery	
Shared - Inpatient / Ambulatory Surgery	
Total of Surgical Operating Rooms	

Of the Total of Surgical Operating Rooms , above, how many are equipped with advanced medical imaging devices (excluding mobile C-arms) or radiation equipment for the performance of endovascular, cardiovascular, neuro-interventional procedures, and/or intraoperative cancer treatments? Your facility may or may not refer to such rooms as “hybrid ORs.”	
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b) Gastrointestinal Endoscopy Rooms, Procedures, and Cases

Report the number of Gastrointestinal Endoscopy rooms and the Endoscopy cases and procedures performed during the reporting period, **in GI Endoscopy Rooms and in any other location.**

Total Number of Licensed Gastrointestinal Endoscopy Rooms: _____

GI Endoscopies*	PROCEDURES		CASES		TOTAL CASES
	Inpatient	Outpatient	Inpatient	Outpatient	
Performed in Licensed GI Endoscopy Rooms					
NOT Performed in Licensed GI Endoscopy Rooms					
TOTAL CASES –must match total reported on Page 27 (Patient Origin – GI Endoscopy Cases) →					

*As defined in 10A NCAC 14C .3901 “ ‘Gastrointestinal (GI) endoscopy procedure’ means a single procedure, identified by CPT code or [ICD-10-PCS] procedure code, performed on a patient during a single visit to the facility for diagnostic or therapeutic purposes.”

c) Procedure Rooms (Excluding Operating Rooms and Gastrointestinal Endoscopy Rooms)

Report rooms, which are not licensed as operating rooms or GI endoscopy rooms, but that are used for performance of surgical procedures other than Gastrointestinal Endoscopy procedures.

Total Number of Procedure Rooms: _____

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Campus – if multiple sites: _____

d) Non-Surgical Cases by Category

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.**

Non-Surgical Category	Inpatient Cases	Ambulatory Cases
Endoscopies OTHER THAN GI Endoscopies		
Performed in Licensed GI Endoscopy Rooms		
NOT Performed in Licensed GI Endoscopy Rooms		
Other Non-Surgical Cases		
Pain Management		
Cystoscopy		
YAG Laser		
Other (specify)		

e) Surgical Cases by Specialty Area

Enter the number of surgical cases performed in licensed operating rooms only, by surgical specialty area. 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 28 and 29.**

Surgical Specialty Area	Inpatient Cases	Ambulatory Cases
Cardiothoracic (excluding Open Heart Surgery)		
Open Heart Surgery (from 8.(a) 4. on page 9)		
General Surgery		
Neurosurgery		
Obstetrics and GYN (excluding C-Sections)		
Ophthalmology		
Oral Surgery/Dental		
Orthopedics		
Otolaryngology		
Plastic Surgery		
Podiatry		
Urology		
Vascular		
Other Surgeries (specify)		
Number of C-Sections Performed in Dedicated C-Section ORs		
Number of C-Sections Performed in Other ORs		
Total Surgical Cases Performed Only in Licensed ORs		

f) Number of surgical procedures performed in unlicensed Procedure Rooms: _____

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Campus – if multiple sites: _____

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

g. Average Operating Room Availability and Average Case Times

Based on **your facility's** experience, please complete the table below by showing the averages for all licensed operating rooms in your facility. Healthcare Planning uses this data in the operating room need methodology. **Average case times should be calculated, not estimated.** When reporting case times, be sure to include set-up and clean-up times.

Average Hours per Day Routinely Scheduled for Use Per Room*	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

* Use only Hours per Day **routinely** scheduled when determining the answer. Example:

A facility has 3 ORs: 2 are routinely scheduled for use 8 hours per day, and 1 is routinely scheduled for use 9 hours per day.

2 rooms	x	8 hours	=	16 hours	
1 room	x	9 hours	=	9 hours	
		Total hours per day		25 hours	
					25 hours divided by 3 ORs
					= 8.3 Average Hours per day
					Routinely Scheduled for Use Per 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. 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.*

All responses should pertain to **October 1, 2017 through September 30, 2018.**

For questions regarding this page, please contact Healthcare Planning at 919-855-3865.

h. Definition of Health System for Operating Room Need Determination Methodology

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Operating Room need determination methodology uses the following definition of “health system” that differs from the definition on page 4 of the License Renewal Application. (Note that for most facilities, the health system entered here will be the same health system entered on page 4, but it may not be. Please read this definition carefully.)

- A “health system” includes all licensed health service facilities located in the same county that are owned or leased by:
1. the same legal entity (i.e., the same individual, trust or estate, partnership, corporation, hospital authority, or the State or political subdivision, agency or instrumentality of the State); or
 2. the same parent corporation or holding company; or
 3. a subsidiary of the same parent corporation or holding company; or
 4. a joint venture in which the same parent, holding company, or a subsidiary of the same parent or holding company is a participant and has the authority to propose changes in the location or number of ORs in the health service facility.

A health system consists of one or more health service facilities.

Based on the above definition, is this facility in a health system? _____ Yes _____ No

If so, name of health system: _____

All responses should pertain to **October 1, 2017 through September 30, 2018**.

i. 20 Most Common Outpatient Surgical Cases - Enter the number of surgical cases performed only in licensed operating rooms and / or licensed endoscopy room by the top 20 most common outpatient surgical cases in the table below by CPT code. Count each patient undergoing surgery as one case regardless of the number of surgical procedures performed while the patient was having surgery. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Cases
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed	
42820	Tonsillectomy and adenoidectomy; younger than age 12	
42830	Adenoidectomy, primary; younger than age 12	
43235	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)	
43239	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple	
43248	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire	
43249	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)	
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)	
45380	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple	
45384	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	
45385	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	
62311	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)	
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or computed tomography); lumbar or sacral, single level	
64721	Neuroplasty and/or transposition; median nerve at carpal tunnel	
66821	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (e.g., YAG laser) (one or more stages)	
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (e.g., iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage	
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (stage one procedure), manual or mechanical technique (e.g., irrigation and aspiration or phacoemulsification)	
69436	Tympanostomy (requiring insertion of ventilating tube), general anesthesia	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

10. Imaging Procedures

a. 20 Most Common Outpatient Imaging Procedures

Enter the number of the top 20 common imaging procedures performed in the ambulatory setting or outpatient department in the table below by CPT code. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

CPT Code	Description	Procedures
70450	Computed tomography, head or brain; without contrast material	
70486	Computed tomography, facial bone; without contrast material	
70551	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material	
70553	Magnetic resonance (e.g., proton) imaging, brain (including brain stem); without contrast material followed by contrast material(s) and further sequences	
71020	Radiologic examination, chest; two views, frontal and lateral	
71250	Computed tomography, thorax; without contrast material(s)	
71260	Computed tomography, thorax; with contrast material(s)	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	
72100	Radiologic examination, spine, lumbosacral; two or three views	
72110	Radiologic examination, spine, lumbosacral; minimum of four views	
72125	Computed tomography, cervical spine; without contrast material	
72141	Magnetic resonance (e.g., proton) imaging, spine cervical without contrast material	
72148	Magnetic resonance (e.g., proton) imaging, spine lumbar without contrast material	
73221	Magnetic resonance (e.g., proton) imaging, upper joint (e.g. shoulder, elbow, wrist) extremity without contrast material	
73630	Radiologic examination, foot; complete, minimum of three views	
73721	Magnetic resonance (e.g., proton) imaging, lower joint (e.g. knee, ankle, mid-hind foot, hip) extremity without contrast material	
74000	Radiologic examination, abdomen; single anteroposterior view	
74176	Computed tomography, abdomen and pelvis; without contrast material	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	
74178	Computed tomography, abdomen and pelvis; with contrast material(s) followed by contrast material	

All responses should pertain to **October 1, 2017 through September 30, 2018**.

Instructions for Hospitals with multiple campuses: For MRI Services, (Sections 10b-10e, pp 17-18), do not provide cumulative/combined data for all campuses. Provide data for individual campuses only.

b. MRI Procedures

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

Procedures	Inpatient Procedures*			Outpatient Procedures*			TOTAL Procedures
	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Inpatient	With Contrast or Sedation	Without Contrast or Sedation	TOTAL Outpatient	
Fixed							
Mobile (performed only at this site)							
TOTAL**							

* An **MRI procedure** is defined as a single discrete MRI study of one patient (single CPT-coded procedure). An MRI study means one or more scans relative to a single diagnosis or symptom.

** Totals must be greater than or equal to the totals in the MRI Patient Origin Table on page 30 of this application.

Note: Healthcare Planning and Certificate of Need may request CPT codes for MRI procedures if further clarification is needed.

c. Fixed MRI Scanners

Indicate the number of MRI scanners (units) operated during the 12-month reporting period at your facility. For hospitals that operate medical equipment at multiple sites/campuses, please copy the MRI pages and provide separate data for each site/campus. **Campus – if multiple sites:** _____

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

Number of grandfathered fixed MRI scanners on this campus: _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all other fixed MRI scanners on this campus: _____

All responses should pertain to **October 1, 2017 through September 30, 2018.**

d. Mobile MRI Services Campus – if multiple sites: _____
During the reporting period,

1. Did the facility own one or more mobile MRI scanners? ___ Yes ___ No

If Yes, how many? _____ Of these, how many are grandfathered? _____
 CON Project ID numbers for non-grandfathered mobile scanners owned by facility:

Did the facility contract for mobile MRI services? ___ Yes ___ No

If Yes, name of mobile vendor: _____

e. Other MRI

Patients served on units listed in the next table should not be included in the MRI Patient Origin Table on page 30 of this application. 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: _____

Other 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	
Other Human Research MRI scanners								
Intraoperative MRI (iMRI)								

* 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.

f. Computed Tomography (CT). Campus – if multiple sites: _____

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 table for fixed and mobile CT scanners.

	Type of CT Scan	<u>FIXED</u> CT Scanner # of Scans	<u>MOBILE</u> CT Scanner # of Scans
1	Head without contrast		
2	Head with contrast		
3	Head without and with contrast		
4	Body without contrast		
5	Body with contrast		
6	Body without contrast and with contrast		
7	Biopsy in addition to body scan with or without contrast		
8	Abscess drainage in addition to body scan with or without contrast		
	Total		

All responses should pertain to **October 1, 2017 through September 30, 2018.**

g. Positron Emission Tomography (PET). Campus – if multiple sites: _____

	Number of Units	Number of Procedures*		
		Inpatient	Outpatient	Total
Dedicated Fixed PET Scanner				
Mobile PET Scanner				
PET pursuant to Policy AC-3				
Other PET Scanners used for Human Research only				

* 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 31.**

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

CON Project ID numbers for all non-grandfathered fixed PET scanners on this campus: _____

Does the hospital own a mobile PET scanner that performed procedures on this campus? ____ Yes ____ No

If Yes, enter the CON Project ID number(s) for the mobile scanner(s): _____

If No, name of Mobile PET Provider, if any: _____

h. Other Imaging Equipment. Campus – if multiple sites: _____

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Ultrasound equipment				
Mammography equipment				
Bone Density Equipment				
Fixed X-ray Equipment (excluding fluoroscopic)				
Fixed Fluoroscopic X-ray Equipment				
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:				
Proton Therapy equipment				

i. Lithotripsy. Campus – if multiple sites: _____

	Number of Units	Number of Procedures		
		Inpatient	Outpatient	Total
Fixed				
Mobile				

Lithotripsy Vendor/Owner

All responses should pertain to **October 1, 2017 through September 30, 2018.**

11. Linear Accelerator Treatment Data (including Cyberknife® & Similar Equipment)

Campus – if multiple sites: _____

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)	
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) delivery and/or CPT codes 77385 and/or 77386 and/or G6015	
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	
	Limb salvage irradiation	
	Hemibody irradiation	
	Total body irradiation	
Imaging Procedures Not Included Above		
77417	Additional field check radiographs	
Total Procedures – Linear Accelerators		
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, 2017 through September 30, 2018.**

11. Linear Accelerator Treatment Data *continued*

Campus – *if multiple sites:* _____

- 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

Number of Patients _____

(This number should match the number of patients reported in the Linear Accelerator Patient Origin Table on page 32.)

- b. TOTAL number of Linear Accelerators: _____

Of the TOTAL above,

Number of Linear Accelerators configured for
stereotactic radiosurgery: _____

Number of **CyberKnife®** Systems: _____

Number of **other specialized linear accelerators:** _____

- c. Number of **Gamma Knife®** units _____

- 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)))

- e. Number of grandfathered Linear Accelerators _____

For questions, please contact Healthcare Planning and Certificate of Need at 919-855-3873.

- f. CON Project ID numbers for all non-grandfathered Linear Accelerators: _____
-

All responses should pertain to **October 1, 2017 through September 30, 2018.**

12. Additional Services: Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

a. Check each Service provided: (for dialysis stations, show number of stations)

- | | | | |
|---------------------------------------|--------------------------|-----------------------------------|--------------------------|
| 1. Cardiac Rehab Program (Outpatient) | <input type="checkbox"/> | 5. Rehabilitation Outpatient Unit | <input type="checkbox"/> |
| 2. Chemotherapy | <input type="checkbox"/> | 6. Podiatric Services | <input type="checkbox"/> |
| 3. Clinical Psychology Services | <input type="checkbox"/> | 7. Genetic Counseling Service | <input type="checkbox"/> |
| 4. Dental Services | <input type="checkbox"/> | 8. Inpatient Dialysis Services | <input type="checkbox"/> |

If number 8 is checked, enter number of dialysis stations: _____

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 Unit. **For age categories count each inpatient client only once.**

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										

c. Psychiatric and Substance Use Disorder Units

1. If the psychiatric unit has a different name from the hospital, please indicate:

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

3. Director of the above services.

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Indicate the Location of Services in the **Service Categories** charts below. If it is in the hospital, include the room number(s). 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.

Psychiatric Services

Rule 10A NCAC 27G Licensure Rules for Mental Health Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.1100 Partial hospitalization for individuals who are acutely mentally ill.							
.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 Mental Health	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient unit for individuals who have mental disorders							

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Substance Use Disorder Services

Rule 10A NCAC 27G Licensure Rules for Substance Abuse Facilities	Location of Services	Beds Assigned by Age					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.3100 Nonhospital medical detoxification for individuals who are substance abusers							
.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					
		< 6	6-12	13-17	Total 0-17	18 & up	Total Beds
.5200 Dedicated inpatient hospital unit for individuals who have substance use disorders							

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin - General Acute Care Inpatient Services

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 admission to your facility. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Must match number of admissions on page 5, Section B-1.

County	No. of Admissions	County	No. of Admissions	County	No. of Admissions
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin – Emergency Department Services

In an effort to document patterns of Emergency Department Services in North Carolina hospitals, please provide the county of residence for all patients served in your facility by your Emergency Department.

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

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 8.

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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin – Gastrointestinal Endoscopy (GI) Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the total GI Endoscopy cases reported on the “Gastrointestinal Endoscopy Rooms, Procedures, and Cases” table on page 11.

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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin – Inpatient Surgical Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Inpatient Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin – Ambulatory Surgical Cases

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The Total from this chart should match the Total Ambulatory Surgical Cases reported on the “Surgical Cases by Specialty Area” table on page 12.

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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin - MRI Services

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The total number of patients reported here should be equal to or less than the total number of MRI procedures reported in the “MRI Procedures” table on page 17.

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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin – PET Scanner

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Please count each patient only once. The number of patients in this table should match the number of PET procedures reported in the “Positron Emission Tomography (PET)” table on page 19.

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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin – Linear Accelerator Treatment

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. Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

The number of patients reported here should match the number of patients reported in Section 11.a. on page 21 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	
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 States	
35. Franklin		71. Pender		106. Other	
36. Gaston		72. Perquimans		Total No. of Patients	

All responses should pertain to **October 1, 2017 through September 30, 2018.**

Patient Origin - Psychiatric and Substance Use Disorder

Submit one record for the licensed hospital. **DO NOT SUBMIT SEPARATE RECORDS FOR EACH CAMPUS.**

Complete the following table below for inpatient Days of Care for beds reported under Section .5200 on pages 23-24. Days of care reported here must match days of care reported on page 6 (D-4 and D-5).

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
<i>Example: Wake</i>		5	8	30	43			10	2	12
1. Alamance										
2. Alexander										
3. Alleghany										
4. Anson										
5. Ashe										
6. Avery										
7. Beaufort										
8. Bertie										
9. Bladen										
10. Brunswick										
11. Buncombe										
12. Burke										
13. Cabarrus										
14. Caldwell										
15. Camden										
16. Carteret										
17. Caswell										
18. Catawba										
19. Chatham										
20. Cherokee										
21. Chowan										
22. Clay										
23. Cleveland										
24. Columbus										
25. Craven										
26. Cumberland										
27. Currituck										
28. Dare										
29. Davidson										
30. Davie										
31. Duplin										
32. Durham										
33. Edgecombe										
34. Forsyth										
35. Franklin										
36. Gaston										
37. Gates										
38. Graham										
39. Granville										
40. Greene										
41. Guilford										
42. Halifax										
43. Harnett										

Continued on next page

All responses should pertain to **October 1, 2017 through September 30, 2018.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
44. Haywood										
45. Henderson										
46. Hertford										
47. Hoke										
48. Hyde										
49. Iredell										
50. Jackson										
51. Johnston										
52. Jones										
53. Lee										
54. Lenoir										
55. Lincoln										
56. Macon										
57. Madison										
58. Martin										
59. McDowell										
60. Mecklenburg										
61. Mitchell										
62. Montgomery										
63. Moore										
64. Nash										
65. New Hanover										
66. Northampton										
67. Onslow										
68. Orange										
69. Pamlico										
70. Pasquotank										
71. Pender										
72. Perquimans										
73. Person										
74. Pitt										
75. Polk										
76. Randolph										
77. Richmond										
78. Robeson										
79. Rockingham										
80. Rowan										
81. Rutherford										
82. Sampson										
83. Scotland										
84. Stanly										
85. Stokes										
86. Surry										
87. Swain										
88. Transylvania										
89. Tyrrell										
90. Union										
91. Vance										
92. Wake										

Continued on next page

All responses should pertain to **October 1, 2017 through September 30, 2018.**

County of Patient Origin	Psychiatric Treatment Days of Care					Substance Use Disorder Treatment Days of Care				
	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total	Age < 6	Age 6-12	Age 13-17	Age 18 +	Total
93. Warren										
94. Washington										
95. Watauga										
96. Wayne										
97. Wilkes										
98. Wilson										
99. Yadkin										
100. Yancey										
101. Other States										
102. Other										
TOTAL										

All responses should pertain to **October 1, 2017 through September 30, 2018.**

This license renewal application must be completed and submitted to the Acute and Home Care Licensure and Certification Section, Division of Health Service Regulation prior to the issuance of a 2019 hospital license.

AUTHENTICATING SIGNATURE: The undersigned submits application for the year 2019 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:** _____

PRINT NAME
OF APPROVING OFFICIAL _____

Please be advised, the license fee must accompany the completed license renewal 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.