



## 2019 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:hosp705a

**Facility Name:** Emory Univ Hosp Midtown (Siemens Bio Vis 600 PET/CT 1999-066,DET2018-082)

**County:** Fulton

**Street Address:** 550 Peachtree Street NE

**City:** Atlanta

**Zip:** 30308

**Mailing Address:** 550 Peachtree Street NE

**Mailing City:** Atlanta

**Mailing Zip:** 30308

**Medicaid Provider Number:** 00000503

**Medicare Provider Number:** 110078

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2019 through December 31, 2019.

***Do not use a different report period.***

Check the box to the right if your facility was **not** operational for the entire year.

If your facility was **not** operational for the entire year, provide the dates the facility was operational.

### Part B : Survey Contact Information

*Person authorized to respond to inquiries about the responses to this survey.*

**Contact Name:** Tonya Johnson

**Contact Title:** Director, Procedural Operations

**Phone:** 404-686-2695

**Fax:** 404-686-2232

**E-mail:** tonya.carter.johnson@emoryhealthcare.org

## Part C : Ownership, Operation and Management

### 1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

#### A. Facility Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1944

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare, Inc.	Not for Profit	01/01/1997

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1944

### 2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the Report Period.

If checked, please explain in the box below and include effective dates.

#### 3a. Type of PET Authorization (Select one only.)

Fixed-Based PET CON

#### 3b. Certificate of Need Project Number

Please enter the Certificate of Need project number.

1999-066

**3c. Name of Mobile Vendor (If selected PET CON (Mobile Contract) at 3A. above.)**

N/A

**Part D : PET Imaging Services Technology and volume by Diagnostic Type**

**1. Manufacturer and Model**

Please document the manufacturer and model of PET equipment and select PET only or PET/CT Hybrid Unit. NOTE: IF you have more than one scanner, please complete one survey for each machine.

PET / CT Hybrid Unit  
Siemens Biograph Vision 600

**2. Patients and Scans for PET Imaging Services**

Please report the patients and scans for PET imaging services during the reporting period by the patient's primary diagnostic area. Please provide unduplicated patient counts within each of the three subgroups. The sum total of all patients for all three diagnostic areas (automatically calculated by the web page) may include some duplication.

Oncology Patients	Number of Patients	Total Number of Scans	Follow Up Scans
Lung and Bronchus Cancers	2	2	0
Colon and Rectal Cancers	1	1	0
Lymphoma Cancers	0	0	0
Melanoma Cancers	0	0	0
Esophageal Cancers	0	0	0
Head and Neck Cancers	0	0	0
Breast Cancers	0	0	0
Other Cancers	7	7	0
<b>Total</b>	<b>10</b>	<b>10</b>	<b>0</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	2,047	2,106
<b>Total</b>	<b>2,047</b>	<b>2,106</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	0	0
Other Neurological Use	54	54
<b>Total</b>	<b>54</b>	<b>54</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	289	303
<b>Total</b>	<b>289</b>	<b>303</b>

## Part E : PET Services Financial Summary and Patient Demographics

### **1. Patients by Primary Payment Source**

Please report the total number of patients (unduplicated) receiving PET services by primary payment source.

Primary Payment Source	Number of Patients (unduplicated)
Medicare	1,241
Medicaid	136
Third-Party	850
Self-Pay	173
<b>Total</b>	<b>2,400</b>

### **2. Total Charges and Adjusted Gross Revenue**

Please report the total charges and adjusted gross revenues for PET services.

Total Charges	Adjusted Gross Revenue
15,569,045	7,736,587

### **3. Total Uncompensated Charges and I/C Patients**

Please report the total amount of uncompensated PET services charges that can be attributed to persons who are indigent or eligible for charity care. Also provide the number of I/C patients in the PET program.

Total Uncompensated Charges	I/C Patients
987,334	341

### **4. Average Treatment Charge**

What is your program's average treatment charge for a PET scan or study (one patient visit regardless of number of images)?

6,444

### **5. Patients by Race/Ethnicity**

Please report the number of patient served during the entire report period by the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	3
Asian	19
Black/African American	1,650
Hispanic/Latino	0
Pacific Islander/Hawaiian	4
White	531
Multi-Racial	193
<b>Total</b>	<b>2,400</b>

### **6. Patients by Age Group and Gender**

Please report the number of patients served during the entire report period by the gender and age

grouping below.

Age Group	Male	Female
Ages 0-14	0	0
Ages 15-64	621	668
Ages 65-74	296	363
Ages 75-85	152	218
Ages 85 and Up	32	50
<b>Total</b>	<b>1,101</b>	<b>1,299</b>

**7. Participation in Reporting**

Does your facility/service participate in and report to the Georgia Comprehensive Cancer Registry? (check box for YES, leave unchecked for NO)

**8. Days and Hours of Operation**

Please indicate the days and hours of operation for your program's PET services.

Mon Tue Wed Thurs Fri Sat Sun

**Hours of Operation:** 7:30AM until 6:30PM

**9. Total Number of Days that PET Scans Were Offered**

Please report the total number of days that PET scans were offered during the report period.

Total Days PET Scans Offered
222

**Part F : Mobile PET Services**

**1. Mobile PET Services- (For mobile vendors holding a CON to provide PET services.)**

Please report each location served during the reporting period and the number of days of services provided at each loacation for each month. If your PET service is fixed-based, or your facility holds a CON for mobile PET services under contract, continue with Part G.

Site Name	Site County	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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## Part G : Patient Origin Table (Must be completed by all providers)

### 1. Patient Origin by County

Please report the county of origin for patients served by your PET program during the report period. Note to Mobile PET Providers who hold a CON: You must complete this section for every site visit location. Please select from the list of site visit locations(s) provided above.

Name	County	Patients Served	Patient County
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Alabama	7	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Baldwin	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Barrow	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Bartow	6	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Berrien	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Bibb	4	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Butts	6	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Calhoun	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Carroll	24	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Catoosa	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Chatham	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Chattooga	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Cherokee	27	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Clayton	149	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Cobb	151	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Coweta	23	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	DeKalb	405	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Dougherty	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Douglas	35	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Elbert	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Fayette	16	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Florida	14	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Floyd	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Forsyth	11	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Gordon	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Greene	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Gwinnett	86	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Habersham	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Hall	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Haralson	8	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Harris	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Heard	4	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Henry	97	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Paulding	10	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Peach	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Pickens	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Pike	3	NA

Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Rockdale	34	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Schley	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Seminole	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	South Carolina	4	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Spalding	15	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Stephens	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Tennessee	5	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Troup	11	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Union	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Upson	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Walker	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Walton	22	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Washington	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	White	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Whitfield	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Fulton	1,080	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Houston	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Jasper	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Jeff Davis	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Jones	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Lamar	5	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Laurens	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Liberty	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Lowndes	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Lumpkin	3	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Macon	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	McDuffie	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Meriwether	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Monroe	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Morgan	2	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Muscogee	8	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Newton	27	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	North Carolina	6	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Oconee	1	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Other Out of State	34	NA
Emory University Hospital Midtown (HZL positron PET-Only - 1991-049	Wilkinson	2	NA
<b>Total</b>		<b>2,400</b>	

## Electronic Signature

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete.

*I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act.*

**Authorized Signature:** Daniel Owens

**Date:** 05/13/2020

**Title:** Chief Executive Officer, EUHM

**Comments:**

For CY20 the Siemens Biograph Vision 600 PET/CT 1999-066,DET2018-082 will be the only survey required.