



## 2012 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:hosp706b

**Facility Name:** Emory University Hospital (Siemens Biograph 40 - 2004-078)

**County:** DeKalb

**Street Address:** 1364 Clifton Road NE

**City:** Atlanta

**Zip:** 30322-1061

**Mailing Address:** 1364 Clifton Road, NE

**Mailing City:** Atlanta

**Mailing Zip:** 30322-1061

**Medicaid Provider Number:** 01300417

**Medicare Provider Number:** 11-0010

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2012 through December 31, 2012.

***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:** Toni Wimby

**Contact Title:** Associate Administrator, Emory Hospitals

**Phone:** 404-686-2450

**Fax:** 404-686-2848

**E-mail:** toni.wimby@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	01/01/1922

#### B. Owner's Parent Organization

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

#### C. Facility Operator

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

#### D. Operator's Parent Organization

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

#### E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory Healthcare	Not for Profit	01/01/1922

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Emory University	Not for Profit	01/01/1922

### 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.

2009-061

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

**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 40

**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	14	15	2
Colon and Rectal Cancers	4	5	1
Lymphoma Cancers	27	30	3
Melanoma Cancers	2	3	1
Esophageal Cancers	5	6	2
Head and Neck Cancers	10	10	1
Breast Cancers	22	24	3
Other Cancers	29	31	2
<b>Total</b>	<b>113</b>	<b>124</b>	<b>15</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	604	613
<b>Total</b>	<b>604</b>	<b>613</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	2	3
Other Neurological Use	20	20
<b>Total</b>	<b>22</b>	<b>23</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	154	158
<b>Total</b>	<b>154</b>	<b>158</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	470
Medicaid	47
Third-Party	307
Self-Pay	60
<b>Total</b>	<b>884</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
7,273,849	3,517,569

### **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
389,020	63

### **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)?

7,993

### **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	0
Asian	8
Black/African American	348
Hispanic/Latino	7
Pacific Islander/Hawaiian	1
White	520
Multi-Racial	0
<b>Total</b>	<b>884</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	208	256
Ages 65-74	100	112
Ages 75-85	93	65
Ages 85 and Up	37	13
<b>Total</b>	<b>438</b>	<b>446</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:** 08:00 until 04:30

**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
254

**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 (Siemens Biograph 40 - 2004-078)	DeKalb	1	Baldwin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Banks
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	5	Barrow
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Bartow
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Ben Hill
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Bibb
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Burke
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Butts
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	12	Carroll
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	10	Cherokee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Clarke
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	21	Clayton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	26	Cobb
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Coffee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Colquitt
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Columbia
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	6	Coweta
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Dade
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Dawson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	364	DeKalb
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Dodge
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Dougherty
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	12	Douglas
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Elbert
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Fannin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Fayette
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	6	Forsyth
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Franklin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	120	Fulton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Gilmer
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Glynn
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Gordon
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Greene
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	69	Gwinnett
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Habersham
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	7	Hall
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Haralson

Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Harris
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Hart
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	16	Henry
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Houston
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Irwin
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Jackson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Lamar
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Lanier
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Laurens
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Long
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Lowndes
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Madison
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Mitchell
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Washington
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Whitfield
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Wilkinson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Worth
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Alabama
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	7	North Carolina
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	6	South Carolina
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Tennessee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	6	Florida
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	10	Other Out of State
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Monroe
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Morgan
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Murray
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	9	Muscogee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	17	Newton
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Oconee
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	2	Paulding
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	3	Peach
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Pickens
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Pike
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Pulaski
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	14	Rockdale
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	7	Spalding
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Stephens
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Sumter
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Toombs
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	7	Troup
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Twiggs
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	1	Union
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	4	Upson
Emory University Hospital (Siemens Biograph 40 - 2004-078)	DeKalb	11	Walton

Total		884	
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## 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:** Robert J. Bachman

**Date:** 05/16/2013

**Title:** CEO, Emory University Hospital

**Comments:**