



## 2022 Positron Emission Tomography (PET) Services Survey

### Part A : General Information

#### 1. Identification

UID:HOSP706B

**Facility Name:** Emory University Hospital (Siemens Biograph Vision 450 - 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:** 00000712A

**Medicare Provider Number:** 11-0010

#### 2. Report Period

Report Data for the full twelve month period- January 1, 2022 through December 31, 2022.

***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:** Catherine A Maloney

**Contact Title:** VP of Operations

**Phone:** 404-712-5529

**Fax:** 404-686-8535

**E-mail:** catherine.maloney@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	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	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	01/01/1922

### 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.

2004-078

**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 Vision 450

**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	1	1	0
Colon and Rectal Cancers	0	0	0
Lymphoma Cancers	1	1	0
Melanoma Cancers	0	0	0
Esophageal Cancers	0	0	0
Head and Neck Cancers	0	0	0
Breast Cancers	2	2	1
Other Cancers	37	37	0
<b>Total</b>	<b>41</b>	<b>41</b>	<b>1</b>

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1,132	1,144
<b>Total</b>	<b>1,132</b>	<b>1,144</b>

Neurology Patients	Number of Patients	Number of Scans
Dementias (including Alzheimer's)	1	1
Other Neurological Use	15	16
<b>Total</b>	<b>16</b>	<b>17</b>

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	315	341
<b>Total</b>	<b>315</b>	<b>341</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	809
Medicaid	81
Third-Party	555
Self-Pay	59
<b>Total</b>	<b>1,504</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
11,129,263	5,617,002

### **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
334,569	72

### **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)?

7,336

### **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	8
Asian	47
Black/African American	687
Hispanic/Latino	0
Pacific Islander/Hawaiian	4
White	674
Multi-Racial	84
<b>Total</b>	<b>1,504</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	394	359
Ages 65-74	233	212
Ages 75-85	127	118
Ages 85 and Up	24	37
<b>Total</b>	<b>778</b>	<b>726</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:** 6:30 until 16:30

**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
251

**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 (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Tennessee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Tift
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Toombs
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Towns
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	5	Troup
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Twiggs
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Union
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	5	Upson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Walker
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	18	Walton
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Ware
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Wayne
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	White
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Whitfield
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Wilkes
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Wilkinson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	4	Worth
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	15	Alabama
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	7	Baldwin
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	6	Barrow
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	6	Bartow
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Ben Hill
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Berrien
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	12	Bibb
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Brantley
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Brooks
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Bryan
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Bulloch
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	6	Butts
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Candler
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	9	Carroll
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	5	Chatham
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Chattahoochee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	18	Cherokee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	4	Clarke
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	35	Clayton
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	74	Cobb

Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Coffee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Colquitt
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Columbia
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Cook
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	12	Coweta
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Crisp
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Dawson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	585	DeKalb
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Dodge
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Dooly
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Dougherty
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	18	Douglas
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Elbert
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Emanuel
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Evans
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Fannin
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	12	Fayette
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	8	Florida
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Floyd
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	10	Forsyth
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Franklin
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	175	Fulton
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	4	Gilmer
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Glascocock
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Glynn
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Gordon
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Greene
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	126	Gwinnett
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Habersham
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	16	Hall
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Haralson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Harris
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Hart
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	42	Henry
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	9	Houston
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Irwin
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	8	Jackson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Jasper
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Jefferson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Johnson
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Lamar
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Laurens
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Lee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Lowndes

Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Lumpkin
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Macon
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Madison
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Marion
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	McDuffie
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	McIntosh
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Meriwether
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Monroe
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Montgomery
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	8	Morgan
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Murray
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	7	Muscogee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	23	Newton
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	11	North Carolina
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Oconee
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Oglethorpe
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	15	Other Out of State
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	9	Paulding
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Peach
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Pierce
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Pike
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	4	Polk
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Pulaski
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	4	Putnam
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Rabun
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Richmond
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	26	Rockdale
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	1	Screven
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	9	South Carolina
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	13	Spalding
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	3	Stephens
Emory (Siemens Biograph Vision 450 - 2004-078)	DeKalb	2	Sumter
<b>Total</b>		<b>1,504</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:** Matthew Wain

**Date:** 05/05/2023

**Title:** Chief Executive Officer

**Comments:**

Per DET 2020-065, Emory University Hospital replaced the PET/CT Siemens Biograph 40 with a Siemens Biograph Vision 450.