2023 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

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, 2023 through December 31, 2023. **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 Maloney
Contact Title: Chief Operating Officer

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

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	0	0	0
Colon and Rectal Cancers	1	1	1
Lymphoma Cancers	1	1	0
Melanoma Cancers	0	0	0
Esophageal Cancers	1	1	0
Head and Neck Cancers	1	1	0
Breast Cancers	0	0	0
Other Cancers	37	37	1
Total	41	41	2

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	1,695	1,712
Total	1,695	1,712

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	0	0
Other Neurological Use	29	29
Total	29	29

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	605	605
Total	605	605

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	1,317
Medicaid	108
Third-Party	894
Self-Pay	51
Total	2,370

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
26,755,699	14,430,385

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	
	198,551	12	23

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)?

11,130

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	7
Asian	82
Black/African American	1,082
Hispanic/Latino	0
Pacific Islander/Hawaiian	2
White	1,061
Multi-Racial	136
Total	2,370

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	669	558
Ages 65-74	381	331
Ages 75-85	199	163
Ages 85 and Up	34	35
Total	1,283	1,087

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
V	✓	V	V	V		

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.



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	.lan	Feh	Mar	Δnr	May	Jun	Jul	Διια	Sen	Oct	Nov	Dec

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 ocations(s) provided above.

Emory University Hospital DeKalb 4 Appling Emory University Hospital DeKalb 4 Appling Emory University Hospital DeKalb 5 Baldwin Emory University Hospital DeKalb 11 Barrow Emory University Hospital DeKalb 1 Barrow Emory University Hospital DeKalb 1 Berrien Emory University Hospital DeKalb 1 Berrien Emory University Hospital DeKalb 1 Bleckley Emory University Hospital DeKalb 1 Bleckley Emory University Hospital DeKalb 1 Brantley Emory University Hospital DeKalb 1 Brantley Emory University Hospital DeKalb 1 Bultoch Emory University Hospital DeKalb 1 Carroll Emory University Hospital DeKalb 2 Chattocpa Emory University Hospital DeKalb 3 Chetactocpa Emory University Hospital DeKalb <	Name	County	Patients Served	Patient County
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Emory University Hospital Emory University Hosp	Emory University Hospital	DeKalb	10	Bartow
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Emory University Hospital	DeKalb	1	Evans
Emory University Hospital	DeKalb	2	Fannin
Emory University Hospital	DeKalb	23	,
Emory University Hospital	DeKalb	19	Florida
Emory University Hospital	DeKalb	11	Floyd
Emory University Hospital	DeKalb	18	Forsyth
Emory University Hospital	DeKalb	4	Franklin
Emory University Hospital	DeKalb	289	Fulton
Emory University Hospital	DeKalb	1	Gilmer
Emory University Hospital	DeKalb	1	Glascock
Emory University Hospital	DeKalb	2	Glynn
Emory University Hospital	DeKalb	8	Gordon
Emory University Hospital	DeKalb	2	Greene
Emory University Hospital	DeKalb	205	Gwinnett
Emory University Hospital	DeKalb	2	Habersham
Emory University Hospital	DeKalb	20	Hall
Emory University Hospital	DeKalb	2	Hancock
Emory University Hospital	DeKalb	6	Haralson
Emory University Hospital	DeKalb	6	Harris
Emory University Hospital	DeKalb	1	Hart
Emory University Hospital	DeKalb	1	Heard
Emory University Hospital	DeKalb	74	Henry
Emory University Hospital	DeKalb	26	Houston
Emory University Hospital	DeKalb	1	Irwin
Emory University Hospital	DeKalb	9	Jackson
Emory University Hospital	DeKalb	2	Jasper
Emory University Hospital	DeKalb	2	Jeff Davis
Emory University Hospital	DeKalb	1	Johnson
Emory University Hospital	DeKalb	3	Lamar
Emory University Hospital	DeKalb	6	Laurens
Emory University Hospital	DeKalb	2	Lee
Emory University Hospital	DeKalb	3	Lowndes
Emory University Hospital	DeKalb	2	Lumpkin
Emory University Hospital	DeKalb	1	Macon
Emory University Hospital	DeKalb	3	Marion
Emory University Hospital	DeKalb	3	McDuffie
Emory University Hospital	DeKalb	1	McIntosh
Emory University Hospital	DeKalb	10	Meriwether
Emory University Hospital	DeKalb	1	Miller
Emory University Hospital	DeKalb		Mitchell
Emory University Hospital	DeKalb		Monroe
Emory University Hospital	DeKalb		Morgan
Emory University Hospital	DeKalb		Murray
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Emory University Hospital	DeKalb	15	Muscogee
Emory University Hospital	DeKalb	37	Newton
Emory University Hospital	DeKalb	18	North Carolina
Emory University Hospital	DeKalb	2	Oconee
Emory University Hospital	DeKalb	2	Oglethorpe
Emory University Hospital	DeKalb	21	Other Out of State
Emory University Hospital	DeKalb	18	Paulding
Emory University Hospital	DeKalb	6	Peach
Emory University Hospital	DeKalb	4	Pickens
Emory University Hospital	DeKalb	2	Pike
Emory University Hospital	DeKalb	4	Polk
Emory University Hospital	DeKalb	2	Pulaski
Emory University Hospital	DeKalb	7	Putnam
Emory University Hospital	DeKalb	5	Rabun
Emory University Hospital	DeKalb	10	Richmond
Emory University Hospital	DeKalb	36	Rockdale
Emory University Hospital	DeKalb	1	Schley
Emory University Hospital	DeKalb	10	South Carolina
Emory University Hospital	DeKalb	23	Spalding
Emory University Hospital	DeKalb	5	Stephens
Emory University Hospital	DeKalb	1	Stewart
Emory University Hospital	DeKalb	6	Sumter
Emory University Hospital	DeKalb	1	Taliaferro
Emory University Hospital	DeKalb	4	Tattnall
Emory University Hospital	DeKalb	1	Taylor
Emory University Hospital	DeKalb	4	Telfair
Emory University Hospital	DeKalb	9	Tennessee
Emory University Hospital	DeKalb	3	Thomas
Emory University Hospital	DeKalb	9	Tift
Emory University Hospital	DeKalb	2	Toombs
Emory University Hospital	DeKalb	2	Towns
Emory University Hospital	DeKalb	10	Troup
Emory University Hospital	DeKalb	4	Union
Emory University Hospital	DeKalb	3	Upson
Emory University Hospital	DeKalb	1	Walker
Emory University Hospital	DeKalb	30	Walton
Emory University Hospital	DeKalb	4	Ware
Emory University Hospital	DeKalb	1	Washington
Emory University Hospital	DeKalb	3	Wayne
Emory University Hospital	DeKalb	2	Wheeler
Emory University Hospital	DeKalb	3	White
Emory University Hospital	DeKalb	8	Whitfield
Emory University Hospital	DeKalb	1	WILCOX
Emory University Hospital	DeKalb	2	WILKES

Emory University Hospital	DeKalb	2	NA
Total		2,370	

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 incaccurate 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: Catherine Maloney

Date: 05/14/2024 **Title:** COO, EUH

Comments: