GEORGIA DEPARTMENT OF COMMUNITY HEALTH

2023 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, 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: Cecilia Mortorano

Contact Title: Director, Cardiology Services

Phone: 404-686-4415

Fax: 404-686-2599

E-mail: cecilia.mortorano@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.)

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
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	0	0	0
Colon and Rectal Cancers	3	3	0
Lymphoma Cancers	0	0	0
Melanoma Cancers	1	1	0
Esophageal Cancers	0	0	0
Head and Neck Cancers	0	0	0
Breast Cancers	1	1	0
Other Cancers	17	17	0
Total	**22**	**22**	**0**

Cardiovascular Patients	Number of Patients	Number of Scans
All Cardiovascular Patients	2,045	2,078
Total	**2,045**	**2,078**

Neurology Patients	Number of Patients	Number of Scans
Dementias (incuding Alzheimer's)	1	1
Other Neurological Use	39	40
Total	**40**	**41**

Other Diagnostic Areas	Number of Patients	Number of Scans
All Other Patients	313	331
Total	**313**	**331**

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	1,388
Medicaid	173
Third-Party	730
Self-Pay	129
Total	**2,420**

2. Total Charges and Adjusted Gross Revenue

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

Total Charges	Adjusted Gross Revenue
30,261,555	13,756,630

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
726,081	276

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)?

12,402

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	4
Asian	41
Black/African American	1,585
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	628
Multi-Racial	162
Total	**2,420**

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	573	591
Ages 65-74	325	406
Ages 75-85	189	238
Ages 85 and Up	39	59
Total	**1,126**	**1,294**

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
365

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

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.

Name	County	Patients Served	Patient County
Emory Univesity Hospital Midtown	Fulton	29	Douglas
Emory Univesity Hospital Midtown	Fulton	1	Effingham
Emory Univesity Hospital Midtown	Fulton	1	Fannin
Emory Univesity Hospital Midtown	Fulton	16	Fayette
Emory Univesity Hospital Midtown	Fulton	15	Florida
Emory Univesity Hospital Midtown	Fulton	3	Floyd
Emory Univesity Hospital Midtown	Fulton	21	Forsyth
Emory Univesity Hospital Midtown	Fulton	1	Franklin
Emory Univesity Hospital Midtown	Fulton	1,166	Fulton
Emory Univesity Hospital Midtown	Fulton	3	Greene
Emory Univesity Hospital Midtown	Fulton	111	Gwinnett
Emory Univesity Hospital Midtown	Fulton	1	Habersham
Emory Univesity Hospital Midtown	Fulton	5	Hall
Emory Univesity Hospital Midtown	Fulton	1	Hancock
Emory Univesity Hospital Midtown	Fulton	3	Haralson
Emory Univesity Hospital Midtown	Fulton	1	Harris
Emory Univesity Hospital Midtown	Fulton	1	Hart
Emory Univesity Hospital Midtown	Fulton	2	Heard
Emory Univesity Hospital Midtown	Fulton	74	Henry
Emory Univesity Hospital Midtown	Fulton	3	Houston
Emory Univesity Hospital Midtown	Fulton	3	Jackson
Emory Univesity Hospital Midtown	Fulton	2	Jasper
Emory Univesity Hospital Midtown	Fulton	1	Laurens
Emory Univesity Hospital Midtown	Fulton	4	Lowndes
Emory Univesity Hospital Midtown	Fulton	2	Lumpkin
Emory Univesity Hospital Midtown	Fulton	2	Madison
Emory Univesity Hospital Midtown	Fulton	1	Marion
Emory Univesity Hospital Midtown	Fulton	2	Meriwether
Emory Univesity Hospital Midtown	Fulton	1	Miller
Emory Univesity Hospital Midtown	Fulton	1	Telfair
Emory Univesity Hospital Midtown	Fulton	1	Tattnall
Emory Univesity Hospital Midtown	Fulton	2	Sumter
Emory Univesity Hospital Midtown	Fulton	1	Stewart
Emory Univesity Hospital Midtown	Fulton	14	Spalding
Emory Univesity Hospital Midtown	Fulton	3	South Carolina
Emory Univesity Hospital Midtown	Fulton	26	Rockdale
Emory Univesity Hospital Midtown	Fulton	2	Richmond

Emory Univesity Hospital Midtown	Fulton	3	Gilmer
Emory Univesity Hospital Midtown	Fulton	1	Gordon
Emory Univesity Hospital Midtown	Fulton	16	Alabama
Emory Univesity Hospital Midtown	Fulton	1	Baldwin
Emory Univesity Hospital Midtown	Fulton	5	Barrow
Emory Univesity Hospital Midtown	Fulton	1	Bartow
Emory Univesity Hospital Midtown	Fulton	2	Ben Hill
Emory Univesity Hospital Midtown	Fulton	7	Bibb
Emory Univesity Hospital Midtown	Fulton	1	Bleckley
Emory Univesity Hospital Midtown	Fulton	5	Butts
Emory Univesity Hospital Midtown	Fulton	1	Calhoun
Emory Univesity Hospital Midtown	Fulton	31	Carroll
Emory Univesity Hospital Midtown	Fulton	2	Chatham
Emory Univesity Hospital Midtown	Fulton	3	Clarke
Emory Univesity Hospital Midtown	Fulton	1	Coffee
Emory Univesity Hospital Midtown	Fulton	1	Columbia
Emory Univesity Hospital Midtown	Fulton	1	Cook
Emory Univesity Hospital Midtown	Fulton	17	Coweta
Emory Univesity Hospital Midtown	Fulton	1	Crawford
Emory Univesity Hospital Midtown	Fulton	1	Crisp
Emory Univesity Hospital Midtown	Fulton	2	Dawson
Emory Univesity Hospital Midtown	Fulton	28	Cherokee
Emory Univesity Hospital Midtown	Fulton	90	Clayton
Emory Univesity Hospital Midtown	Fulton	145	Cobb
Emory Univesity Hospital Midtown	Fulton	378	DeKalb
Emory Univesity Hospital Midtown	Fulton	1	Dodge
Emory Univesity Hospital Midtown	Fulton	1	Dooly
Emory Univesity Hospital Midtown	Fulton	3	Dougherty
Emory Univesity Hospital Midtown	Fulton	2	Mitchell
Emory Univesity Hospital Midtown	Fulton	1	Monroe
Emory Univesity Hospital Midtown	Fulton	1	Morgan
Emory Univesity Hospital Midtown	Fulton	9	Muscogee
Emory Univesity Hospital Midtown	Fulton	16	Newton
Emory Univesity Hospital Midtown	Fulton	10	North Carolina
Emory Univesity Hospital Midtown	Fulton	2	Oconee
Emory Univesity Hospital Midtown	Fulton	1	Oglethorpe
Emory Univesity Hospital Midtown	Fulton	36	Other Out of State
Emory Univesity Hospital Midtown	Fulton	11	Paulding
Emory Univesity Hospital Midtown	Fulton	5	Peach
Emory Univesity Hospital Midtown	Fulton	6	Pickens
Emory Univesity Hospital Midtown	Fulton	3	Pike
Emory Univesity Hospital Midtown	Fulton	3	Polk
Emory Univesity Hospital Midtown	Fulton	3	Putnam
Emory Univesity Hospital Midtown	Fulton	1	Quitman

Emory Univesity Hospital Midtown	Fulton	1	Wilcox
Emory Univesity Hospital Midtown	Fulton	1	Wayne
Emory Univesity Hospital Midtown	Fulton	2	Washington
Emory Univesity Hospital Midtown	Fulton	1	Ware
Emory Univesity Hospital Midtown	Fulton	17	Walton
Emory Univesity Hospital Midtown	Fulton	1	Walker
Emory Univesity Hospital Midtown	Fulton	1	Upson
Emory Univesity Hospital Midtown	Fulton	2	Union
Emory Univesity Hospital Midtown	Fulton	4	Troup
Emory Univesity Hospital Midtown	Fulton	1	Towns
Emory Univesity Hospital Midtown	Fulton	2	Toombs
Emory Univesity Hospital Midtown	Fulton	1	Tift
Emory Univesity Hospital Midtown	Fulton	1	Tennessee
Total		**2,420**	

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 inccaccurate 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: Cecilia Mortorano

Date: 05/01/2024

Title: Director, Cardiology Services

Comments: