

# Certificate of Need Program

## Review Standards for

- Surgical Services
- Computed Tomography (CT) Scanner Services
- Megavoltage Radiation Therapy (MRT) Services/Units

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## General Structure of Review Standards

- Definitions
- Types of Projects, each has it's own section
  - Initiate
  - Expand
  - Replace
  - Relocate
  - Acquire
- Medicaid
- Project Delivery Requirements
  - Quality Assurance
  - Staffing, etc.

CON Review Standards for Surgical Services

- Effective June 20, 2008
- Licensed Operating Rooms (ORs)
- Initiate, Expand, Replace, Relocate, Acquire

CON Review Standards for Surgical Services

**Initiate** — begin operation of a surgical facility (licensed ORs) at a new location

**Expand** — adding one (1) or more ORs at an existing surgical service

**Relocate** — moving a surgical facility or ORs to a different geographic location within 10 miles (urban) or 20 miles (rural)

**Replace** — development of new space to house ORs at the same site; does not include renovation

**Acquire** — change in ownership of a surgical facility resulting in a new license or certification (purchase, lease, donation, etc.)

CON Review Standards for Surgical Services

**Surgical case** — a single visit to an OR during which one (1) or more surgical procedures are performed

**Surgical hours of use** — the actual time when a patient enters an OR until that same patient leaves that same OR

CON Review Standards for Surgical Services

**Volume Requirements (Cases)**

	<u>Urban</u>	<u>Rural</u>
Replace, Relocate, Acquire (Maintenance)	1,042	839
Initiate	1,128	1,128
Expand	1,216	979

CON Review Standards for Surgical Services

### Volume Requirements (Hours)

	<u>Urban</u>	<u>Rural</u>
Replace, Relocate, Acquire (Maintenance)	1,500 IP 1,125 OP	1,200
Initiate	N/A	N/A
Expand	1,750 IP 1,313 OP	1,400

CON Review Standards for Surgical Services

### Volume Requirements (Mixed Methodology)

Hospitals may use a weighted average of:

- IP surgical hours of use and OP hours of use, or
- IP surgical hours of use and OP surgical cases

Replacement Example:  $3,750 \text{ IP hours} / 1,500 + 8,440 \text{ OP hours} / 1,125 = 2.5 + 7.5 = 10.0 \text{ ORs}$

CON Review Standards for Surgical Services

## Volume Requirements (Mixed Methodology)

Expansion Example:

$$\begin{aligned} \text{Actual: } & 4,380 \text{ IP hours}/1,750 + 9,850 \text{ OP hours}/1,313 \\ & = 2.5 + 7.5 = 10.0 \text{ ORs} \end{aligned}$$

$$\begin{aligned} \text{Projected: } & 4,380 \text{ IP hours}/1,500 + 9,850 \text{ OP hours}/1,125 \\ & = 2.9 + 8.8 = 11.7 \text{ ORs} \end{aligned}$$

CON Review Standards for CT Scanner Services

- Effective June 20, 2008
- Computed Tomography (CT) Scanners
- Dental, Dental (Research Only), PET/CT Hybrid, Mobile CT, Dedicated Pediatric

CON Review Standards for CT Scanner Services

**Computed tomography (CT)** means the use of radiographic and computer techniques to produce cross-sectional images of the head or body.

**CT Scanner** means x-ray CT scanning systems capable of performing CT scans...

CON Review Standards for CT Scanner Services

## CT Equivalents

- the number used for annual reporting and for measuring against the CT volume requirements
- the number of CT scans is multiplied by a conversion factor that represents the specific type of scan to produce the number of CT equivalents

CON Review Standards for CT Scanner Services

## CT Equivalents

<u>Type of Scan</u>	<u>Conversion Factor</u>	<u>Pediatric/ Special Needs</u>
Head Scans w/o Contrast	1.00	1.25
Head Scans with Contrast	1.25	1.50
Head Scans w/o & with Contrast	1.50	2.00
Body Scans w/o Contrast	1.50	1.75
Body Scans with Contrast	1.75	2.00
Body Scans w/o & with Contrast	2.75	3.00

CON Review Standards for CT Scanner Services

## Volume Requirement Exemptions

- A licensed hospital that operates an ER that provides 24-hour emergency care services as authorized by the local medical control authority to receive ambulance runs (initiate and replace only)
- A CT scanner service being acquired for the first time since June 4, 2004

CON Review Standards for CT Scanner Services

## Volume Requirements - General

	<u>Per CT Scanner</u>
Replace	7,500 CT Equivalentents
Expand	10,000 CT Equivalentents

CON Review Standards for CT Scanner Services

## Volume Requirements – Other

### Dental CT Scanners

- 200 dental CT examinations per scanner per year to initiate, replace and relocate
- 300 per scanner per year to expand
- 200 to acquire unless first acquisition since June 4, 2004

CON Review Standards for CT Scanner Services

## Volume Requirements – Other

One Time Exemption to Replace, if the CT scanner

- has performed 5,000 CT equivalents in most recent yr
- is fully depreciated
- at one time met its minimum volume requirements

CON Review Standards for MRT Services/Units

■ Effective November 13, 2008

■ Megavoltage Radiation Therapy (MRT)

A clinical modality in which patients with cancer, other neoplasms, or cerebrovascular system abnormalities are treated with radiation which is delivered by an MRT unit.

■ **MRT Unit:** linear accelerator, cobalt unit; or other medical equipment w/ energy level equal or > 1.0 MEV

CON Review Standards for MRT Services/Units

## MRT Equivalent Treatment Visits (ETVs)

- the number used for annual reporting and for measuring against the MRT volume requirements
- based on the type of treatment visit that reflects the relative average length of time one (1) patient spends in one (1) treatment visit in an MRT unit

CON Review Standards for MRT Services/Units

## MRT ETVs

<u>Treatment Visit Category</u>	<u>Weight</u>
Simple	1.00
Intermediate	1.10
Complex	1.25
IMRT (Intensity Modulated Rad Therapy)	2.50
Very Complex	4.00 – 20.00*

\*dependent upon the specific type of MRT unit and number of visits

CON Review Standards for MRT Services/Units

**Begin Operation of MRT Service (Initiation)**

- New cancer cases from providers not currently providing MRT services are submitted to the Michigan Cancer Surveillance Program for verification
- The verified number of cases is then applied to an in-depth methodology from the standards to produce an ETV number

Urban threshold = 8,000 ETVs

Rural threshold = 5,500 ETVs

CON Review Standards for MRT Services/Units

**Special Purpose MRT Unit**

- Heavy particle accelerator, gamma knife, dedicated stereotactic radiosurgery unit, dedicated total body irradiator, OR-based IORT, cyber knife

**HMRT Unit**

- MRT Unit operating at an energy level equal or > 30.0 MEV

CON Review Standards for MRT Services/Units

Non-Special MRT Unit

- All other MRT units, excluding Special Purpose and HMRT

CON Review Standards for MRT Services/Units

Volume Requirements - Replace

Non-Special MRT Units

- 5,500 ETVs for MRT services with only one (1) unit, and 5,500 ETVs for an MRT service that is the only service in the planning area
- All others: 13,000 ETVs for two (2) units and an additional 5,500 ETVs for each additional unit

CON Review Standards for MRT Services/Units

## Volume Requirements - Expand

- 10,000 ETVs per existing non-special MRT unit to add a non-special MRT unit
- 8,000 ETVs per existing non-special MRT unit to add a special purpose MRT unit

CON Review Standards for MRT Services/Units

## Volume Requirements - Replace

### Special Purpose MRT Units

- an average of 7,000 ETVs for each heavy particle accelerator
- an average of 1,000 ETVs for each of the other types of special purpose units