VIRGINIA DEPARTMENT OF HEALTH
Office of Licensure and Certification
Division of Certificate of Public Need

Staff Analysis

September 18, 2026

COPN Request No. VA-8879
The Centers for Advanced Urology, LLP
Fairfax, Virginia
Establish a facility with one (1) fixed PET/CT scanner.

COPN Request No. VA-8893
Carient Heart & Vascular, LLC
Alexandria, Virginia
Establish a center for Cardiac PET/CT Imaging with one (1) fixed PET/CT scanner with the independent use of the CT scanner for Coronary Artery Calcium Scoring (CACS).

Applicants

COPN Request No. VA-8879: TCAU

The Centers for Advanced Urology (TCAU) is a physician-led urology platform serving a broad patient population across Northern Virginia and the greater Washington, D.C. region. TCAU is comprised of two established and complementary practices, Potomac Urology Center and The Urology Group of Virginia. The proposed facility is located at 12600 Fair Lakes Circle, Fairfax, Virginia, Planning District (PD) 8, Health Planning Region (HPR) II.

COPN Request No. VA-8893: CHV

Carient Heart & Vascular, LLC (CHV) is a Virginia limited liability company. Carient is wholly owned by US Health Virginia, LLC. The proposed facility is located at 6354 Walker Lane, Suite 200 and 270, Alexandria, PD 8, HPR II.

Background

PET/CT Services

A positron emission tomography (PET) scan is an imaging test that can help reveal the metabolic or biochemical function of tissues and organs. The PET scan uses a radioactive drug called a tracer to show both typical and atypical metabolic activity. A PET scan can often detect the atypical metabolism of the tracer in diseases before the disease shows up on other imaging tests, such as computerized tomography (CT) and magnetic resonance imaging (MRI). The tracer is injected into a vein, most often in the hand or arm. The tracer will then collect in areas of the body that have higher levels of metabolic or biochemical activity. This often pinpoints the location of the disease. The PET images are typically combined with CT or MRI and are called PET/CT or PET/MRI scans.[1]

Regarding cardiac PET/CT, the American Society of Nuclear Cardiology and the Society of Nuclear Medicine and Molecular Imaging published a joint position paper in 2016 (Society Joint Position Statement) stating:

> "The purpose of this joint Society Position Statement is to highlight the attributes that make rest/stress myocardial perfusion PET both Preferred and Recommended in the era of high value initiatives for appropriate patients. Myocardial perfusion PET image quality, high diagnostic accuracy that is relatively independent of body habitus, ability to accurately risk stratify patients with a wide array of clinical presentations, short acquisition times, safety by virtue of low radiation exposure, and its unique ability to quantify myocardial blood flow are all significant and clinically important properties. The properties of myocardial perfusion PET according to the published literature are sufficient to advance recommendations for its use in clinical practice. There are no clinical scenarios where PET should not be considered a preferred test for patients who meet appropriate criteria for a stress imaging test and who require pharmacologic stress."[2] COPN Request No. VA-8879 is requesting a PET/CT scanner limited to urology and COPN Request No. VA-8893 is requesting a PET/CT scanner limited to cardiology.

According to 2025 Virginia Health Information (VHI) data, the latest such data available, PD 8 had 12 PET/CT scanners– nine fixed site scanners and three mobile scanners[3] that year. Only the fixed units are relevant for this review and are included in **Table 1**. The fixed PET/CT scanners in PD 8 were utilized at an average of 56.19% of the State Medical Facilities Plan (SMFP) standard of 6,000 PET/CT scans per scanner.

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[1] https://www.mayoclinic.org/tests-procedures/pet-scan/about/pac-20385078

[2] Bateman et.al. American Society of Nuclear Cardiology and Society of Nuclear Medicine and Molecular Imaging Joint Position Statement on the Clinical Indications for Myocardial Perfusion PET. Journal of nuclear cardiology (2016): official publication of the American Society of Nuclear Cardiology. https://pubmed.ncbi.nlm.nih.gov/27528255/ (accessed December 17, 2024).

[3] PD 8 has two authorized mobile scanners, one at UVA Cancer Center- Lake Manassas and one at Sentara Northern Virginia Medical Center. NOVA Cardiovascular Care reported a mobile PET scanner in 2025, but is only authorized for a fixed.

Table 1. PD 8 COPN Authorized Fixed PET Services, 2025

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular (Manassas)[4]	1	3,478	3,478	58.0%
Fairfax PET/CT Center	1	4,150	4,150	69.2%
NOVA Cardiovascular Care	1	243	243	4.1%
PET of Reston	1	2,874	2,874	47.9%
Virginia Heart Falls Church	1	6,617	6,617	110.3%
Virginia Heart Landsdowne	1	794	794	13.2%
Virginia Hospital Center	1	1,673	1,673	27.9%
Woodburn Nuclear Medicine	2	6,593	3,297	54.9%
PD 8 Total	**9**	**26,973**	**3,372**	**56.2%**

Source: 2025 VHI

Table 2 below shows the current inventory according to the Division of Certificate of Public Need (DCOPN) records. This captures PET/CT scanners that have become operational since the VHI data was collected, as well as ones that are authorized, but not in use. When taking these scanners into account, there are currently 19 authorized fixed PET/CT scanners in PD.

[4] Only the Manassas Carient location reported to VHI in 2025. According to the applicant, the Vienna location did 1,035 procedures that same year.

Table 2. PD 8 COPN Authorized Fixed PET/CT Units

Facility	# of Scanners	Cardiac Only?
Amelia Heart & Vascular Center[5]	1	**Yes**
Cardiac Care Associates[6]	1	**Yes**
Carient Heart & Vascular - Manassas	1	**Yes**
Carient Heart & Vascular - Vienna	1	**Yes**
Fairfax PET/CT Imaging Center	1	
Heart and Vascular Specialists[7]	1	**Yes**
Inova Cardiac Diagnostics[8]	1	**Yes**
Inova Reston MRI Center, LLC[9] - Centreville	1	
Inova Reston MRI Center, LLC[10] - Leesburg	1	
Kaiser Permanente Woodbridge Imaging Center[11]	1	
Metro Region PET Center	2	
Nova Cardiovascular Care, Inc.	1	**Yes**
PET of Reston	1	
Virginia Heart - Alexandria[12]	1	**Yes**
Virginia Heart - Falls Church	1	**Yes**
Virginia Heart - Leesburg[13]	1	**Yes**
Virginia Hospital Center	1	
VHC Outpatient Imaging Center[14]	1	**Yes**[15]
Total	**19**	

Source: DCOPN records

11 of the 19 fixed PET/CT scanners in PD 8 are restricted to cardiac use only. This follows a trend in the PD in recent years of providers, especially independent cardiologists, requesting PET/CT scanners only for cardiac imaging. Should COPN Request No. VA-8893 be approved, it will be subject to a cardiology-only restriction. COPN Request No. VA-8879 will be subject to a urology-only restriction should it be approved.

[5] Completed November 2024
[6] Completed December 2024
[7] COPN VA-05004 authorized one fixed PET/CT scanner limited to cardiology. Expected January 2027.
[8] Completed May 20, 2026.
[9] Centreville location. Completed February 2026.
[10] COPN VA-05007 authorized one fixed PET/CT scanner at a new Leesburg location. Expected December 2027.
[11] Authorized for one PET/CT scanner but did not report to VHI in 2024
[12] Expected Q1 2027
[13] Completed October 2025
[14] Expected October 2026
[15] VA-04986 is restricted to 90% cardiology use/10% general.

CT Services

A CT scan is a diagnostic imaging tool that utilizes X-ray technology to produce images of the inside of the body and can show bones, muscles, organs, and blood vessels. CT scans are more detailed than plain film x-rays; rather than the standard straight-line x-ray beam, CT imaging uses an x-ray beam that moves in a circle around the body to show structures in much greater detail.[16] The scans can be done with or without contrast; contrast is a substance taken either orally or injected within the body, causing a particular organ or tissue to be seen more clearly.[17] While COPN Request No. VA- 8893 is requesting independent CT usage for its PET/CT scanner, it will be utilized only for cardiac-related usage, such as coronary artery calcium scoring. COPN No. VA-8879 is not proposing to use the CT portion of the proposed PET/CT scanner independently.

According to VHI, 72 CT scanners[18] were operational in PD 8 in 2025, the latest year for which such data are available. The CT scanners were well utilized at 153.46% of the SMFP standard of 7,400 CT scans per scanner **(Table 3)**.

[16] https://www.hopkinsmedicine.org/health/treatment-tests-and-therapies/computed-tomography-ct-scan#:~:text=Computed%20tomography%20is%20commonly%20referred,fat%2C%20organs%20and%20blood%20vessels.

[17] Ibid.

[18] Sentara Advanced Imaging Center - Lake Ridge reported its Emergency Department and Imaging Center volumes separately. Sentara Advanced Imaging Center - Lake Ridge is only authorized for one CT scanner. Additionally, Carient Heart and Vascular reported its independent use CT scanner on its PET/CT scanner as a separate diagnostic scanner. Because of this, the 2025 VHI total CT scanners should be 70.

Table 3. PD 8 COPN Authorized Fixed CT Services, 2025

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular[19]	1	68	68	0.9%
ED - Inova Emergency Room - Ashburn HealthPlex	1	12,193	12,193	164.8%
ED - Inova Emergency Room - Fairfax City	1	5,962	5,962	80.6%
ED - Inova Emergency Room - Franconia Springfield HealthPlex	1	19,984	19,984	270.1%
ED - Inova Emergency Room - Leesburg	1	13,709	13,709	185.3%
ED - Inova Emergency Room - Lorton HealthPlex	1	14,421	14,421	194.9%
ED - Inova Health Center Oakville	1	8,275	8,275	111.8%
ED - Sentara Lake Ridge[20]	1	6,137	6,137	82.9%
ED - Tysons Emergency (RHC)	1	3,468	3,468	46.9%
Fair Oaks Imaging Center	1	3,583	3,583	48.4%
Fairfax ENT & Facial Plastic Surgery	1	727	727	9.8%
Fairfax Radiology Center at Prosperity	2	16,098	8,049	108.8%
Fairfax Radiology Center of Centreville	1	10,307	10,307	139.3%
Fairfax Radiology Center of Fairfax City	1	5,686	5,686	76.8%
Fairfax Radiology Center of Lansdowne	1	10,281	10,281	138.9%
Fairfax Radiology Center of Reston-Herndon	1	8,386	8,386	113.3%
Fairfax Radiology Center of Springfield	1	6,622	6,622	89.5%

[19] Carient Heart and Vascular is authorized for independent use CT on its PET/CT scanners located in Manassas and Vienna. This should not be considered a diagnostic CT scanner. The Vienna location did not report to VHI in 2025

[20] Sentara Lake Ridge Ambulatory Surgery Center is an Imaging Center and ED with one fixed CT scanner. The volumes from the Imaging Center and the ED were reported separately to VHI (Sentara Advanced Imaging Center - Lake Ridge and ED - Sentara Lake Ridge) but are both utilization from the same scanner.

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Fairfax Radiology Center of Sterling	1	5,781	5,781	78.1%
Inova Alexandria Hospital	3	63,330	21,110	285.3%
Inova Fair Oaks Hospital	3	54,101	18,034	243.7%
Inova Fairfax Hospital[21]	8	169,139	21,142	285.7%
Inova Imaging Center - Mark Center	1	4,332	4,332	58.5%
Inova Loudoun Hospital[22]	2	67,019	33,510	452.8%
Inova Mount Vernon Hospital	2	30,999	15,500	209.5%
Insight Imaging Arlington	1	4,547	4,547	61.4%
Insight Imaging Fairfax	1	5,200	5,200	70.3%
Kaiser Permanente - Reston Medical Center	1	5,375	5,375	72.6%
Kaiser Permanente - Tysons Corner Imaging Center	2	21,299	10,650	143.9%
Kaiser Permanente - Woodbridge Imaging Center	1	16,196	16,196	218.9%
Lakeside @ Loudoun Tech Center 1	1	1,958	1,958	26.5%
LMG Imaging Center	1	4,001	4,001	54.1%
Orthopaedic Foot and Ankle Center of Washington	1	223	223	3.0%
Reston Hospital Center	4	37,784	9,446	127.6%
Sentara Advanced Imaging Center - Alexandria	1	17	17	0.2%
Sentara Advanced Imaging Center - Lake Ridge[23]	1	5,489	5,489	74.2%
Sentara Northern Virginia Medical Center	3	31,775	10,592	143.1%

[21] Inova Fairfax Hospital only has seven scanners operational. The eighth scanner is expected to be completed in March 2027.

[22] Inova Loudoun Hospital was approved for a third CT scanner, which was reported operational in January 2025. ILH only reported two scanners to VHI in 2025.

[23] Sentara Lake Ridge Ambulatory Surgery Center is an Imaging Center and ED with one fixed CT scanner. The volumes from the Imaging Center and the ED were reported separately to VHI (Sentara Advanced Imaging Center - Lake Ridge and ED - Sentara Lake Ridge) but are both utilization from the same scanner.

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Stone Springs Hospital Center	1	10,363	10,363	140.0%
Tysons Corner Diagnostic Imaging	1	374	374	5.1%
Tysons MRI and Imaging Center	1	3,941	3,941	53.3%
UVA Health Haymarket Medical Center	1	20,000	20,000	270.3%
UVA Health Prince William Medical Center	2	29,869	14,935	201.8%
UVA Outpatient Imaging Centreville	1	1,751	1,751	23.7%
Virginia Hospital Center[24]	6	64,205	10,701	144.6%
Woodburn Diagnostic Center	2	9,541	4,771	64.5%
Woodburn Nuclear Medicine, LTD	1	3,122	3,122	42.2%
Total	**72**	**817,638**	**11,356**	**153.46%**

Source: 2025 VHI

Table 4 below shows the current inventory according to DCOPN records. This captures CT scanners that have been added since the 2025 VHI data were collected, as well as ones that are authorized, but not in use. In all, there are currently 79 authorized fixed CT scanners in PD 8.

[24] Virginia Hospital Center is authorized for six CT scanners across three sites: Virginia Hospital Center (four CT scanners), VHC Emergency and Imaging Center (one CT scanner), and VHC Health Outpatient Imaging Center (one CT scanner). Only five were operational at the time of this report.

Table 4. PD 8 COPN Authorized CT Units

Facility	# of Scanners
Centreville-Clifton Imaging Center - Fairfax Radiology	1
Fair Oaks Imaging Center	1
Fairfax ENT & Plastic Surgery Center	1
Fairfax MRI and Imaging Center at Tysons	1
Fairfax Radiology Center at Prosperity	2
Fairfax Radiology Center at Woodburn	2
Fairfax Radiology Center of Riverside[25]	1
Fairfax Radiology Center of Springfield (IFRC)	1
Fairfax Radiology Center of Ballston (Inova Imaging Center - Ballston)[26]	1
Fairfax Radiology Center of Reston-Herndon	1
FRC at Inova Health Center - Woodbridge (IFRC)[27]	1
Inova Alexandria Hospital II (Landmark)[28]	3
Inova Ashburn Healthplex	1
Inova Lorton Healthplex	1
Inova Emergency Room of Fairfax City	1
Inova Emergency Room of Reston/Herndon[29]	1
Inova Fair Oaks Hospital	3
Inova Fairfax Hospital[30]	8
Inova Franconia-Springfield Hospital[31]	3
Inova Health Center- Gainesville[32]	1
Inova Imaging Center - Leesburg	1
Inova Loudoun Hospital[33]	3
Inova Mount Vernon Hospital	2
Inova Oakville Ambulatory Center	1
Kaiser Permanente - Reston Medical Center	1
Kaiser Permanente - Tysons Corner Imaging Center	2
Kaiser Permanente - Woodbridge Imaging Center	1
Leesburg Emergency and Imaging Center (Reston Hospital Center)[34]	1
LMG Imaging Center	1

[25] COPN VA-05006 authorized the relocation of one CT scanner from Fairfax Diagnostic Imaging Center (IFRC Fairfax City) to a new site in Leesburg. Expected December 2027.
[26] Completed April 2026.
[27] Completed November 2025.
[28] Two CT scanners relocated from Inova Alexandria Hospital Expected April 2028.
[29] Expected July 2026.
[30] Eighth CT scanner at Inova Fairfax Hospital. Expected March 2027.
[31] One CT scanner relocated from Inova Alexandria Hospital, and one relocated from Inova Franconia Springfield HealthPlex. Expected April 2030
[32] COPN VA-05005 authorized the relocation of one CT scanner from the Inova Mark Center to a new site in Gainesville. Expected December 2027.
[33] One additional scanner completed January 2025. Not on 2025 VHI report.
[34] Expected July 2026.

Facility	# of Scanners
Metropolitan ENT & Facial Plastic Surgery[35]	1
Orthopaedic Foot and Ankle Center	1
Radiology Imaging Associates at Lansdowne	1
RAYUS Radiology - Arlington (fka Insight Imaging - Arlington)	1
RAYUS Radiology - Fairfax (fka Insight Imaging - Fairfax / Medical Imaging Center of Fairfax)	1
RAYUS Radiology - Woodbridge (fka Insight Imaging)	1
Reston Hospital Center	4
Sentara Advanced Imaging Center -- Alexandria	1
Sentara Lake Ridge Ambulatory Care Center[36]	1
Sentara Northern Virginia Medical Center	2
Sentara Northern Virginia Medical Center -- Century Building Medical Office Building	1
StoneSprings Hospital Center[37]	1
Tysons Corner Diagnostic Imaging	1
Tysons Corner Emergency Center (RHC)	1
UVA Health Haymarket Medical Center (fka UVA Prince William Medical Center d/b/a UVA Health Haymarket Medical Center)	1
UVA Health Outpatient Imaging Gainesville[38]	1
UVA Health Prince William Medical Center (fka UVA Prince William Medical Center d/b/a UVA Health Prince William Medical Center)	2
UVA Outpatient Imaging - Centreville (fka Novant Health UVA Health System Imaging – Centreville)	1
VHC Emergency and Imaging Center[39]	1
VHC Health Outpatient Imaging Center[40]	1
Virginia Hospital Center	4
Washington Radiology Associates	1
Woodburn Nuclear Medicine / Metro Region PET Center	1
Total	**79**

Source: DCOPN records

[35] Authorized for one scanner but did not report to VHI in 2024

[36] Sentara Lake Ridge Ambulatory Surgery Center is an Imaging Center and ED with one fixed CT scanner. The volumes from the Imaging Center and the ED were reported separately to VHI (Sentara Advanced Imaging Center - Lake Ridge and ED - Sentara Lake Ridge) but are both utilization from the same scanner.

[37] Stone Springs requested a significant change for VA-04778 in March 2026, which was denied by the Commissioner for lack of progress. The scanner associated with VA-04778 has been removed DCOPN from inventory pending further action.

[38] Completed May 2026.

[39] Expected Q4 2026.

[40] Completed November 2025

Proposed Project

COPN Request No. VA-8879: TCAU

TCAU proposes to establish a new medical facility with one (1) fixed PET/CT scanner at 12600 Fair Lakes Circle, Fairfax, VA. The PET/CT scanner will primarily be used for urological oncology scans and is meant to supplement current diagnostic and treatment services offered at the other existing TCAU facilities in PD 8. Should this project be approved, the applicant assured that the CT portion of the PET/CT scanner will not be used independently.

TCAU has two existing practices in PD 8, Potomac Urology Group and The Urology Group of Virginia, both of which have multiple locations. While these locations currently offer urological care, none operate a PET/CT scanner. Currently, TCAU patients are referred to outside imaging providers when PET/CT imaging is required.

The total capital costs of the proposed project are $3,750,172.29 of which approximately 31.7% represents direct construction costs (**Table 5**). The applicant states that the proposed project will be funded fully through accumulated reserves so no financing costs will be incurred.

Table 5. TCAU capital costs

Direct Construction Costs	$1,190,000
Equipment Not Included in Construction Contract	$1,712,200
Site Acquisition Cost	$687,972.29
Architectural and Engineering Fees	$110,000
Taxes During Construction	$50,000
Total	**$3,750,172.29**

Source: COPN Request No. VA-8879

Construction for the proposed project is expected to be completed 14 months after COPN approval.

COPN Request No. VA-8893: CHV

CHV proposes to establish a center for Cardiac PET/CT Imaging with independent use of the CT scanner for Coronary Artery Calcium Scoring (CACS) at a new site at 6354 Walker Lane, Suites 200 & 270, Alexandria, VA. The proposed scanner will be solely dedicated to cardiac imaging.

The total capital costs of the proposed project are $8,702,956 of which approximately 33.0% represents direct construction costs (**Table 6**). The applicant states that the proposed project will be funded through "a combination of organizational cash reserves, a landlord-funded Tenant Improvement Allowance, and an equipment lease-purchase agreement for the PET/CT imaging system". **Table 7** below shows a breakdown of the financing sources for the project with accumulated reserves contributing the highest amount ($6,148,499 or 70.7% of the total capital cost).

Table 6. CHV capital costs

Direct Construction Costs	$2,875,956
Equipment Not Included in Construction Contract	$1,499,880
Site Acquisition Cost	$4,184,328
Architectural and Engineering Fees	$142,055
Total	**$8,702,219**

Source: COPN Request No. VA-8893

Table 7. CHV Financing

Financing Source	Amount	% Of Total
Accumulated Reserves	$6,148,499	70.7%
Landlord Improvement Allowance[41]	$1,053,840	12.1%
Equipment Lease/Purchase Agreement	$1,499,880	17.2%
Total	**$8,702,219**	

Source: COPN Request No. VA-8893

Construction for the proposed project is expected to be completed by May 2027.

[41] Per the applicant: "Under the terms of the proposed lease, the landlord will provide a Tenant Improvement Allowance of approximately $120 per rentable square foot. Based on approximately 8,782 rentable square feet, the landlord contribution is expected to total approximately $1,053,840 and will be applied toward construction and tenant improvement costs associated with the project."

Project Definitions

COPN Request No. VA-8879: TCAU

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "[e]stablishment of a medical care facility described in subsection A." A medical care facility includes "[a]ny specialized center or clinic or that portion of a physician's office developed for the provision … positron emission tomographic (PET) scanning …"

COPN Request No. VA-8893: CHV

Section 32.1-102.1:3 of the Code of Virginia defines a project, in part, as the "[e]stablishment of a medical care facility described in subsection A." A medical care facility includes "[a]ny specialized center or clinic or that portion of a physician's office developed for the provision of computed tomographic (CT) scanning …[or] positron emission tomographic (PET) scanning…"

Required Considerations -- §32.1-102.3, of the Code of Virginia

In determining whether a public need for a project exists, the following factors shall be considered:

1. **The extent to which the proposed project will provide or increase access to health care services for people in the area to be served and the effects that the proposed project will have on access to health care services in areas having distinct and unique geographic, socioeconomic, cultural, transportation, and other barriers to access to health care;**

PD 8 had a population of about 2.5 million in 2020 and is projected to grow by just under 170,000 people, a 6.7% increase, by 2030. This is higher than the population growth rate projected for the Commonwealth of Virginia during this decade, 5.0% (**Table 8**). The 65+ population in PD 8 is expected to grow by 125,027 people (a 40.8% increase) between 2020 and 2030, a higher rate than the 30.9% growth rate in the 65 and older population across Virginia.

With respect to socioeconomic barriers, the overall poverty rate of PD 8 (6.2%) is lower than that of Virginia, 9.8% (**Table 9**).

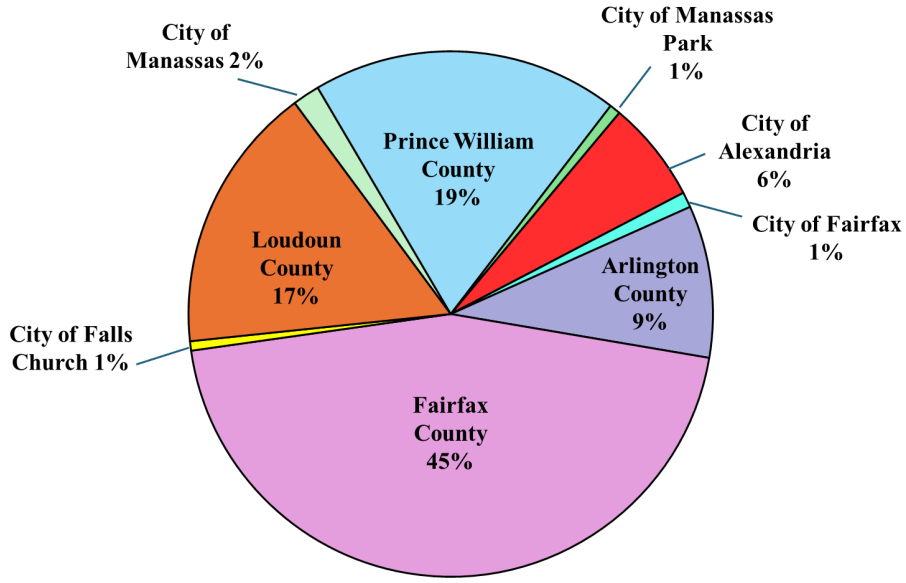
Fairfax County, where both proposed projects are located, is projected to have a population of 1,161,376 by 2030. In total, it is projected to grow by 11,067 people, a 1.0% increase, between 2020 and 2030, a lower rate than that of PD 8 and Virginia (**Table 8 & Figure 2**). In fact, Fairfax County is projected to have the second-smallest population increase in PD 8, only behind Fairfax City, which is located within the boundaries of Fairfax County. In Fairfax County, the 65+ population is expected to grow by 42,839 people (a 27.0% increase) (**Table 8 & Figure 2**). **Figure 1** shows that Fairfax County makes up 45.0% of the population of PD 8.

Table 8. PD 8 Population Data

Geographic Name	2020 Census	2030 Projection	Projected Population Change 2020-2030	Projected % Change 2020-2030	2020 65 + Census	2030 65+ Projection	Projected Population Change 65+ 2020-2030	Projected Percent Change 65+ 2020-2030
City of Alexandria	159,467	165,537	6,070	3.8%	18,758	23,477	4,719	25.2%
Arlington County	238,643	258,193	19,550	8.2%	25,333	31,175	5,842	23.1%
Fairfax County	1,150,309	1,161,376	11,067	1.0%	158,687	201,526	42,839	27.0%
Fairfax City	24,146	24,315	169	0.7%	3,871	4,740	869	22.4%
City of Falls Church	14,658	17,317	2,659	18.1%	2,185	2,846	661	30.3%
Loudoun County	420,959	496,821	75,862	18.0%	41,497	77,656	36,159	87.1%
City of Manassas	42,772	44,513	1,741	4.1%	4,505	6,801	2,296	51.0%
City of Manassas Park	17,219	18,785	1,566	9.1%	1,343	2,306	963	71.8%
Prince William County	482,204	534,983	52,779	11.0%	50,522	81,201	30,679	60.8%
PD 8 Totals/Avg.	**2,550,377**	**2,721,840**	**171,463**	**6.7%**	**306,701**	**431,728**	**125,027**	**40.8%**
Virginia	***8,631,393***	***9,060,433***	***429,040***	***5.0%***	***1,395,291***	***1,826,064***	***430,773***	***30.9%***

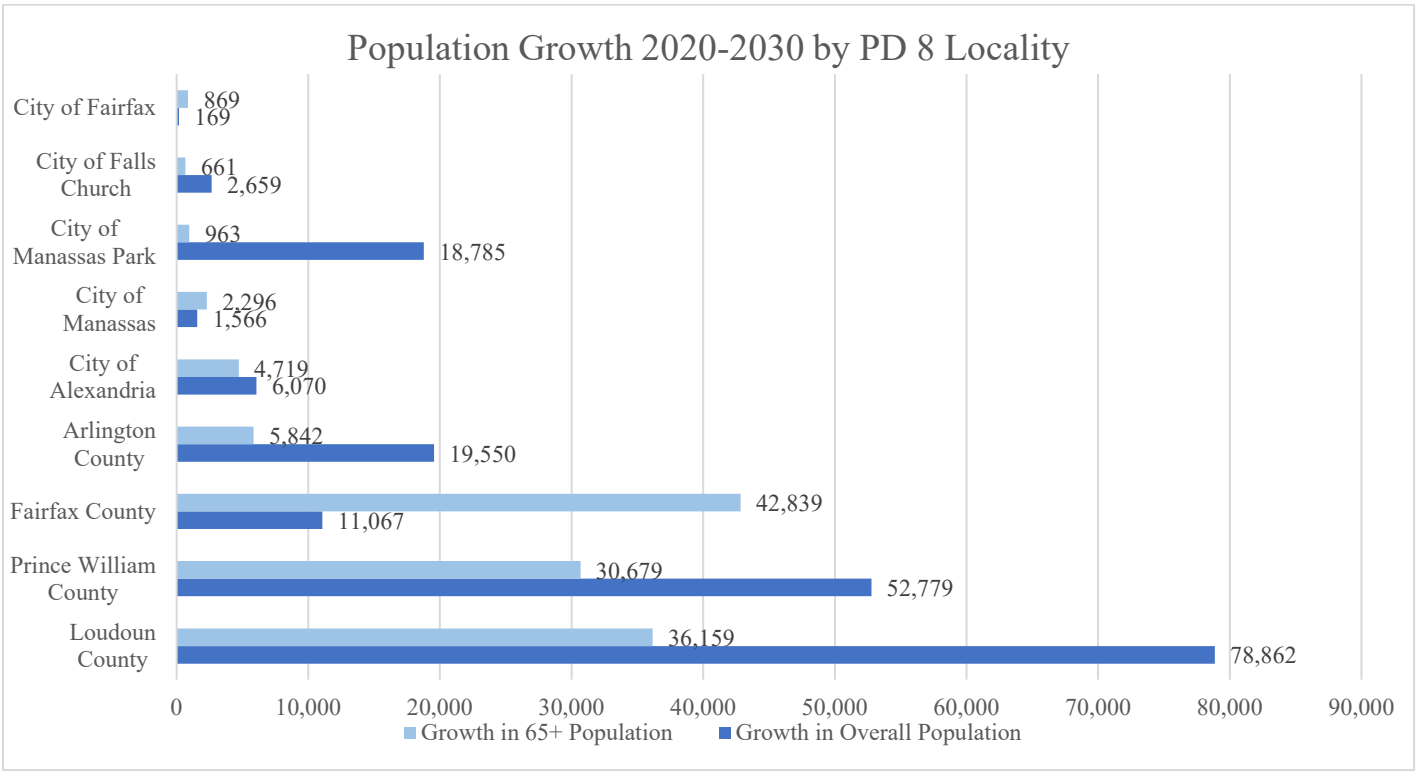
Source: Weldon-Cooper Data, updated June 2026

Figure 1. Percent of PD 8 Population by Locality



Source: Weldon-Cooper 2020 Census Data

Figure 2. Projected Population Growth by Locality, PD 8, 2020-2030



Source: Weldon-Cooper Data, updated June 2026

Fairfax County has a poverty rate of 6.0% which is similar to the PD 8 average (6.2%) and lower than the average overall Virginia poverty rate (9.8%) (**Table 9**).

Table 9. 2024 Poverty Rates, PD 8

Locality	Percent in Poverty
City of Alexandria	7.5%
Arlington County	8.0%
Fairfax County	6.0%
City of Fairfax	7.8%
City of Falls Church	4.6%
Loudoun County	4.3%
City of Manassas	9.1%
City of Manassas Park	7.3%
Prince William County	6.6%
PD 8	**6.2%**
Virginia	*9.8%*

Source: https://www.census.gov/data-tools/demo/saipe/#

COPN Request No. VA-8879: TCAU

Geographically, the proposed facility will be located at 12600 Fair Lakes Circle, Fairfax, VA. The facility will be located directly off the Fairfax County Parkway, with easy access to I-66. The area is served by the Fairfax Connector bus as well as a shuttle service that transports eligible area residents to and from the Vienna Metro Station.

DCOPN is not aware of any other distinct and unique geographic, socioeconomic, cultural, transportation, or other barriers to care that the proposed project will address.

COPN Request No. VA-8893: CHV

Geographically, the proposed facility will be located at 6354 Walker Lane, Suites 200 & 270, Alexandria, VA. The site is located near I-395, I-495, and the Fairfax County Parkway, allowing easy access to the site for patients in surrounding areas. The site is served by the Fairfax Connector and the Washinton Metropolitan Area Transit Authority (WMATA) transportation networks.

DCOPN is not aware of any other distinct and unique geographic, socioeconomic, cultural, transportation, or other barriers to care that the proposed project will address.

2. The extent to which the proposed project will meet the needs of people in the area to be served, as demonstrated by each of the following:

(i) the level of community support for the proposed project demonstrated by people, businesses, and governmental leaders representing the area to be served;

COPN Request No. VA-8879: TCAU

DCOPN received thirty letters of support for the proposed project from both area providers and the community, many in a form letter, which addressed:

- TCAU's two other existing practices in PD 8 have been trusted providers in the area for many years.
- As the population ages, the number of people affected by urological cancers grows.
- Patients must now wait 4-6 weeks for PET/CT imaging at non-TCAU facilities.
- A urologically focused PET/CT scanner will meaningfully increase access for area patients.
- The PET/CT scanner will promote a continuity of care where more rapid diagnoses will lead to prompt initiation or modification of treatment.

DCOPN also received a letter of opposition from Fairfax Radiology Centers on August 28, 2026. The letter stated the following:

- There is already ample PET/CT capacity in PD 8, and this project would have a negative impact on area providers.
- The application establishes practice need, not public need.
- There are Prostate-Specific Membrane Antigen (PSMA) PET/CT services available within the 10 minutes surrounding the proposed location.
- The status quo is a reasonable alternative.
- Population growth does not demonstrate that existing providers cannot satisfy future demand.

Additionally, DCOPN received a letter of opposition from PET of Reston on September 11, 2026. The letter stated the following:

- PET of Reston provides PSMA PET/CT services to patients referred by urology practices including Potomac Urology Center and The Urology Group of Virginia.
- There is not a public need for additional PET/CT scanners in PD 8.
- PET of Reston has ample capacity to service additional patients, even if there is an increase in overall demand.
- Approval of this project would divert existing demand from local providers.
- The proposed project would not meaningfully improve patient access or introduce technological advances not already available in the district.

TCAU provided a response to the opposition comments presented at the August 31 public hearing, as well as the HSANV recommendation of denial, with a letter sent to DCOPN on September 15, 2026. The response stated the following:

- The HSANV's determination that there is sufficient PET/CT capacity in PD is not applicable because the PET/CT SMFP calculations are outdated and inaccurate.
- The only PET/CT scanner that is not yet operational that could perform PSMA PET is the IRMC located in Leesburg, which is in a different county.
- The existence of capacity of the unrestricted scanners within the PD does not automatically mean these scanners are compatible with PSMA services.
- The three-day appointment wait time claim is inaccurate due to delays with data transfer and insurance pre-authorization. The actual wait time is closer to 15 days according to internal TCAU data.
- The status quo is not a reasonable alternative because of the delays associated with scheduling with outside imaging providers.
- Any reduction to patient volumes of other practices will be minimal.
- The male 65-and-older population in PD 8 is expected to increase by 30% by 2035, thus increasing demand for PSMA PET services.
- The project is operationally feasible.

COPN Request No. VA-8893: CHV

DCOPN received fourteen letters of support for the proposed project from medical providers and community members, many in a form letter, which addressed:

- Cardiovascular disease is a leading cause of morbidity and mortality and non-invasive diagnostic tools such as cardiac PET/CT and CAC scoring play an important role in treatment and evaluation.
- CHV has a large patient population in northern Virginia, and the addition of PET/CT services will allow for coordinated and efficient patient care.

DCOPN also received an oppositional comment from Amelia Heart and Vascular on September 15, 2026, which stated that Amelia Heart and Vascular currently provides cardiac PET imaging in Springfield and has the capacity to accommodate additional patients as needed.

CHV responded to this comment via email on September 16, 2026, stating that the proposed scanner is intended to primarily serve CHV's existing patient population in Springfield, and thus Amelia Heart and Vascular will not be impacted.

Public Hearing

DCOPN provided notice to the public regarding these projects inviting public comment on July 10, 2026. The public comment period closed on August 24, 2026. §32.1-102.6B of the Code of Virginia directs DCOPN to hold one public hearing on each application in the case of competing applications; or in response to a written request by an elected local government representative, a member of the General Assembly, the Commissioner, the applicant, or a member of the public. The Virginia Medical Care Facilities Certificate of Public Need Rules and Regulations at 12VAC5-220-220 requires that applications for the same or similar services which are proposed for the same planning district shall be considered as competing applications. COPN Request Nos. VA-8879 and VA-8893 are requests for PET/CT services in PD 8, so they are considered to be competing.

COPN Request No. VA-8879: TCAU

Christine Tran, MD, The Urology Group, Chief Strategy Officer and Nilay Gandhi, MD, President, Potomac Urology Center presented the TCAU proposal.
Stuart Fruman, MD, representing PET of Reston spoke against the TCAU application saying PET of Reston has enough capacity to handle the oncological needs of Western Fairfax County. Additionally, there are several oncology-focused PET services that are not yet operational, so the application is premature.
Carol Burchett, Chief Strategy Officer, Fairfax Radiology Centers, also opposed the proposed project noting that Inova Reston MRI Center recently opened a PET service that provides oncological PET scans to the proposed patient base.

COPN Request No. VA-8893: CHV

Lauri Garrett, Carient Heart & Vascular and Neel Shah, MD, Carient Heart & Vascular, presented the application. Other than the letters of support referenced above, no members of the public commented.

(ii) the availability of reasonable alternatives to the proposed project that would meet the needs of the people in the area to be served in a less costly, more efficient, or more effective manner;

COPN Request No. VA-8879: TCAU

Maintaining the status quo is a reasonable alternative to the proposed project. PET/CT capacity has increased significantly in PD 8 over the last few years, with only nine of the 19 approved PET/CT scanners reporting volumes to VHI in 2025. TCAU also already has an established procedure of referring patients to other oncological PET/CT providers in PD 8, including Metro Region PET Center and PET of Reston. Since the applicant is anticipating only doing 818 PET/CT studies in Year 1 and 847 PET/CT in Year 2 of operation, there does not seem to be a

need to add another oncology-focused PET/CT scanner in PD 8. DCOPN believes that it is most beneficial for TCAU to utilize existing PET/CT capacity in the PD before adding a PET/CT scanner.

COPN Request No. VA-8893: CHV

Maintaining the status quo is a reasonable alternative to the proposed project. As mentioned previously, there are currently 11 cardiac-restricted PET/CT scanners in PD 8, of which, only four reported data in 2025. CHV operates two cardiac-restricted PET/CT scanners in PD 8, located in Manassas and Vienna. According to the 2025 VHI data, the Manassas location operated at 58.0% of the PET/CT threshold for expansion, while the Vienna location, which did not report to VHI in 2025, operated at 17.3% of the threshold for expansion (**Table 10**). Given this, it is clear that there is still unused capacity at CHV facilities; this is particularly true at CHV's Vienna location, which is closer in proximity to the proposed site (17 miles away) than the Manassas location (29 miles away).

Table 10. PD 8 CHV Authorized Fixed PET Services, 2024

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular (Manassas)	1	3,478	3,478	58.0%
Carient Heart & Vascular (Vienna)	1	1,035[42]	1,035	17.3%
CHV PD 8 Total	**2**	**4,513**	**2,257**	**37.6%**

Source: 2025 VHI and COPN Request No. VA-8893

(iii)any recommendation or report of the regional health planning agency regarding an application for a certificate that is required to be submitted to the Commissioner pursuant to subsection B of § 32.1-102.6;

The Health Systems Agency of Northern Virginia (HSANV) considered the proposed projects at its August 31, 2026, meeting.

[42] DCOPN notes that CHV's Vienna location did not report to VHI in 2025, and the 1,035 figure was provided as supplemental information by the applicant. This has not been verified by VHI.

COPN Request No. VA-8879: TCAU

At its August 31, 2026, meeting, the HSANV, voted four in favor, three opposed, to recommend denial of TCAU's COPN Request number VA-8879. The HSANV based its recommendation on its review of the application, on the HSANV staff report on the proposal, on the information presented at the August 31, 2026, public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. There is substantial unused PET-CT capacity in the planning region (PD 8). Several oncology focused PET services approved recently are yet to open.

2. Two PET services with unused capacity are near the proposed site of the TCAU service. These services offer to referring physicians and their patients the imaging services TCAU proposes to provide.

3. There is no evidence of a public need for additional oncology focused PET imaging services or capacity in the planning region.

4. There is no indication that TCAU's patients are not well served by existing PET services.

5. The TCAU project is opposed by two nearby local PET services with unused capacity, PET of Reston and IRMC.

6. The TCAU proposal, whatever its intrinsic merits, is at best premature.

COPN Request No. VA-8893: CHV

At its August 31, 2026, meeting, the HSANV, voted eight in favor, none opposed, to recommend approval of CHV's COPN Request number VA-8893. The HSANV based its recommendation on its review of the application, on the HSANV staff report on the proposal, on the information presented at the August 31, 2026, public hearing and Board of Directors meeting, and on several basic findings and conclusions, including:

1. Carient Heart & Vascular, a substantial cardiology medical practice has two cardiac PET-CT imaging services in the planning region (PD 8). Both services are heavily used. Their combined service volume was more than 5,000 patient visits in 2025. Demand is increasing.

2. Carient's argument that additional capacity is needed to respond to increasing demand from within the Carient patient population and to permit more convenient access and efficient operations within the practice.

3. Though there is unused capacity at several recently authorized cardiac PET services, these dedicated in house services are not a practical alternative to adding capacity within Carient.

4. There is no indication that adding capacity to meet demand within the Carient network will affect service volumes or other operations at other PET services.

5. There is no known opposition to the project.

(iv) any costs and benefits of the proposed project;

COPN Request No. VA-8879: TCAU

As demonstrated by **Table 5**, the projected capital costs of the proposed project are $3,750,172.29, 31.7% of which represents direct construction costs. As previously discussed, the applicant states that the proposed project will be funded fully through accumulated reserves, no financing costs will be incurred.
DCOPN concludes that when compared to similar projects, these costs are slightly higher. For example, COPN No. VA-04987 submitted by Advanced Health Care and Wellness to establish a Center for PET/CT services with one fixed PET/CT scanner had a capital cost of $1,630,684 and COPN No. VA-04978 submitted by Cardiology of Virginia, Inc. to establish a Center for PET/CT services with one fixed PET/CT scanner had a capital cost of $2,038,299.

Table 5. TCAU capital costs (Repeated)

Direct Construction Costs	$1,190,000
Equipment Not Included in Construction Contract	$1,712,200
Site Acquisition Cost	$687,972.29
Architectural and Engineering Fees	$110,000
Taxes During Construction	$50,000
Total	**$3,750,172.29**

Source: COPN Request No. VA-8879

The applicant identified numerous benefits of the proposed project, including:

- The proposed PET/CT scanner will allow TCAU to offer timely, protocol-standardized imaging with urologic subspecialty interpretation, closely linked to clinic visits, multidisciplinary case review, and treatment decision-making.
- A PET/CT scanner will allow TCAU to avoid scheduling delays associated with inpatient imaging.
- TCAU already has an existing patient base in PD 8.

COPN Request No. VA-8893: CHV

As demonstrated by **Table 6**, the projected capital costs of the proposed project are $8,702,219, 33.0% of which represents direct construction costs. As previously stated, the applicant said the proposed project will be funded through "a combination of organizational cash reserves, a landlord-funded Tenant Improvement Allowance, and an equipment lease-purchase agreement for the PET/CT imaging system". DCOPN concludes that when compared to similar projects, these costs are comparable. For example, COPN No. VA-04950 submitted by Inova Health Care Services to establish a Center for PET/CT services with one fixed PET/CT scanner limited to cardiology had a capital cost of $8,615,259.

Table 6. CHV capital costs (Repeated)

Direct Construction Costs	$2,875,956
Equipment Not Included in Construction Contract	$1,499,880
Site Acquisition Cost	$4,184,328
Architectural and Engineering Fees	$142,055
Total	**$8,702,219**

Source: COPN Request No. VA-8893

The applicant identified numerous benefits of the proposed project, including:

- PET/CT imaging is preferred over Single-Photon Emission Computed Tomography (SPECT).
- CHV is a long-standing provider of cardiac PET/CT services in PD 8.
- Use of PET/CT for cardiac diagnostics leads to a reduction in unnecessary cardiac catheterizations.

(v) the financial accessibility of the proposed project to the people in the area to be the financial accessibility of the proposed project to the people in the area to be served, including indigent people; and

According to regional and statewide data regularly collected by VHI, for 2024, the most recent year for which such data is available, the average amount of charity care provided by HPR II facilities was 2.2% of all reported total gross patient revenues (**Table 13**).

COPN Request No. VA-8879: TCAU

The Pro Forma income statement provided by the applicant (**Table 11**) proffers 2.3% in charitable contributions, which is higher than the HPR average of 2.2% (**Table 13**). Should the project be approved, TCAU will be subject to a 2.3% charity condition. Pursuant to Code of Virginia language any COPN issued for this project will also be conditioned on the applicant's agreement to accept patients who are the recipients of Medicare and Medicaid.

Table 11. Pro Forma, PET/CT at TCAU

	Year 1	Year 2
Gross Revenue	**$5,611,505**	**$5,807,907**
Charity Care	$123,453	$127,774
Other Deductions	$215,883	$223,439
Net Revenue	**$5,727,169**	**$5,456,695**
Expenses	**$4,266,694**	**$4,391,683**
Operating Income	**$1,005,474**	**$1,065,012**

Source: COPN Request No. VA-8879

COPN Request No. VA-8893: CHV

The Pro Forma income statement provided by the applicant (**Table 12**) proffers 2.3% in charitable contributions, which is higher than the HPR average of 2.2% (**Table 13**). Should the project be approved, TCAU will be subject to a 2.3% charity condition. Pursuant to Code of Virginia language any COPN issued for this project will also be conditioned on the applicant's agreement to accept patients who are the recipients of Medicare and Medicaid.

Table 12. Pro Forma, PET/CT at CHV

	Year 1	Year 2
Gross Revenue	**$17,365,385**	**$21,842,308**
Charity Care	$269,164	$338,556
Other Deductions	$11,982,115	$15,071,192
Net Revenue	**$5,114,107**	**$6,432,560**
Expenses	**$1,687,709**	**$1,971,450**
Operating Income[43]	**$1,541,879**	**$2,007,500**

Source: COPN Request No. VA-8893

[43] The applicant noted that 45% of earnings go to partner compensation. The listed amounts in the chart are the earnings after this amount has been removed.

Table 13. HPR II Charity Care Contributions: 2024

Hospital	Gross Patient Revenues	Adjusted Charity Care Contribution	% of Gross Patient Revenue:
UVA Health Prince William Medical Center	$716,331,491	$41,008,588	5.72%
Sentara Northern Virginia Medical Center	$1,113,165,093	$51,702,306	4.64%
Encompass Health Rehab Hosp of Northern Virginia	$48,211,597	$1,826,742	3.79%
Inova Alexandria Hospital	$1,694,182,731	$50,440,661	2.98%
Inova Mount Vernon Hospital	$890,441,286	$23,371,040	2.62%
Inova Fairfax Hospital	$7,540,856,971	$166,576,158	2.21%
Inova Loudoun Hospital	$1,677,819,433	$37,476,979	2.23%
Virginia Hospital Center	$1,256,027,025	$27,903,630	2.22%
Inova Fair Oaks Hospital	$2,408,582,527	$52,039,581	2.16%
Dominion Hospital	$187,238,481	$3,760,816	2.01%
Reston Hospital Center	$2,254,004,397	$19,684,028	0.87%
StoneSprings Hospital Center	$582,717,334	$4,566,302	0.78%
North Spring Behavioral Healthcare	$82,497,344	$230,098	0.28%
UVA Health Haymarket Medical Center	$386,285,597	$8,866,919	2.30%
Inova Specialty Hospital	$84,305,852	$0	0.00%
Total Inpatient Hospitals:			**15**
HPR II Total Inpatient $ & Mean %	**$20,922,667,159**	**$489,453,848**	**2.3%**
HealthQare Services ASC, LLC	$13,632,136	$1,310,762	9.62%
Stone Springs Ambulatory Surgery Center	$76,406,627	$3,149,654	4.12%
Inova Ambulatory Surgery Center at Lorton	$10,368,192	$108,312	1.04%
Northern Virginia Eye Surgery Center, LLC	$19,079,771	$31,456	0.16%
Inova Surgery Center @ Franconia-Springfield	$103,157,360	$71,790	0.07%
Haymarket Surgery Center	$78,596,299	$48,654	0.06%
Northern Virginia Surgery Center	$68,941,715	$33,412	0.05%
Reston Surgery Center	$195,891,966	$75,099	0.04%
McLean Ambulatory Surgery Center	$54,482,314	$24,067	0.04%
Inova Loudoun Ambulatory Surgery Center	$101,605,217	$18,748	0.02%
Fairfax Surgical Center	$181,894,940	$16,493	0.01%
Prince William Ambulatory Surgery Center	$86,151,992	$11,406	0.01%
Lake Ridge Ambulatory Surgical Center	$14,168,726	$275	0.00%
Kaiser Permanente Tysons Corner Surgery Center	$51,140,777	$0	0.00%
Kaiser Permanente Caton Hill Ambulatory Surgery Center	23,894,258	$0	0.00%
Pediatric Specialists of Virginia Ambulatory Surgery Center	9,187,308	$0	0.00%
VHC Ambulatory Surgery Center	Not reporting	$0	0.00%
Total Outpatient Hospitals:			**16**
HPR II Total Outpatient Hospital $ & Mean %	**$1,088,599,598**	**$4,900,128**	**0.5%**
Total Hospitals:			**31**
HPR II Total Hospital $ & Mean %	**$22,011,266,757**	**$494,353,976**	**2.2%**

Source: VHI (2024)

(vi) at the discretion of the Commissioner, any other factors as may be relevant to the determination of public need for a proposed project.

DCOPN has previously acknowledged the SMFP's utilization standards for PET/CT services are outdated and that expecting a PET service to reach the threshold suggested by the SMFP amounts to a misconception about the utilization of this modality at the time the SMFP was written and should be treated as such.

3. The extent to which the proposed project is consistent with the State Health Services Plan;

Section 32.1-102.2:1 of the Code of Virginia calls for the State Health Services Plan Task Force to develop recommendations for a comprehensive State Health Services Plan (SHSP). In the interim, DCOPN will consider the consistency of the proposed project with the predecessor of the SHSP, the SMFP.

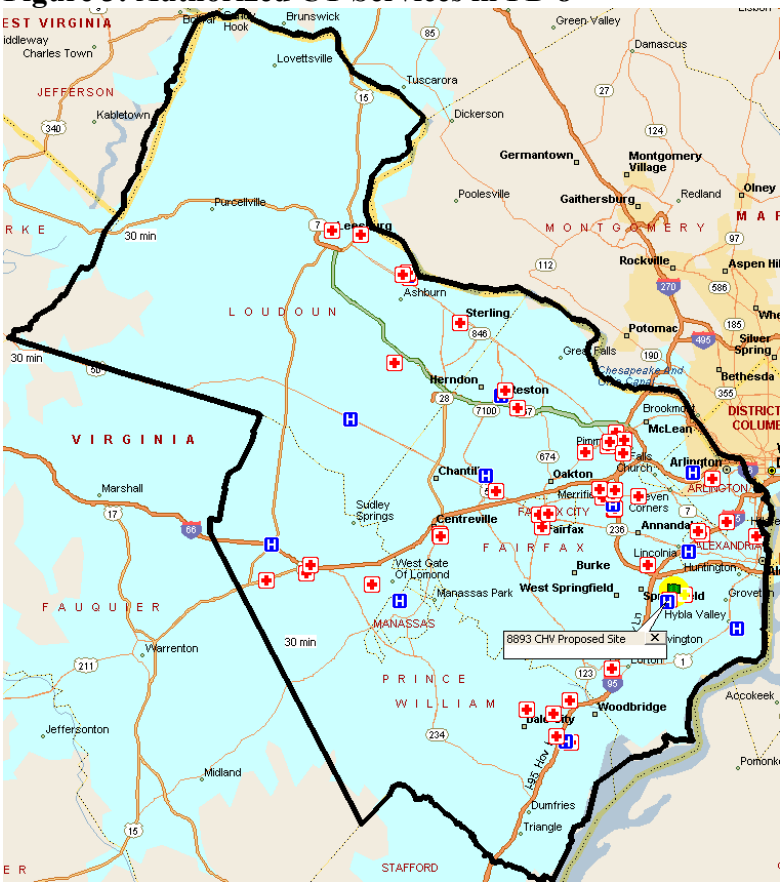
The SMFP contains criteria/standards for the establishment or expansion of CT services. They are as follows:

Part II Article 1
Diagnostic Imaging Services
Criteria and Standards for Computed Tomography

12VAC5-230-90. Travel time.
CT services should be available within 30 minutes driving time one way under normal conditions of 95% of the population of the health planning district using mapping software as determined by the commissioner.

The heavy black line in **Figure 3** is the boundary of PD 8. The blue and white "H" symbols mark the locations of existing hospital-based CT providers in PD 8 and the red cross symbol marks all the freestanding CT providers. The green flag symbols mark the locations of the proposed projects and are labeled accordingly. The light blue shaded area includes the area that is within 30 minutes driving time one-way under normal conditions of existing CT services in PD 8. **Figure 3** clearly illustrates that CT services are already well within a 30-minute drive under normal conditions of 95% of the residents of PD 8 and approval of the proposed project will not increase geographic access to CT services. DCOPN notes that COPN Request No. VA-8893 is only planning on using its CT scanner independently for CACS on its patients and therefore should not have an impact on CT utilization in PD 8. COPN Request No. VA-8879 does not intend to use the CT portion of its CT scanner independently.

Figure 3: Authorized CT Services in PD 8



Source: DCOPN Records

12VAC5-230-100. Need for new fixed site or mobile service.

A. No new fixed site or mobile CT service should be approved unless fixed site CT services in the health planning district performed an average of 7,400 procedures per existing and approved CT scanner during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an area distinct from the proposed new service site may be disregarded in computing the average utilization of CT scanners in such health planning district.

COPN Request No. VA-8893: CHV

DCOPN notes that several CT scanners have been added to the PD 8 inventory since the preparation of the VHI data as displayed in **Table 3**.

As noted in **Table 3**, in 2025 the utilization of existing CT scanners in PD 8 was 153.5% of the 7,400 procedures per scanner necessary to introduce CT scanning services to a new location

under this section of the SMFP. Moreover, DCOPN calculates a need for 32 fixed CT scanners in the planning district.
DCOPN notes that COPN Request No. VA-8893 will only utilize the CT portion of the requested PET/CT unit for CACS and not for other diagnostic CT services. Thus, approval of the proposed project will have no effect on the utilization of diagnostic CT units in PD 8.

Calculated Needed Fixed CT Scanners in PD 8

Calculated Needed CT scanners = 817,638 scans in the PD in 2025 / 7,400 scans = 110.49 (111) scanners needed

PD 8 Calculated Need = 111 CT scanners based on 2025 utilization data
2026 COPN authorized CT scanners = 79
PD 8 Calculated Deficit = 32 CT scanners

Table 3. PD 8 COPN Authorized Fixed CT Services, 2025 (Repeated)

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular[44]	1	68	68	0.9%
ED - Inova Emergency Room - Ashburn HealthPlex	1	12,193	12,193	164.8%
ED - Inova Emergency Room - Fairfax City	1	5,962	5,962	80.6%
ED - Inova Emergency Room - Franconia Springfield HealthPlex	1	19,984	19,984	270.1%
ED - Inova Emergency Room - Leesburg	1	13,709	13,709	185.3%
ED - Inova Emergency Room - Lorton HealthPlex	1	14,421	14,421	194.9%
ED - Inova Health Center Oakville	1	8,275	8,275	111.8%
ED - Sentara Lake Ridge[45]	1	6,137	6,137	82.9%
ED - Tysons Emergency (RHC)	1	3,468	3,468	46.9%
Fair Oaks Imaging Center	1	3,583	3,583	48.4%

[44] Carient Heart and Vascular is authorized for independent use CT on its PET/CT scanners located in Manassas and Vienna. This should not be considered a diagnostic CT scanner. The Vienna location did not report to VHI in 2025
[45] Reported independently from Sentara Advanced Imaging Center – Lake Ridge, but both are under the same certificate.

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Fairfax ENT & Facial Plastic Surgery	1	727	727	9.8%
Fairfax Radiology Center at Prosperity	2	16,098	8,049	108.8%
Fairfax Radiology Center of Centreville	1	10,307	10,307	139.3%
Fairfax Radiology Center of Fairfax City	1	5,686	5,686	76.8%
Fairfax Radiology Center of Lansdowne	1	10,281	10,281	138.9%
Fairfax Radiology Center of Reston-Herndon	1	8,386	8,386	113.3%
Fairfax Radiology Center of Springfield	1	6,622	6,622	89.5%
Fairfax Radiology Center of Sterling	1	5,781	5,781	78.1%
Inova Alexandria Hospital	3	63,330	21,110	285.3%
Inova Fair Oaks Hospital	3	54,101	18,034	243.7%
Inova Fairfax Hospital[46]	8	169,139	21,142	285.7%
Inova Imaging Center - Mark Center	1	4,332	4,332	58.5%
Inova Loudoun Hospital[47]	2	67,019	33,510	452.8%
Inova Mount Vernon Hospital	2	30,999	15,500	209.5%
Insight Imaging Arlington	1	4,547	4,547	61.4%
Insight Imaging Fairfax	1	5,200	5,200	70.3%
Kaiser Permanente - Reston Medical Center	1	5,375	5,375	72.6%
Kaiser Permanente - Tysons Corner Imaging Center	2	21,299	10,650	143.9%
Kaiser Permanente - Woodbridge Imaging Center	1	16,196	16,196	218.9%
Lakeside @ Loudoun Tech Center 1	1	1,958	1,958	26.5%
LMG Imaging Center	1	4,001	4,001	54.1%

[46] Inova Fairfax Hospital only have seven scanners operational. The eighth scanner is expected to be completed in March 2027.

[47] Inova Loudoun Hospital was approved for a third CT scanner, which was reported operational in January 2025. ILH only reported two scanners to VHI in 2025.

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Orthopaedic Foot and Ankle Center of Washington	1	223	223	3.0%
Reston Hospital Center	4	37,784	9,446	127.6%
Sentara Advanced Imaging Center - Alexandria	1	17	17	0.2%
Sentara Advanced Imaging Center - Lake Ridge[48]	1	5,489	5,489	74.2%
Sentara Northern Virginia Medical Center	3	31,775	10,592	143.1%
Stone Springs Hospital Center	1	10,363	10,363	140.0%
Tysons Corner Diagnostic Imaging	1	374	374	5.1%
Tysons MRI and Imaging Center	1	3,941	3,941	53.3%
UVA Health Haymarket Medical Center	1	20,000	20,000	270.3%
UVA Health Prince William Medical Center	2	29,869	14,935	201.8%
UVA Outpatient Imaging Centreville	1	1,751	1,751	23.7%
Virginia Hospital Center[49]	6	64,205	10,701	144.6%
Woodburn Diagnostic Center	2	9,541	4,771	64.5%
Woodburn Nuclear Medicine, LTD	1	3,122	3,122	42.2%
Total	**72**	**817,638**	**11,356**	**153.46%**

Source: 2025 VHI

[48] Reported independently from ED- Sentara Lake Ridge, but both are under the same certificate.

[49] Virginia Hospital Center is authorized for six CT scanners across three sites: Virginia Hospital Center (four CT scanners), VHC Emergency and Imaging Center (one CT scanner), and VHC Health Outpatient Imaging Center (one CT scanner). Only five were operational at the time of this report.

COPN Request No. VA-8879: TCAU

Not applicable. The applicant does not seek to expand existing CT services.

B. Existing CT scanners used solely for simulation with radiation therapy treatment shall be exempt from the utilization criteria of this article when applying for a COPN. In addition, existing CT scanners used solely for simulation with radiation therapy treatment may be disregarded in computing the average utilization of CT scanners in such health planning district.

DCOPN has excluded existing CT scanners used solely for simulation prior to the initiation of radiation therapy from its inventory and average utilization of diagnostic CT scanners in PD 8.

12VAC5-230-110. Expansion of fixed site service.
Proposals to expand an existing medical care facility's CT service through the addition of a CT scanner should be approved when the existing services performed an average of 7,400 procedures per scanner for the relevant reporting period. The commissioner may authorize placement of a new unit at the applicant's existing medical care facility or at a separate location within the applicant's primary service area for CT services, provided the proposed expansion is not likely to significantly reduce the utilization of existing providers in the health planning district.

COPN Request No. VA-8893: CHV

Not applicable. The applicant does not seek to expand existing CT services.

COPN Request No. VA-8879: TCAU

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

12VAC5-230-120. Adding or expanding mobile CT services.
A. Proposals for mobile CT scanners shall demonstrate that, for the relevant reporting period, at least 4,800 procedures were performed and that the proposed mobile unit will not significantly reduce the utilization of existing CT providers in the health planning district.
B. Proposals to convert authorized mobile CT scanners to fixed site scanners shall demonstrate that, for the relevant reporting period, at least 6,000 procedures were performed by the mobile CT scanner and that the proposed conversion will not significantly reduce the utilization of existing CT providers in the health planning district.

COPN Request No. VA-8893: CHV

Not applicable. The applicant does not propose to add or expand mobile CT services or to convert authorized mobile CT scanners to fixed site scanners.

COPN Request No. VA-8879: TCAU

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

12VAC5-230-130. Staffing.
CT services should be under the direction or supervision of one or more qualified physicians.

COPN Request No. VA-8893: CHV

The applicants have all confirmed that CT services will be under the direct supervision of certified and trained radiologists.

COPN Request No. VA-8879: TCAU

Not applicable. The applicant is not seeking to add a new fixed or mobile CT service. As previously discussed, the applicant has provided assurances that the CT portion of the requested PET/CT unit will not be used independently and will only be used for attenuation correction.

The SMFP also contains criteria/standards for the establishment of PET services. They are as follows:

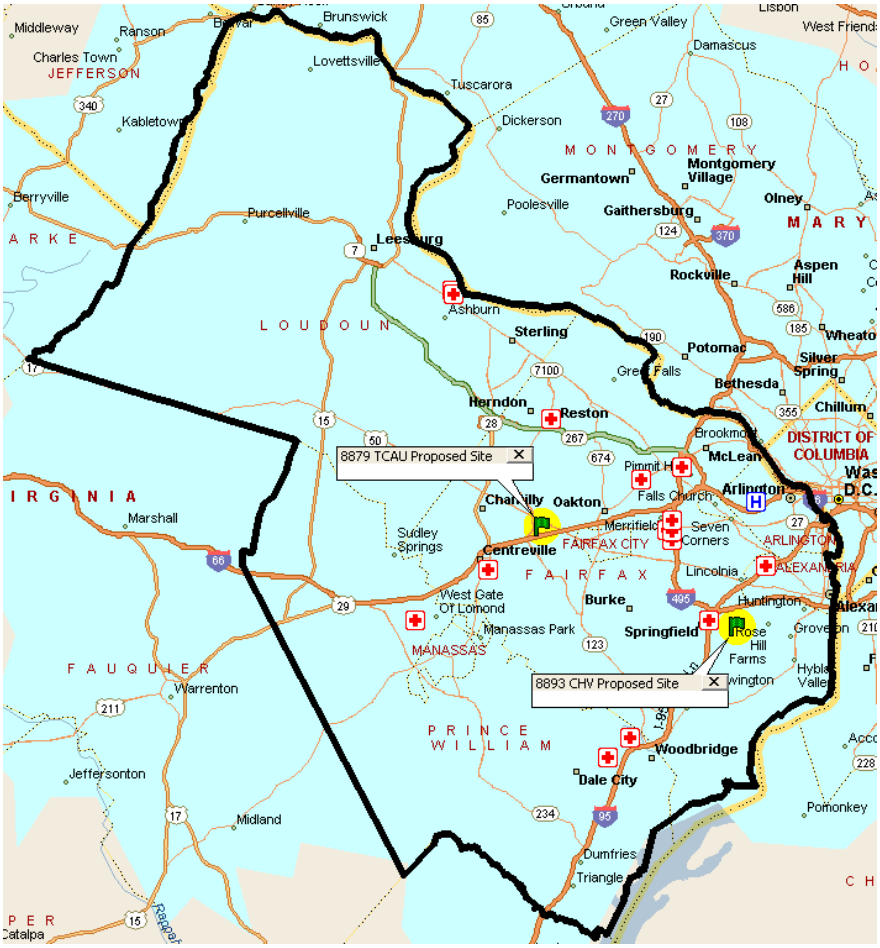
Part II
Diagnostic Imaging Services
Article 4 Criteria and Standards for Positron Emission Tomography

12VAC5-230-200. Travel Time.
PET services should be within 60 minutes driving time one way under normal conditions of 95% of the health planning district using a mapping software as determined by the commissioner.

The heavy black line in **Figure 4** is the boundary of PD 8. The white "H" symbols mark the location of the only existing hospital-based PET/CT provider in PD 8 and the red cross symbol marks all the freestanding PET/CT providers. The green flag symbols mark the locations of the proposed projects. The light blue shaded area includes the area that is within 60 minutes driving time one-way under normal conditions of existing PET/CT services in PD 8. **Figure 4** clearly

illustrates that PET/CT services are already well within a 60-minute drive under normal conditions of 95% of the residents of PD 8 and approval of the proposed project will not increase geographic access to PET/CT services.

Figure 4: Authorized PET/CT Services in PD 8



Source: DCOPN Records

12VAC5-230-210. Need for New Fixed Site Service.

A. If the applicant is a hospital, whether free-standing or within a hospital system, 850 new PET appropriate cases shall have been diagnosed and the hospital shall have provided radiation therapy services with specific ancillary services suitable for the equipment before a new fixed site PET service should be approved for the health planning district.

B. No new fixed site PET services should be approved unless an average of 6,000 procedures per existing and approved fixed site PET scanner were performed in the health planning district during the relevant reporting period and the proposed new service would not significantly reduce the utilization of existing fixed site PET providers in the health planning district. The utilization of existing scanners operated by a hospital and serving an

area distinct from the proposed new service site may be disregarded in computing the average utilization of PET units in such health planning district.

Note: For the purposes of tracking volume utilization, an image taken with a PET/CT scanner that takes concurrent PET/CT images shall be counted as one PET procedure. Images made with PET/CT scanners that can take PET or CT images independently shall be counted as 1 individual PET procedure and CT procedure respectively, unless those images are made concurrently.

DCOPN notes that several PET/CT scanners have been added to the PD 8 inventory since the preparation of the 2025 VHI data as displayed in **Table 1,** for a current total of 19 authorized PET/CT scanners. PD 8 fixed PET providers performed an average of 3,372 procedures per scanner in 2025, or 56.2% of the SMFP threshold for expansion.

Calculated Needed Fixed PET Scanners in PD 8

2025 COPN authorized fixed PET scanners = 19
Calculated Needed Fixed PET scanners = 26,973 ÷ 6,000 = 4.49 (5) scanners needed
PD 8 Calculated Need = 5 PET scanners
PD 8 Calculated Surplus = 14 PET scanners (2026 PET Scanners (19) – Calculated Need (5))

Table 1. PD 8 COPN Authorized Fixed PET Services, 2025 (Repeated)

Facility	Total Scanners	Procedures	Procedures per Unit	% of SMFP Threshold
Carient Heart & Vascular (Manassas)[50]	1	3,478	3,478	58.0%
Fairfax PET/CT Center	1	4,150	4,150	69.2%
NOVA Cardiovascular Care	1	243	243	4.1%
PET of Reston	1	2,874	2,874	47.9%
Virginia Heart Falls Church	1	6,617	6,617	110.3%
Virginia Heart Landsdowne	1	794	794	13.2%
Virginia Hospital Center	1	1,673	1,673	27.9%
Woodburn Nuclear Medicine	8	6,593	3,297	54.9%
PD 8 Total	**9**	**26,973**	**3,372**	**56.2%**

Source: 2025 VHI

DCOPN has previously acknowledged that the SMFP's utilization standards for PET/CT services are outdated and that expecting a PET service to reach the threshold suggested by the SMFP amounts to a misconception about the utilization of this modality at the time the SMFP was written, and should be treated as such:

> Consistency with SMFP planning guidance in this case is, in effect, an academic exercise. The assumptions underlying the service volume standards, for example, have been superseded by technological developments (e.g., shorter average scan times) and the failure to identify additional clinical applications for the technology. Moreover, none of the existing services fully met the SMFP review criteria and standards when they obtained COPN authorization. (Source: Health Systems Agency of Northern Virginia Staff Report RE: COPN Request No. VA-8327, November 28, 2017).

COPN Request No. VA-8879: TCAU

TCAU anticipates performing 818 PET/CT studies in Year 1 and 847 PET/CT studies in Year 2. TCAU explained that this estimate was based on a conversion rate formula using existing PSMA PET/CT referral volumes, the population growth in the area, applicable cancer rates, and the proportion of current referrals likely to transfer to TCAU.

[50] Only the Manassas Carient location reported to VHI in 2025. According to the applicant, the Vienna location did 1,035 procedures that same year.

DCOPN notes that these projections are below the range of the PD 8 average of 2,986 scans per unit. However, the SMFP makes no distinction between unrestricted PET services and specialty-restricted PET services, such as the proposed PET service restricted to urological imaging. DCOPN expresses concern that this project could have a negative impact on area providers. As previously mentioned, there have been a large number of PET/CT scanners introduced to PD 8 in recent years, and because of this, only nine of the 19 approved scanners were reported to VHI in 2025. Should this scanner be approved, it will add to the unused capacity in PD 8, which cannot even be properly determined since so many PET/CT scanners have not yet reported volumes.

COPN Request No. VA-8893: CHV

CHV anticipates performing 1,505 PET/CT studies in Year 1 and 1,893 PET/CT studies in Year 2. CHV explained that this estimate was based on existing demand and anticipated new patient growth within the service area.

Following a trend in recent years, the applicant intends to establish a cardiac PET/CT service primarily to serve its existing patient base. The applicant states that should this project be approved, it will not affect the service volumes of other providers in PD 8.

DCOPN notes that there has been an increase in cardiac-restricted PET/CT scanners approved in the PD in recent years. **Table 14** below shows that there are currently 11 PET/CT scanners approved solely for cardiac scans, with the most recent certificate being issued to Heart and Vascular Specialists in August 2026. All but one of the scanners were approved or completed between 2024 and 2026, and only four cardiac scanners reported to VHI in 2025. Should this project be approved, CHV will also have a PET/CT scanner restricted to cardiology.

Table 14. PD 8 COPN Restricted Use Cardiac Scanners

Facility	Cardiac Only
Amelia Heart and Vascular Center[51]	1
Cardiac Care Associates[52]	1
Carient Heart & Vascular (Ashton Avenue)[53]	1
Carient Heart & Vascular (Church Street NE)	1
Heart and Vascular Specialists[54]	1
Inova Cardiac Diagnostics[55]	1
Nova Cardiovascular Care, Inc.	1
Virginia Heart (Alexandria)[56]	1
Virginia Heart (Leesburg)[57]	1
Virginia Heart (Falls Church)	1
Virginia Hospital Center-Outpatient Imaging Center[58]	1
PD 8 Total	**11**

Source: DCOPN Records

DCOPN notes that CHV's projections are below the range of the PD 8 average of 2,986 scans per unit. However, the SMFP makes no distinction between unrestricted PET services and specialty-restricted PET services, such as the proposed PET service restricted to cardiac imaging.

12VAC5-230-220. Expansion of Fixed Site Services.
Proposals to increase the number of PET scanners in an existing PET service should be approved only when the existing scanners performed an average of 6,000 procedures for the relevant reporting period and the proposed expansion would not significantly reduce the utilization of existing fixed site providers in the health planning district.

Not applicable. None of the applicants propose to add or expand a fixed site service.

12VAC5-230-230. Adding or Expanding Mobile PET or PET/CT Services.

A. Proposals for mobile PET or PET/CT scanners should demonstrate that, for the relevant reporting period, at least 230 PET or PET/CT appropriate patients were seen and that the proposed mobile unit will not significantly reduce the utilization of existing providers in the health planning district.

B. Proposals to convert authorized mobile PET or PET/CT scanners to fixed site scanners should demonstrate that, for the relevant reporting period, at least 1,400 procedures were

[51] Completed November 2024, no VHI data reported in 2024.
[52] Completed December 2024, no VHI data reported in 2024.
[53] Only one Carient Heart and Vascular site reported to VHI in 2024. Data from the two sites may be combined.
[54] Expected January 2027.
[55] Expected completion March 2026.
[56] Expected completion March 2026
[57] Completed October 2025.
[58] The scanner at VHC-Outpatient Imaging Center is 90% restricted to cardiology and is expected October 2026.

performed by the mobile scanner and that the proposed conversion will not significantly reduce the utilization of existing providers in the health planning district.

Not applicable. None of the applicants propose to expand mobile services.

12VAC5-230-240. Staffing.
PET services should be under the direction or supervision of one or more qualified physicians. Such physicians shall be designated or authorized by the Nuclear Regulatory Commission or licensed by the Division of Radiologic Health of the Virginia Department of Health, as applicable.

COPN Request No. VA-8879: TCAU and COPN Request No. VA-8893: CHV

Both applicants confirmed that PET services would be under the direct supervision of certified and trained radiologists.

The SMFP also contains criteria/standards for when competing applications are received. They are as follows:

Part 1
Definitions and General Information

12VAC5-230-30. When Competing Applications Received.
In reviewing competing applications, preference may be given to an applicant who:

1. **Has an established performance record in completing projects on time and within the authorized operating expenses and capital costs;**
2. **Has both lower capital costs and operating expenses than his competitors and can demonstrate that his estimates are credible;**
3. **Can demonstrate a consistent compliance with state licensure and federal certification regulation and a consistent history of few documented complaints, where applicable; or**
4. **Can demonstrate a commitment to serving his community or service area as evidenced by unreimbursed services to the indigent and providing needed but unprofitable services, taking into account the demand of the particular service area.**

COPN Request No. VA-8879: TCAU

This is the first project submitted by TCAU, so there are no projects to compare with. With respect to the proposed project, the projected capital cost is $3,750,172.29. This is lower than the capital costs outlined in COPN Request No. VA-8893. As a freestanding imaging facility, the applicant is not bound by hospital state licensure and federal certification regulations. Should the Commissioner approve the proposed project, the applicant should be subject to a charity care condition no less than the 2.3%, in addition to any new requirements as found in the revised § 32.1-102.4B of the Code of Virginia.

COPN Request No. VA-8893: CHV

The last project that CHV completed[59] was COPN No. VA-04825, which authorized the establishment of a medical care facility with one PET/CT scanner limited to cardiology. This project was completed four months later than the original estimated completion date and was 8.62% over the authorized capital cost.
With respect to the proposed project, the projected capital cost is $8,702,956. This is higher than the capital costs outlined in COPN Request No. VA-8879. As a freestanding imaging facility, the applicant is not bound by hospital state licensure and federal certification regulations. Should the Commissioner approve the proposed project, the applicant should be subject to a charity care condition no less than the 2.3%, in addition to any new requirements as found in the revised § 32.1-102.4B of the Code of Virginia.

[59] Not including the authorization for independent use of the CT scanner for calcium scoring.

Conclusion

DCOPN does not believe that any applicant warrants preference with respect to the factors discussed above.

Eight Required Considerations Continued

4. The extent to which the proposed project fosters institutional competition that benefits the area to be served while improving access to essential health care services for all people in the area to be served;

COPN Request No. VA-8879: TCAU

There are currently no PET/CT scanners in PD 8 that are restricted to urological use only, but several PET/CT providers offer urological oncology scans. Should this project be approved, it will increase competition, but to the detriment of existing providers, which will see a decrease in referral volumes.
The scanner requested in COPN Request No. VA-8893 is a cardiac-restricted PET/CT scanner and will not be in direct competition with TCAU's request.

COPN Request No. VA-8893: CHV

As previously discussed, 10 of the 19 authorized fixed site PET/CT services in PD 8 are restricted to cardiac-only use (52.6%), each owned by a cardiology group with independent patient bases (except for one that is operated by Inova). Should this project be approved, it will be another cardiac-specific PET/CT scanner that will primarily serve existing patients, therefore competition will not be drastically increased. The scanner requested in COPN Request No. VA-8879 restricted to urological PET/CT scans and will not be in direct competition with CHV's request.

5. The relationship of the proposed project to the existing health care system of the area to be served, including the utilization and efficiency of existing services or facilities;

COPN Request No. VA-8879: TCAU

TCAU is an existing provider of urological services in PD 8 at its Potomac Urology and The Urology Group of Virginia locations, though none of the sites provide PET/CT imaging services. The applicant explained that it primarily uses Metro Region PET Center and PET of Reston for PET/CT referrals but wait-times average about 15 days since those sites are used by general oncological patients. At the public hearing, a representative from PET of Reston spoke against the TCAU application stating that its scanner can serve more than 4,000 patients[60] annually and

[60] PET of Reston completed 2,874 PET/CT scans in 2025, meaning it has capacity for 1,126 more patients.

its wait time for referred patients is three days or less. This shows that there is still significant underutilized capacity in PD 8, and adding another PET/CT scanner would harm area providers that are already providing specialized oncology PET/CT services.

COPN Request No. VA-8893: CHV

CHV is an existing provider of PET/CT services in PD 8, with two authorized scanners located in Reston and Manassas. The proposed project will be located less than 0.1 miles from the Inova Franconia/Springfield Healthplex (future site of the Inova Franconia-Springfield Hospital), but there are no active or future PET/CT scanners authorized at that site. The closest authorized PET/CT scanner to the proposed site is Amelia Heart and Vascular, which is located about 2 miles away. As previously mentioned, Amelia Heart and Vascular submitted a comment that it has unused capacity with its PET/CT scanner, and approval of this project would negatively impact the practice.

6. The feasibility of the proposed project, including the financial benefits of the proposed project to the applicant, the cost of construction, the availability of financial and human resources, and the cost of capital;

COPN Request No. VA-8879: TCAU

Capital costs of the proposal are reasonable and will be paid with accumulated reserves, accruing no financing costs. The proposed project is expected to have a positive net income in years one and two (**Table 12**).
The proposed project requires one FTE nuclear medicine technologist and one medical assistant. DOCPN does not believe the applicant will have issues staffing these two positions, and approval of this project should not impact staffing at other facilities.

Table 12. Pro Forma, PET/CT at TCAU (Repeated)

	Year 1	Year 2
Gross Revenue	**$5,611,505**	**$5,807,907**
Charity Care	$123,453	$127,774
Other Deductions	$215,883	$223,439
Net Revenue	**$5,727,169**	**$5,456,695**
Expenses	**$4,266,694**	**$4,391,683**
Operating Income	**$1,005,474**	**$1,065,012**

Source: COPN Request No. VA-8879

COPN Request No. VA-8893: CHV

Capital costs of the proposal are reasonable and will be paid with accumulated reserves, accruing no financing costs. The proposed project is expected to have a positive net income in years one and two (**Table 13**).
The proposed project requires an additional 17 FTE staff members. This will include: four providers (physicians and nurse practitioners), five nursing staff, one echocardiography technologist, one vascular sonographer, one nuclear technologist, one stress technologist, one scribe and three front desk/reception staff. DCOPN does express concern that this staffing need could have a negative impact on area providers given that there has been a sharp influx of cardiac-restricted PET/CT scanners in recent years. Given that many facilities are trying to implement the same technology within the same time frame, they may be pulling from the same talent pool.

Table 13. Pro Forma, PET/CT at CHV (Repeated)

	Year 1	Year 2
Gross Revenue	**$17,365,385**	**$21,842,308**
Charity Care	$269,164	$338,556
Other Deductions	$11,982,115	$15,071,192
Net Revenue	**$5,114,107**	**$6,432,560**
Expenses	**$1,687,709**	**$1,971,450**
Operating Income[61]	**$1,541,879**	**$2,007,500**

Source: COPN Request No. VA-8893

7. The extent to which the proposed project provides improvements or innovations in the financing and delivery of health care services, as demonstrated by (i) the introduction of new technology that promotes quality, cost effectiveness, or both in the delivery of health care services; (ii) the potential for provision of health care services on an outpatient basis; (iii) any cooperative efforts to meet regional health care needs; and (iv) at the discretion of the Commissioner, any other factors as may be appropriate;

COPN Request No. VA-8879: TCAU

TCAU's project will introduce a specialized service to the planning district that will allow for more precise staging, recurrence detection, and treatment monitoring for men with prostate and other urological cancers. Should the project be approved, it will be the first PET/CT scanner in PD 8 with a urology-only restriction. The services will also be provided on an outpatient basis, reducing costs in comparison to the hospital-based outpatient PET/CT scans the patients are undergoing currently.
The applicant does not make any arguments regarding cooperative efforts to meet regional health care needs. DCOPN did not identify any other factors as may be appropriate to bring to the Commissioner's attention.

COPN Request No. VA-8893: CHV

While cardiac PET/CT scanners exist within PD 8, Cardiac PET has been found to reduce the overall cost of managing coronary artery disease by approximately 30% when it is used routinely as compared with SPECT.[62] As previously mentioned, there are existing PET/CT services in PD 8, but a majority of these services are operated by independent physician practices. The proposed project would allow existing patients of CHV who currently receive SPECT services to access a

[61] The applicant noted that 45% of earnings go to partner compensation. The listed amounts in the chart are the earnings after this amount has been removed.
62 Merhige, M. E., Breen, W. J., Shelton, V., Houston, T., D'Arcy, B. J., & Perna, A. F. (2007, July 1). Impact of myocardial perfusion imaging with pet and 82RB on downstream invasive procedure utilization, costs, and outcomes in coronary disease management. Journal of Nuclear Medicine.
https://jnm.snmjournals.org/content/48/7/1069

more advanced and accurate diagnostic tool. The proposed project is also located in an outpatient facility, lowering cost and reducing time when compared to inpatient imaging services.
The applicant does not make any arguments regarding cooperative efforts to meet regional health care needs. DCOPN did not identify any other factors as may be appropriate to bring to the Commissioner's attention.

8. In the case of a project proposed by or affecting a teaching hospital associated with a public institution of higher education or a medical school in the area to be served, (i) the unique research, training, and clinical mission of the teaching hospital or medical school and (ii) any contribution the teaching hospital or medical school may provide in the delivery, innovation, and improvement of health care services for citizens of the Commonwealth, including indigent or underserved populations.

COPN Request No. VA-8879: TCAU & COPN Request No. VA-8893: CHV

Not applicable. The applicants are not a teaching hospital.

DCOPN Staff Findings and Conclusions

COPN Request No. VA-8879: TCAU

DCOPN finds that The Centers for Advanced Urology's proposed project to establish a specialized center for PET/CT services with one (1) fixed PET/CT Scanner limited to urological imaging, located at 12600 Fair Lakes Circle, Fairfax, Virginia is generally inconsistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia. There has been a significant increase in specialty PET/CT scanners in PD 8 within the last decade, with only nine of the 19 approved scanners being reported to VHI in 2025. Because of this, there is substantial unused capacity in the planning district, especially among providers of oncological PET/CT imaging services. This project also had significant opposition from area providers who stated that their PET/CT can serve additional patients and the approval of this project would duplicate existing services while also having a negative impact on existing providers. Finally, the HSANV voted four in favor, three opposed to deny this project, stating that it is premature.

COPN Request No. VA-8893: CHV

DCOPN finds Carient Heart and Vascular's request to project to establish a center for Cardiac PET/CT Imaging with one (1) fixed PET/CT scanner with the independent use of the CT scanner for Coronary Artery Calcium Scoring (CACS), located at 6354 Walker Lane, Suites 200 & 270, Alexandria, Virginia to be generally inconsistent with the applicable criteria and standards of the SMFP and the Eight Required Considerations of the Code of Virginia. PD 8 has seen an increase in cardiac-restricted PET/CT scanners in recent years, and of the 11 that are currently authorized, only four reported to VHI in 2025. Additionally, Carient Heart and Vascular already operates two cardiac-restricted PET/CT scanners in the planning district, one of which only completed 1,035 scans in 2024 (17.3% of the SMFP threshold for expansion). DCOPN believes there is still unused capacity at existing Carient Heart and Vascular locations, and that approval of a third site would be premature given the facility's current scan volumes and projections. The proposed project will also require 17 new FTE staff members, which may have a negative impact on area providers given that many of the other recently approved cardiac PET/CT projects have not yet become operational. Finally, there was opposition to the project from an area provider.

DCOPN Staff Recommendation

COPN Request No. VA-8879: TCAU

The Division of Certificate of Public Need recommends the **denial** of The Centers for Advanced Urology's COPN Request number VA-8879 to establish a facility with (1) fixed PET/CT scanner, limited to urology, for the following reasons:

1. The project is generally inconsistent with the applicable criteria and standards of the State Medical Facilities Plan and the Eight Required Considerations of the Code of Virginia.

2. The status quo is preferable to this project.

3. The project is premature as there is significant unused PET/CT capacity in Western Fairfax County.

4. The project would have a negative impact on area providers.

5. HSANV voted four in favor, three opposed to deny the project.

6. There is significant opposition to the project.

COPN Request No. VA-8893: CHV

The Division of Certificate of Public Need recommends the **denial** of Carient Heart and Vascular's COPN Request number VA-8893 to establish a center for Cardiac PET/CT Imaging with one (1) fixed PET/CT scanner with the independent use of the CT scanner for Coronary Artery Calcium Scoring (CACS), for the following reasons:

1. The project is generally inconsistent with the applicable criteria and standards of the State Medical Facilities Plan and the Eight Required Considerations of the Code of Virginia.

2. The status quo is preferable to this project.

3. The project is premature as the applicant has unused capacity at its two existing cardiac PET/CT sites.

4. There is no demand for additional cardiac PET scanners in PD 8. CT services cannot be approved independently as the applied project was stated for a combined scanner.

5. The project would require 17 FTE staff members, which may negatively impact area providers.

6. There is opposition to the project.