HFC

PROCEDURES FOR APPLYING FOR INITIAL SERVICE LINE FOR HOSPITALS OR OUTPATIENT DIAGNOSTIC CENTERS

1. Beginning December 1, 2025, NICU, Burn Unit, MRI, and PET service lines must submit a licensure application to the Health Facilities Commission (HFC) followed by the designated fee.

   A licensing fee schedule is listed at the end of the application.

2. Please complete the entire application responding to each applicable field. All applications must be signed by an authorized representative. Incomplete or unsigned applications will be returned which may delay the processing of the application.

3. All applications will need to be emailed to hfc.service@tn.gov . An email will be sent to the applicant within two (2) business days of receipt verifying that the application was received.

4, Any hospital seeking to initiate a new NICU/Burn service line that was previously not licensed, or seeks to modify NICU (Level II-IV) or Burn Unit services, must submit architectural plans to Plans review through the online portal at https://apps.tn.gov/tnhcf/

   If a hospital is modifying an existing NICU/Burn service line (e.g. renovations, increasing a NICU level, or increasing bed capacity), the hospital must submit architectural plans to Plans Review as well.

5. If an initial service is being implemented, after Plans Review has been completed and approved, a Life Safety Inspector will be sent out within ten (10) days. Within thirty (30) to forty-five (45) days, a health licensure surveyor will be sent out to determine approval.

6. If the application is for a new Burn or NICU service, after the Plans Review approval, a HFC surveyor will conduct an on-site review for the initial occupancy approval.

7. If the application involves MRI and/or PET, please review HFC's Medical Equipment Registry to ensure information submitted on the licensure application is consistent with previously submitted data.

8. Upon receipt of the application, HFC staff will review the application for completeness. Once determined to be complete, a service license number will be assigned, and an invoice will be sent to the listed billing contact. The requested license fee will need to be submitted to Health Facilities Commission, following the invoice instructions, by listed due date on the invoice.

9. Once the license fees have been received, a provisional approval letter will be sent to the Administrator. When complete, the application will then be presented to the Commission at the next regularly scheduled Commission meeting for ratification.

    a. If the Commission ratifies the application, the license certificate will then be created and mailed to the licensee. You should receive the physical license in ten (10) to fourteen (14) days.

    b. If the Commission does not ratify the initial approval of your application, a letter will be mailed to you providing an explanation and specific instructions as to any actions you may take to have the decision reviewed, at which time this authorization shall cease to be effective.

All applicable laws, rules, policies, and guidelines are available for viewing at https://www.tn.gov/hfc/division-of-licensure-and-regulation/hfc-licensure/licensure-applications.html.. Please check this website periodically for updates.

Please note the licensure application does not take the place of the HFC Medical Equipment Registry. Medical Equipment Yearly submissions are still required.

State of Tennessee
Health Facilities Commission
502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243
www.tn.gov/hfc Phone: 615-741-2364 hsda.staff@tn.gov

INITIAL APPLICATION FOR LICENSE OF SERVICES FOR HOSPITAL OR OUTPATIENT DIAGNOSTIC CENTER

1. **NAME AND PHYSICIAL ADDRESS OF FACILITY OF SERVICE**

Provider Type (Check One): ☐ **Hospital** ☒ **Outpatient Diagnostic Center (ODC)**

Prime Imaging, LLC DBA Prime Imaging & Vein Center Gunbarr
Name

1604 Gunbarrel Rd
Address

Chattanooga TN 37421
City **State** **ZIP**

64
License Number:

2. **CEO/ADMINISTRATOR OF PROVIDER**

Ashley Johnson Director of Business Operations
Name **Title**

ajohnson@primeimaging.com
Email Address

Prime Imaging, LLC
Company Name

1604 Gunbarrel Rd
Address

Chattanooga TN 37421
City **State** **ZIP**

423-893-7226
Phone Number

3. **BILLING INFORMATION FOR FACILITY**

Sara Anthony — Billing Manager
Name — **Title**

santhony@specialtybilling.net
Email Address

Specialty Billing
Company Name

1604 Gunbarrel Rd
Address

Chattanooga — TN — 37421
City — **State** — **ZIP**

423-648-2395
Phone Number

On the following items, check all appropriate services to be licensed.

Have any of the following services been changed since the last occupancy approval or have had a Plans Review related to that service since the last approval? ☐ **Yes** ☒ **No**

If yes, what were the changes and date of changes?:

☐ **ESTABLISHMENT OF A BURN UNIT:**

Physical Address of Service: _____

Number of Beds _____

What Age Group Will Be Served/Licensed?: ☐ **Pediatric** ☐ **Adult** ☐ **Both**

Will the Burn Unit be Verified by ABA?: ☐ **Yes** ☐ **No** **(Please attach documentation of verification.)**

If no, why:

☐ **ESTABLISHING MRI UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: 1604 Gunbarrel Rd Chattanooga TN 37421

Name Brand of Unit Siemens Verio

Tesla 3T

Type (i.e. Close, Short Bore, etc.) Wide Bore

Unit's Serial Number 160009

Will the MRI Unit be Accredited?: ☒ **Yes** ☐ **No**

If MRI Unit will be Accredited, is it ☐ **PENDING** ☒ **ACCREDITED**

If ACCREDITED, What Organization? ACR
(Attach certificate or proof of accreditation.)

If no, why:

The MRI unit will be registered with the Health Facilities Commission. ☒ **Yes** ☐ **No**

☐ **ESTABLISHING PET UNIT/SERVICE:** *(If more than one unit, use ATTACHMENT – A.)*

Physical Address of Service: _____

Name Brand of Unit _____

Type (i.e. PET Only, PET/CT, PET/MRI) _____

Unit's Serial Number _____

Will the PET Unit be Accredited?: ☐ **Yes** ☐ **No**

If PET Unit will be Accredited, is it ☐ **PENDING** ☐ **ACCREDITED**

If ACCREDITED, What Organization? _____
(Attach certificate or proof of accreditation.)

If no, why:

The PET unit will be registered with the Health Facilities Commission. ☐ **Yes** ☐ **No**

☐ **ESTABLISHING NEONATAL INTENSIVE CARE UNIT (NICU):**

Physical Address of Service: _____

Choose Designation Type: ☐ **First Time Self Designation/Initial NICU License**

☐ **Designation at Different Level**

What is the Current License Level of Care? _____

What is the Requested Level? _____

☐ **Ownership/Physical Location Change**

Number of Beds by Each Level

Level II _____
Level III _____
Level III with Surgery _____
Level IV _____

Have you been evaluated by AAP?: ☐ **Yes** ☐ **No**
If yes, please provide documentation.

Designate Expiration Date: _____

Neonatal Program Manager

_____
Name **Title**

_____
Email Address

_____
Phone Number

Neonatal Medical Director

_____
Name **Title**

_____
Email Address

_____
Phone Number

Pursuant to Tennessee Rule of Civil Procedure 72, I hereby declare under perjury that the information provided in this application is true and correct. Signee for this application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or services for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated §68-11-201 and Rules 0720-.14, 0720-36, and 0720-47 adopted by the Commission effective December 1, 2025. Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA §71-6-103 to report incidents of abuse or neglect.

Ashley Johnson 11-24-25

Signature **Date**

Ashley Johnson

Printed Name

Non-Refundable Licensing Fees for Listed Licensed Services

An invoice will be sent to the contact for Billing for total payment of fees.

Burn Unit

Hospital: $1040

Neonatal Intensive Care Unit (NICU)

Hospital: $1040

MRI:

Hospital: $500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: $500 per MRI unit

PET:

Hospital: $500 per MRI unit
Outpatient Diagnostic Center: Included with ODC License
Physician Office: $500 per MRI unit

(as of December 1, 2025)

AMERICAN COLLEGE OF RADIOLOGY

Certificate *of* Accreditation

MAGNETIC RESONANCE IMAGING
American College of Radiology™
ACCREDITED FACILITY

Prime Imaging and Vein Center

1604 Gunbarrel Road
Chattanooga, Tennessee 37421

was surveyed by the ACR® Committee on MRI Accreditation of the Commission on Quality and Safety

The following magnet was approved

Siemens Medical Systems
MAGNETOM VERIO 2017

for

Body, Head, MRA, MSK, Spine

Accredited from
June 16, 2025 through October 17, 2028

David B Larson

Chair, Committee ON MRI Accreditation

Chair, Commission on Quality and Safety

MRAP# 05463-04

American College of Radiology™

Magnetic Resonance Imaging (MRI) Accreditation Approval Report

Privileged and Confidential • Peer Review
Release or disclosure of this document is prohibited
in accordance with Code of Virginia 8.01-581.17

June 16, 2025

James Morrow, M.D.
1604 Gunbarrel Road
Chattanooga, Tennessee 37421

MRAP# 05463 - Unit# 04, Prime Imaging and Vein Center

Dear Dr. Morrow:

This letter is an addendum to the report you received dated May 15, 2025 and contains the results of your unit's APPEAL after review of your original images by a different ACR reviewer.

The American College of Radiology's Committee on MRI Accreditation is pleased to inform you that the above-named MRI unit has been GRANTED ACCREDITATION for a period of three years.

Accreditation is only granted if your facility has met all of the testing criteria established by the ACR Committee on MRI Accreditation for 1) clinical image quality and 2) phantom image quality. Your MRI unit's results are presented in the following table:

Results Summary

MRAP# 05463 - Unit# 04	**2017 Siemens Medical Systems MAGNETOM VERIO**
Phantom Image Quality	ACCEPTABLE
Overall Accreditation Outcome	ACCREDITATION GRANTED

Feedback noted for phantom image quality as part of review is listed below. For a full list of areas reviewed for accreditation, please see the Evaluation criteria for MRI.

I. Phantom Image Evaluation: Acceptable

Large Phantom

Evaluation Criterion	Evaluation
A. Measured Phantom	
High Contrast Spatial Resolution	Adequate
Slice Thickness Accuracy	Adequate
Geometric Accuracy	Adequate
Low-Contrast Object Detectability	Adequate
Image Intensity Uniformity	Adequate
Percent Signal Ghosting	Adequate
Slice Position Accuracy	Adequate
Other Image Artifacts	Adequate
B. Artifacts Observed	
RF noise/leaks	Yes
Additional Recommendations:	
Additional Comments: Appeal Comments: Submitted images meets are the requirements	

The ACR's Committee on MRI Accreditation sincerely hopes you will find the enclosed report helpful in improving image quality at your facility. Please call the ACR MRI Accreditation Information Line at 800-770-0145 if you have any questions.

Finally, we hope you proudly display your new ACR Accreditation Certificate so that it is visible to all of your patients. It signifies that your facility provides this essential service to your community at the highest standards of the radiology profession. For information on marketing your accreditation and maintenance and renewal of accreditation, visit Accreditation information for MRI. In addition, facilities can download the ACR certification mark and add this to reports, letterhead and referral pads. Please visit Marketing toolkit for MRI for more information.

Sincerely yours,

John Gianini, M.D., Chairman
Chair, Committee on MRI Accreditation