

10A NCAC 14B .0209 OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)
 10A NCAC 14B .0210 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0211 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)
 10A NCAC 14B .0212 SHARED FIXED CARDIAC CATHETERIZATION EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0213 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0214 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0215 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0216 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0217 GAMMA KNIFE UNIT NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0218 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0219 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)
 10A NCAC 14B .0220 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
 10A NCAC 14B .0221 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
 10A NCAC 14B .0222 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)
 10A NCAC 14B .0223 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)
 10A NCAC 14B .0224 DIALYSIS NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING JANUARY 1, 2001
 10A NCAC 14B .0225 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING SEPTEMBER 1, 2001
 10A NCAC 14B .0226 HOSPICE CARE NEED DETERMINATION (REVIEW CATEGORY F)
 10A NCAC 14B .0227 HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW CATEGORY F)
 10A NCAC 14B .0228 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
 10A NCAC 14B .0229 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)
 10A NCAC 14B .0230 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)
 10A NCAC 14B .0231 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)
 10A NCAC 14B .0232 POLICIES FOR GENERAL ACUTE CARE HOSPITALS
 10A NCAC 14B .0233 POLICIES FOR CARDIAC CATHETERIZATION EQUIPMENT AND SERVICES
 10A NCAC 14B .0234 POLICIES FOR TRANSPLANTATION SERVICES
 10A NCAC 14B .0235 POLICY FOR MRI SCANNERS
 10A NCAC 14B .0236 POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM CARE NURSING CARE
 10A NCAC 14B .0237 POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT COMMUNITIES
 10A NCAC 14B .0238 POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING BEDS IN SINGLE PROVIDER COUNTIES
 10A NCAC 14B .0239 POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS
 10A NCAC 14B .0240 POLICY FOR TRANSFER OF BEDS FROM STATE PSYCHIATRIC HOSPITAL NURSING FACILITIES TO COMMUNITY FACILITIES
 10A NCAC 14B .0241 POLICIES FOR RELOCATION OF NURSING FACILITY BEDS
 10A NCAC 14B .0242 POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES
 10A NCAC 14B .0243 POLICY FOR RELOCATION OF DIALYSIS STATIONS
 10A NCAC 14B .0244 POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES
 10A NCAC 14B .0245 POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES

10A NCAC 14B .0246 POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY RETARDED

History Note: *Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
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