

10A NCAC 14B .0251 APPLICABILITY OF RULES RELATED TO THE 2002 STATE MEDICAL FACILITIES PLAN

10A NCAC 14B .0252 CERTIFICATE OF NEED REVIEW SCHEDULE

10A NCAC 14B .0253 MULTI-COUNTY GROUPINGS

10A NCAC 14B .0254 SERVICE AREAS AND PLANNING AREAS

10A NCAC 14B .0255 REALLOCATIONS AND ADJUSTMENTS

10A NCAC 14B .0256 ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)

10A NCAC 14B .0257 INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)

10A NCAC 14B .0258 OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)

10A NCAC 14B .0259 OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0260 HEART-LUNG BYPASS MACHINES NEED DETERMINATIONS (REVIEW CATEGORY H)

10A NCAC 14B .0261 FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)

10A NCAC 14B .0262 SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0263 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0264 BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0265 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0266 GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0267 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0268 RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0269 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)

10A NCAC 14B .0270 FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)

10A NCAC 14B .0271 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION FOR A DEDICATED FIXED BREAST MRI SCANNER (REVIEW CATEGORY H)

10A NCAC 14B .0272 FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)

10A NCAC 14B .0273 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)

10A NCAC 14B .0274 ADULT CARE HOME BED NEED DETERMINATION (REVIEW CATEGORY B)

10A NCAC 14B .0275 MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0276 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING APRIL 1, 2002

10A NCAC 14B .0277 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING OCTOBER 1, 2002

10A NCAC 14B .0278 HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0279 SINGLE COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0280 CONTIGUOUS COUNTY HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)

10A NCAC 14B .0281 PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0282 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0283 CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY BED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0284 INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED DETERMINATION (REVIEW CATEGORY C)

10A NCAC 14B .0285 POLICIES FOR GENERAL ACUTE CARE HOSPITALS

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2002;
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Eff. April 1, 2003;
Repealed Eff. April 1, 2012.*