

1 10A NCAC 14B .0251 - .0285 are repealed as follows:

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- 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)**

- 1    **10A NCAC 14B .0271**    **MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION**  
2                                   **FOR A DEDICATED FIXED BREAST MRI SCANNER (REVIEW CATEGORY**  
3                                   **H)**
- 4    **10A NCAC 14B .0272**    **FIXED MAGNETIC RESONANCE IMAGING SCANNERS NEED**  
5                                   **DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION**  
6                                   **(REVIEW CATEGORY H)**
- 7    **10A NCAC 14B .0273**    **NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B)**
- 8    **10A NCAC 14B .0274**    **ADULT CARE HOME BED NEED DETERMINATION (REVIEW CATEGORY**  
9                                   **B)**
- 10   **10A NCAC 14B .0275**   **MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED**  
11                                  **DETERMINATION (REVIEW CATEGORY F)**
- 12   **10A NCAC 14B .0276**   **DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR**  
13                                  **REVIEWS BEGINNING APRIL 1, 2002**
- 14   **10A NCAC 14B .0277**   **DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR**  
15                                  **REVIEWS BEGINNING OCTOBER 1, 2002**
- 16   **10A NCAC 14B .0278**   **HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)**
- 17   **10A NCAC 14B .0279**   **SINGLE COUNTY HOSPICE INPATIENT BED NEED DETERMINATION**  
18                                  **(REVIEW CATEGORY F)**
- 19   **10A NCAC 14B .0280**   **CONTIGUOUS COUNTY HOSPICE INPATIENT BED NEED**  
20                                  **DETERMINATION (REVIEW CATEGORY F)**
- 21   **10A NCAC 14B .0281**   **PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)**
- 22   **10A NCAC 14B .0282**   **CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED**  
23                                  **DETERMINATION (REVIEW CATEGORY C)**
- 24   **10A NCAC 14B .0283**   **CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY**  
25                                  **BED NEED DETERMINATION (REVIEW CATEGORY C)**
- 26   **10A NCAC 14B .0284**   **INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED**  
27                                  **DETERMINATION (REVIEW CATEGORY C)**
- 28   **10A NCAC 14B .0285**   **POLICIES FOR GENERAL ACUTE CARE HOSPITALS**

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30    *History Note:    Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b); 131E-183(1);*  
31                                  *Temporary Adoption Eff. April 8, 2002; March 15, 2002; January 1, 2002;*  
32                                  *Eff. April 1, ~~2003~~ 2003;*  
33                                  *Repealed Eff. April 1, 2012.*