

10A NCAC 14B .0152	CERTIFICATE OF NEED REVIEW SCHEDULE
10A NCAC 14B .0153	MULTI-COUNTY GROUPINGS
10A NCAC 14B .0154	SERVICE AREAS AND PLANNING AREAS
10A NCAC 14B .0155	REALLOCATIONS AND ADJUSTMENTS
10A NCAC 14B .0156	ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)
10A NCAC 14B .0157	REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0158	AMBULATORY SURGICAL FACILITIES NEED DETERMINATION (REVIEW CATEGORY E)
10A NCAC 14B .0159	OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW CATEGORY H)
10A NCAC 14B .0160	HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW CATEGORY H)
10A NCAC 14B .0161	FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY J)

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-177(l); 131E-183(b); 131E-183(1);
Temporary Adoption Eff. January 1, 2000;
Temporary Amendment Eff. August 17, 2000;
Eff. April 1, 2001;
Repealed Eff. April 1, 2012.*