1 10A NCAC 14B .0209 - .0246 are proposed to be repealed as follows: 2 3 10A NCAC 14B .0209 **OPEN HEART SURGERY SERVICES NEED DETERMINATIONS (REVIEW** 4 CATEGORY H) 5 10A NCAC 14B .0210 HEART-LUNG BYPASS MACHINES NEED DETERMINATION (REVIEW 6 CATEGORY H) 7 FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC 10A NCAC 14B .0211 8 ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW 9 CATEGORY H) SHARED FIXED CARDIAC CATHETERIZATION EQUIPMENT NEED 10 10A NCAC 14B .0212 11 **DETERMINATION (REVIEW CATEGORY H)** 12 10A NCAC 14B .0213 BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW 13 CATEGORY H) 14 10A NCAC 14B .0214 POSITRON EMISSION TOMOGRAPHY SCANNERS NEED DETERMINATION 15 (REVIEW CATEGORY H) BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION 16 10A NCAC 14B .0215 17 (REVIEW CATEGORY H) 18 10A NCAC 14B .0216 SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION 19 (REVIEW CATEGORY H) 20 10A NCAC 14B .0217 GAMMA KNIFE UNIT NEED DETERMINATION (REVIEW CATEGORY H) 21 10A NCAC 14B .0218 LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H) 22 **RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION** 10A NCAC 14B .0219 23 (REVIEW CATEGORY H) 24 10A NCAC 14B .0220 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H) 25 26 10A NCAC 14B .0221 MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION 27 BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY 28 H) 29 10A NCAC 14B .0222 NURSING CARE BED NEED DETERMINATION (REVIEW CATEGORY B) MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED 30 10A NCAC 14B .0223 31 **DETERMINATION (REVIEW CATEGORY F)** 32 10A NCAC 14B .0224 DIALYSIS NEED DETERMINATION METHODOLOGY FOR REVIEWS 33 **BEGINNING JANUARY 1, 2001** 34 10A NCAC 14B .0225 DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR 35 **REVIEWS BEGINNING SEPTEMBER 1, 2001** 36 10A NCAC 14B .0226 HOSPICE CARE NEED DETERMINATION (REVIEW CATEGORY F)

1	104 NCAC 14D 0007	
1	10A NCAC 14B .0227	× • • • • • • • • • • • • • • • • • • •
2		CATEGORY F)
3	10A NCAC 14B .0228	
4	10A NCAC 14B .0229	
5		DETERMINATION (REVIEW CATEGORY C)
6	10A NCAC 14B .0230	
7		BED NEED DETERMINATION (REVIEW CATEGORY C)
8	10A NCAC 14B .0231	INTERMEDIATE CARE BEDS FOR THE MENTALLY RETARDED NEED
9		DETERMINATION (REVIEW CATEGORY C)
10	10A NCAC 14B .0232	POLICIES FOR GENERAL ACUTE CARE HOSPITALS
11	10A NCAC 14B .0233	POLICIES FOR CARDIAC CATHETERIZATION EQUIPMENT AND
12		SERVICES
13	10A NCAC 14B .0234	POLICIES FOR TRANSPLANTATION SERVICES
14	10A NCAC 14B .0235	POLICY FOR MRI SCANNERS
15	10A NCAC 14B .0236	POLICY FOR PROVISION OF HOSPITAL-BASED LONG-TERM CARE
16		NURSING CARE
17	10A NCAC 14B .0237	POLICY FOR PLAN EXEMPTION FOR CONTINUING CARE RETIREMENT
18		COMMUNITIES
19	10A NCAC 14B .0238	POLICY FOR DETERMINATION OF NEED FOR ADDITIONAL NURSING
20		BEDS IN SINGLE PROVIDER COUNTIES
21	10A NCAC 14B .0239	POLICY FOR RELOCATION OF CERTAIN NURSING FACILITY BEDS
22	10A NCAC 14B .0240	POLICY FOR TRANSFER OF BEDS FROM STATE PSYCHIATRIC HOSPITAL
23		NURSING FACILITIES TO COMMUNITY FACILITIES
24	10A NCAC 14B .0241	POLICIES FOR RELOCATION OF NURSING FACILITY BEDS
25	10A NCAC 14B .0242	POLICIES FOR MEDICARE-CERTIFIED HOME HEALTH SERVICES
26	10A NCAC 14B .0243	POLICY FOR RELOCATION OF DIALYSIS STATIONS
27	10A NCAC 14B .0244	POLICIES FOR PSYCHIATRIC INPATIENT FACILITIES
28	10A NCAC 14B .0245	POLICY FOR CHEMICAL DEPENDENCY TREATMENT FACILITIES
29	10A NCAC 14B .0246	POLICIES FOR INTERMEDIATE CARE FACILITIES FOR MENTALLY
30		RETARDED
31		
32	History Note: Auth	prity G.S. 131E-176(25); 131E-177(1); 131E-183(b);
33	•	porary Adoption Eff. January 1, 2001;
34	_	Sugust 1, 2002. <u>2002;</u>
35		aled Eff. April 1, 2012.
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