1	10A NCAC 14B .02090246 are repealed as follows:	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	10A NCAC 14B .0211	FIXED CARDIAC CATHETERIZATION EQUIPMENT AND FIXED CARDIAC
8		ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW
9		CATEGORY H)
10	10A NCAC 14B .0212	SHARED FIXED CARDIAC CATHETERIZATION EQUIPMENT NEED
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)
16	10A NCAC 14B .0215	BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION
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	10A NCAC 14B .0219	RADIATION ONCOLOGY TREATMENT CENTERS NEED DETERMINATION
23		(REVIEW CATEGORY H)
24	10A NCAC 14B .0220	MAGNETIC RESONANCE IMAGING SCANNERS NEED DETERMINATION
25		BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)
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)
30	10A NCAC 14B .0223	MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED
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	10A NCAC 14B .0227	HOSPICE INPATIENT FACILITY BED NEED DETERMINATION (REVIEW
2		CATEGORY F)
3	10A NCAC 14B .0228	PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)
4	10A NCAC 14B .0229	CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED
5		DETERMINATION (REVIEW CATEGORY C)
6	10A NCAC 14B .0230	CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) ADULT DETOX-ONLY
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: Author	ity G.S. 131E-176(25); 131E-177(1); 131E-183(b);
33	Тетро	rary Adoption Eff. January 1, 2001;
34	Eff. Au	gust 1, 2002. <u>2002;</u>
35	<u>Repeal</u>	ed Eff. April 1, 2012.