

SECTION .0300 – PLANNING POLICIES AND NEED DETERMINATIONS FOR 2003

- 10A NCAC 14B .0301 **APPLICABILITY OF RULES RELATED TO THE 2003 STATE MEDICAL FACILITIES PLAN****
- 10A NCAC 14B .0302 **CERTIFICATE OF NEED REVIEW SCHEDULE****
- 10A NCAC 14B .0303 **MULTI-COUNTY GROUPINGS****
- 10A NCAC 14B .0304 **SERVICE AREAS AND PLANNING AREAS****
- 10A NCAC 14B .0305 **REALLOCATIONS AND ADJUSTMENTS****
- 10A NCAC 14B .0306 **ACUTE CARE BED NEED DETERMINATION (REVIEW CATEGORY A)****
- 10A NCAC 14B .0307 **INPATIENT REHABILITATION BED NEED DETERMINATION (REVIEW CATEGORY E)****
- 10A NCAC 14B .0308 **OPERATING ROOM NEED DETERMINATIONS (REVIEW CATEGORY E)****
- 10A NCAC 14B .0309 **OPEN HEART SURGERY SERVICES NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0310 **HEART-LUNG BYPASS MACHINE NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0311 **FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATIONS (REVIEW CATEGORY H)****
- 10A NCAC 14B .0312 **SHARED FIXED CARDIAC CATHETERIZATION/ANGIOPLASTY EQUIPMENT NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0313 **BURN INTENSIVE CARE SERVICES NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0314 **BONE MARROW TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0315 **SOLID ORGAN TRANSPLANTATION SERVICES NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0316 **LITHOTRIPTER NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0317 **GAMMA KNIFE NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0318 **RADIATION ONCOLOGY TREATMENT CENTER/LINEAR ACCELERATOR NEED DETERMINATIONS (REVIEW CATEGORY H)****
- 10A NCAC 14B .0319 **FIXED DEDICATED POSITRON EMISSION TOMOGRAPHY (PET) SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0320 **MOBILE DEDICATED POSITRON EMISSION TOMOGRAPHY (PET) SCANNER NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0321 **FIXED MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION BASED ON FIXED MRI SCANNER UTILIZATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0322 **FIXED MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION BASED ON MOBILE MRI SCANNER UTILIZATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0323 **MOBILE MAGNETIC RESONANCE IMAGING (MRI) SCANNERS NEED DETERMINATION (REVIEW CATEGORY H)****
- 10A NCAC 14B .0324 **NURSING CARE BED NEED DETERMINATIONS (REVIEW CATEGORY B)****
- 10A NCAC 14B .0325 **ADULT CARE HOME BED NEED DETERMINATIONS (REVIEW CATEGORY B)****
- 10A NCAC 14B .0326 **MEDICARE-CERTIFIED HOME HEALTH AGENCY OFFICE NEED DETERMINATION (REVIEW CATEGORY F)****
- 10A NCAC 14B .0327 **HOSPICE HOME CARE NEED DETERMINATION (REVIEW CATEGORY F)****
- 10A NCAC 14B .0328 **HOSPICE INPATIENT BED NEED DETERMINATION (REVIEW CATEGORY F)****
- 10A NCAC 14B .0329 **DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING APRIL 1, 2003****
- 10A NCAC 14B .0330 **DIALYSIS STATION NEED DETERMINATION METHODOLOGY FOR REVIEWS BEGINNING OCTOBER 1, 2003****
- 10A NCAC 14B .0331 **PSYCHIATRIC BED NEED DETERMINATION (REVIEW CATEGORY C)****
- 10A NCAC 14B .0332 **CHEMICAL DEPENDENCY (SUBSTANCE ABUSE) TREATMENT BED NEED DETERMINATION (REVIEW CATEGORY C)****

**10A NCAC 14B .0333 INTERMEDIATE CARE FACILITY BEDS FOR THE MENTALLY RETARDED (ICF/MR)
NEED DETERMINATION (REVIEW CATEGORY C)**

*History Note: Authority G.S. 131E-176(25); 131E-177(1); 131E-183(b);
Temporary Adoption Eff. January 1, 2003;
Rule removed from the Code pursuant to G.S. 150B-2(8a)k.*