

To Determine if a fee is required, locate the Provider Type and then the Action.

If the provider is enrolled with Medicare and has paid the fee to Medicare, a fee is not required.

If the provider is not enrolled in Medicare fees are required if the word "Yes" is listed under BOTH the Provider Type and an Action Listed Below:

<u>Provider Type:</u>	<u>ACTION:</u> Initial Enrollment	<u>ACTION:</u> Revalidation	<u>ACTION:</u> Addition of Practice Location
AMBULANCE	Yes	Yes	Yes
AMBULATORY SURGICAL CENTER	Yes	Yes	Yes
AUDIOLOGIST	No	No	No
BIRTHING CENTER	No	No	No
BOARD CERT BEHAVIOR ANALYST	No	No	No
CASE MANAGEMENT - MNTAL HEALTH	No	No	No
CASE MANAGEMENT - TARGETED	No	No	No
CHEMICAL DEPENDENCY CLINIC	No	No	No
CHILDRENS SPECIAL HEALTH SVCS	No	No	No
CHIP EYEGLASSES	No	No	No
CHIROPRACTOR (QMB SVCS ONLY)	No	No	No
CRITICAL ACCESS HOSPITAL	Yes	Yes	Yes
DENTAL	No	No	No
DENTAL (CHIP CLIENTS ONLY)	No	No	No
DENTURIST	No	No	No
DIALYSIS CLINIC	No	No	No
DURABLE MEDICAL EQUIPMENT	Yes	Yes	Yes
EPSDT	No	No	No
EYEGLASSES	No	No	No
FAMILY PLANNING CLINIC	No	No	No
FEDERALLY QUAL HEALTH CENTER	Yes	Yes	Yes
GROUP/CLINIC	No	No	No
HEARING AID DISPENSER	No	No	No
HOME & COMM BASED SERVICES	No	No	No
HOME DIALYSIS ATTENDANT	No	No	No
HOME HEALTH AGENCY	Yes	Yes	Yes
HOME INFUSION THERAPY	No	No	No
HOSPICE	Yes	Yes	Yes
HOSPITAL - INPATIENT	Yes	Yes	Yes
HOSPITAL - OUTPATIENT	Yes	Yes	Yes
HOSPITAL - SWING BED	Yes	Yes	Yes
ICF - MR	No	No	No
INDEP DIAG TESTING FACILITY	Yes	Yes	Yes
INDIAN HEALTH SERVICES	Yes	Yes	Yes
LABORATORY	Yes	Yes	Yes
LICENSED PROFESSIONL COUNSELOR	No	No	No
MENTAL HEALTH CENTER	Yes	Yes	Yes
MID-LEVEL PRACTITIONER	No	No	No

NURSING HOME	Yes	Yes	Yes
NUTRITIONIST/DIETICIAN	No	No	No
OCCUPATIONAL THERAPIST (Outpatient Therapy)	No	No	No
OPTICIAN	No	No	No
OPTOMETRIST	No	No	No
PERSONAL CARE AGENCY	No	No	No
PGM 4 ALL-INCLSV E CARE 4 ELDER	No	No	No
PHARMACIST	No	No	No
PHARMACY	Yes	Yes	Yes
PHYSICAL THERAPIST (Outpatient Therapy)	No	No	No
PHYSICIAN	No	No	No
PODIATRIST	No	No	No
PRIVATE DUTY NURSING AGENCY	No	No	No
PSYCHIATRIC RES TREATMENT FAC	No	No	No
PSYCHIATRIST	No	No	No
PSYCHOLOGIST	No	No	No
PUBLIC HEALTH CLINIC	No	No	No
RURAL HEALTH CLINIC	Yes	Yes	Yes
SCHOOL	No	No	No
SNF/ICF-MENTAL AGED	No	No	No
SOCIAL WORKER	No	No	No
SPEECH PATHOLOGIST (Outpatient Therapy)	No	No	No
TAXI	No	No	No
THERAPEUTIC FOSTER CARE	No	No	No
THERAPEUTIC GROUP HOME	No	No	No
TRANSPORTATION NON-EMERGENCY	No	No	No