

Application Fee requirements for Institutional Providers	Enrollment Action				
	Initial Enrollment	Revalidation	Change of Ownership *	Change of Information other than Addition of Practice Location	Addition of Practice Location
<b>Provider/Supplier Type</b>					
Ambulance Service Supplier	Yes	Yes	No	No	Yes
Ambulatory Surgical Center	Yes	Yes	No	No	Yes
Clinic/Group Practice	No	No	No	No	No
Community Mental Health Center	Yes	Yes	No	No	Yes
Competitive Acquisition Program (CAP)/Part B Drug Vendor	Yes	Yes	No	No	Yes
Comprehensive Outpatient Rehabilitation Facility	Yes	Yes	No	No	Yes
Critical Access Hospital	Yes	Yes	No	No	Yes
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	Yes	Yes	No	No	Yes
End-Stage Renal Disease Facility	Yes	Yes	No	No	Yes
Federally Qualified Health Center	Yes	Yes	No	No	Yes
Histocompatibility Laboratory	Yes	Yes	No	No	Yes
Home Health Agency	Yes	Yes	No	No	Yes
Hospice	Yes	Yes	No	No	Yes
Hospital	Yes	Yes	No	No	Yes
Independent Clinical Laboratory	Yes	Yes	No	No	Yes
Independent Diagnostic Testing Facility	Yes	Yes	No	No	Yes
Indian Health Services Facility	Yes	Yes	No	No	Yes
Mammography Center	Yes	Yes	No	No	Yes
Mass Immunization (Roster Biller Only)	Yes	Yes	No	No	Yes
Non-Physician Practitioner	No	No	No	No	No
Organ Procurement Organization	Yes	Yes	No	No	Yes
Outpatient Physical Therapy/Occupational Therapy/Speech Pathology Services Provider that enroll via the CMS-855B	No	No	No	No	No
Pharmacy	Yes	Yes	No	No	Yes
Physician	No	No	No	No	No
Portable X-ray Supplier	Yes	Yes	No	No	Yes
Radiation Therapy Center	Yes	Yes	No	No	Yes
Religious Non-Medical Health Care Institution	Yes	Yes	No	No	Yes
Rural Health Clinic	Yes	Yes	No	No	Yes
Skilled Nursing Facility	Yes	Yes	No	No	Yes

\* For providers and suppliers reporting a change of ownership via the Form CMS-855A, the ownership change does not require an application fee **if** the change does not require the provider to supplier to enroll as a new provider or supplier.