



Cabinet for Health and Family Services
 Department for Medicaid Services
 Division of Program Integrity



Provider Type Application Fee Matrix

Provider Type	Is the fee required during the following circumstances?			
	Initial Enrollment	Revalidation	Change of Ownership	Addition of Practice Location
Hospital (01)	Yes	Yes	No	Yes
Skilled Nursing Facility (12)	Yes	Yes	No	Yes
Community Mental Health Center (30)	Yes	Yes	No	Yes
Federally Qualified Health Center (31)	Yes	Yes	No	Yes
Home Health Agency (34)	Yes	Yes	No	Yes
Rural Health Clinic (35)	Yes	Yes	No	Yes
Ambulatory Surgical Center (36)	Yes	Yes	No	Yes
Independent Clinical Laboratory (37)	Yes	Yes	No	Yes
End-Stage Renal Disease Facility (39)	Yes	Yes	No	Yes
Hospice (44)	Yes	Yes	No	Yes
Ambulance Service Supplier (55)	Yes	Yes	No	Yes
Portable X-Ray Supplier (86)	Yes	Yes	No	Yes
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (90)	Yes	Yes	No	Yes
Comprehensive Outpatient Rehabilitation Facility (91)	Yes	Yes	No	Yes