

# State of Texas Provider Types Required to Pay an Application Fee

Institutional providers must submit an application fee as a condition for enrollment in Texas Medicaid and the Children with Special Health Care Needs (CSHCN) Services Program. This requirement is regulated by Code of Federal Regulations Title 42 §455.460, which was effective beginning March 25, 2011, and indicates that states must collect an application fee for any newly enrolling or re-enrolling institutional provider. The application fee is subject to change every calendar year.

The following table shows which Medicaid and CSHCN Services Program provider types are required to pay the application fee upon initial enrollment, re-enrollment, revalidation, and enrollment of an additional practice location. If a provider type is not listed, an application fee not required to paid.

***Note:** Providers that are required to pay the application fee, but have already paid the fee to Medicare, or another state’s Children’s Health Insurance Program (CHIP) or Medicaid program, have fulfilled the requirement and are not required to pay the fee to Texas Medicaid or the CSHCN Services Program. Proof of payment must be submitted with the application.*

Provider Service Type	Initial Enrollment/ Re-enrollment	Revalidation	Additional Practice Location
Ambulance / Air Ambulance	Yes	Yes	Yes
Ambulatory Surgical Center (ASC)	Yes	Yes	Yes
Birthing Center	Yes	Yes	Yes
Chemical Dependency Treatment Facility (CDTF)	Yes	Yes	Yes
Comprehensive Outpatient Rehabilitation Facility (CORF)	Yes	Yes	Yes
Durable Medical Equipment (DME) – Home Health and CCP	Yes	Yes	Yes
Federally Qualified Health Center (FQHC, Satellites and Look-alikes)	Yes	Yes	Yes
Freestanding Psychiatric Facility	Yes	Yes	Yes
Freestanding Rehabilitation Facility	Yes	Yes	Yes
Home Health Services and Agencies	Yes	Yes	Yes
Hospital – In-State	Yes	Yes	Yes
Hospital – Military	Yes	Yes	Yes
Hospital – Out-of-State	Yes	Yes	Yes
Hospital Ambulatory Surgical Center (HASC)	Yes	Yes	Yes
Independent Diagnostic Testing Facility (IDTF) – including Radiological Labs, Physiological Labs, and Portable X-Rays	Yes	Yes	Yes
Independent Laboratory	Yes	Yes	Yes

<b>Provider Service Type</b>	<b>Initial Enrollment/ Re-enrollment</b>	<b>Revalidation</b>	<b>Additional Practice Location</b>
Outpatient Rehabilitation Facility (ORF)	Yes	Yes	Yes
Prescribed Pediatric Extended Care Center (PPECC)	Yes	Yes	Yes
Prosthetist	Yes	Yes	Yes
Radiation Treatment Center	Yes	Yes	Yes
Renal Dialysis Facility	Yes	Yes	Yes
Rural Health Clinic - Hospital, Freestanding	Yes	Yes	Yes
SHARS	No	No	N/A
Skilled Nursing Facility	Yes	Yes	Yes
Specialized/Custom Wheeled Mobility	Yes	Yes	Yes
State Supported Living Center (SSLC)	Yes	Yes	Yes
<b>Case Management Services</b>			
MH Case Management/MH Rehabilitative Services - Non-LMHA	Yes	Yes	Yes
<b>Medical Transportation Program (MTP)</b>			
Demand Response Transportation Services (DRTS) Provider	Yes	Yes	No
DRTS Provider - Transportation Network Company	Yes	Yes	No