

Attachment C



**Provider Types Required To Pay the Enrollment Application Fee**

Provider Type Code	Provider Primary Specialty	Provider Type Description	Provider Specialty Description
01	010	Inpatient Facility	Acute Care General Hospital
01	011	Inpatient Facility	Private Psychiatric Hospital
01	012	Inpatient Facility	Medical Rehab Hospital
01	013	Inpatient Facility	Residential Treatment Facility (JCAHO Certified)
01	014	Inpatient Facility	Inpatient Medical Rehab Unit
01	017	Inpatient Facility	Emergency Room Arrangement 2
01	018	Inpatient Facility	Extended Acute Psych Inpatient Unit
01	019	Inpatient Facility	Drug and Alcohol Rehab Hospital/Unit
01	021	Inpatient Facility	Short Procedure Unit
01	022	Inpatient Facility	Private Psychiatric Unit
01	183	Inpatient Facility	Hospital Based Medical Clinic
02	020	Ambulatory Surgical Center	Ambulatory Surgical Center
03	030	Extended Care Facility	Nursing Facility
03	031	Extended Care Facility	County Nursing Facility
03	032	Extended Care Facility	ICF/MR 8 Beds or Less
03	033	Extended Care Facility	ICR/MR 9 Beds or More
03	037	Extended Care Facility	State LTC Unit
03	039	Extended Care Facility	ICF/ORC
03	040	Extended Care Facility	Special Rehab Nursing Facility
03	382	Extended Care Facility	Inpatient Facility Based LTC Extended Care Facility

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Provider Type Code	Provider Primary Specialty	Provider Type Description	Provider Specialty Description
04	041	Rehabilitation Facility	Comprehensive Outpatient Rehabilitation Facility
05	050	Home Health	Home Health Agency
06	060	Hospice	Hospice
08	080	Clinic	Federally Qualified Health Center
08	081	Clinic	Rural Health Center
08	082	Clinic	Independent Medical/Surgical Clinic
24	240	Pharmacy	Independent
24	241	Pharmacy	Institutional Independent
24	242	Pharmacy	Chain
24	243	Pharmacy	Institutional Chain
24	244	Pharmacy	LTC
24	245	Pharmacy	Mail Order
25	250	DME/Medical Supplies	DME/Medical Supplies
25	251	DME/Medical Supplies	Prosthetic Supply
25	252	DME/Medical Supplies	Orthotist Supply
25	253	DME/Medical Supplies	Optical Supply
26	260	Transportation	Basic Life Support
26	261	Transportation	Advanced Life Support
26	262	Transportation	Air Ambulance
28	280	Laboratory	Independent Laboratory
56	560	Residential Treatment Facility	Residential Treatment Facility (Non-JCAHO Certified)