

## 42 C.F.R. § 405.800

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### Appeals of CMS or a CMS contractor.

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A CMS contractor's (that is, a carrier, Fiscal Intermediary or Medicare Administrative Contractor (MAC)) determination that a provider or supplier fails to meet the requirements for Medicare billing privileges.

(a) *Denial of a provider or supplier enrollment application.* If CMS or a CMS contractor denies a provider's or supplier's enrollment application, CMS or the CMS contractor notifies the provider or supplier by certified mail. The notice includes the following:

- (1) The reason for the denial in sufficient detail to allow the provider or supplier to understand the nature of its deficiencies.
- (2) The right to appeal in accordance with part 498 of this chapter.
- (3) The address to which the written appeal must be mailed.

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