
42 C.F.R. § 424.518

Screening levels for Medicare providers and suppliers.

A Medicare contractor is required to screen all initial applications, revalidation applications, change of ownership applications pursuant to 42 CFR 489.18, applications to add a new practice location, and applications to report any new owner (regardless of ownership percentage) pursuant to a change of information or other enrollment transaction under title 42, based on a CMS assessment of risk and assignment to a level of “limited,” “moderate,” or “high.”

(a) *Limited categorical risk*—(1) *Limited categorical risk: Provider and supplier categories.* CMS has designated the following providers and suppliers as “limited” categorical risk:

- (i) Physician or nonphysician practitioners (including nurse practitioners, CRNAs, occupational therapists, speech/language pathologists, and audiologists) and medical groups or clinics.
- (ii) Ambulatory surgical centers.
- (iii) Competitive Acquisition Program/Part B Vendors.
- (iv) End-stage renal disease facilities.
- (v) Federally qualified health centers.
- (vi) Histocompatibility laboratories.
- (vii) Home infusion therapy suppliers.
- (viii) Hospitals, including critical access hospitals, rural emergency hospitals, Department of Veterans Affairs hospitals, and other federally owned hospital facilities.
- (ix) Health programs operated by an Indian Health Program (as defined in section 4(12) of the Indian Health Care Improvement Act) or an urban Indian organization (as defined in section 4(29) of the Indian Health Care Improvement Act) that receives funding from the Indian Health Service pursuant to Title V of the Indian Health Care Improvement Act.
- (x) Mammography screening centers.
- (xi) Mass immunization roster billers
- (xii) Opioid treatment programs (if § 424.67(b)(3)(ii) applies).
- (xiii) Organ procurement organizations.
- (xiv) Pharmacies newly enrolling or revalidating via the CMS-855B application.

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