IHCP Provider Enrollment Type and Specialty Matrix

All provider types and specialties listed in this document as eligible to enroll in the Indiana Health Coverage Programs (IHCP) can apply online through the IHCP Provider Healthcare Portal. Providers who choose to enroll by mail can go to the *Complete an IHCP Provider Enrollment Application* webpage, select the applicable provider type, and download the appropriate enrollment packet. For more information about enrolling as an Indiana Medicaid provider, see the *Provider Enrollment* IHCP provider reference module.

All links above are accessible from the IHCP provider website at in.gov/medicaid/providers.

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
01 – Hospital	010 – Acute Care	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IODH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Application fee required [1]	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
01 – Hospital	011 – Psychiatric Facility *(Freestanding or with independent organizational structure; includes institutions for mental disease [IMDs])*	• IHCP **Hospital and Facility** provider enrollment packet (or online application), which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Division of Mental Health and Addiction (DMHA) Private Mental Health Facility license or Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Application fee required [1]	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of appropriate license from appropriate state • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
01 – Hospital	012 – Rehabilitation *(Distinct part or unit)*	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Application fee required [1]	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
01 – Hospital	013 – Long Term Acute Care (LTAC)	• IHCP **Hospital and Facility** provider enrollment packet or online application (indicate update to a current provider number), which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) license complying with *IC 16-21* for LTAC • Copy of Centers for Medicare & Medicaid Services (CMS) LTAC approval letter • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
02 – Ambulatory Surgical Center	020 – Ambulatory Surgical Center (ASC)	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
03 – Extended Care Facility	030 – Nursing Facility 031 – Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) 032 – Pediatric Nursing Facility 033 – Residential Care Facility	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
03 – Extended Care Facility	034 – Psychiatric Residential Treatment Facility (PRTF)	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Indiana Department of Child Services (DSC) residential child-care license for a private, secure care facility • Copy of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Council on Accreditation (COA) credentials • Attestation letter for facility compliance • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
04 – Rehabilitation Facility	040 – Rehabilitation Facility	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
04 – Rehabilitation Facility	041 – Comprehensive Outpatient Rehabilitation Facility (CORF)	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Copy of license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Application fee required [1] *Note: Per CMS requirements – Facility must have on staff: physician **and** HSPP mental health provider **and** physical therapist*	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
05 – Home Health Agency	050 – Home Health Agency	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) license • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1] • Fingerprinting and background check required [2]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
06 – Hospice	060 – Hospice	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of hospice license from the Indiana Department of Health (IDOH) Note: For state-licensed hospitals, health facilities and home health agencies, an IDOH approval to operate a hospice program is acceptable in lieu of a hospice license. • Copy of a Certification and Transmittal (C&T) for each hospice office location Note: The C&T is forwarded to the IHCP Provider Enrollment Unit by the IDOH; it is not submitted by the provider • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number **required** for each service location • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
08 – Clinic	080 – Federally Qualified Health Center (FQHC)	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of CMS approval letter verifying FQHC enrollment *for each location* • Copy of license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
08 – Clinic	081 – Rural Health Clinic (RHC)	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group • Copy of CMS approval letter verifying RHC enrollment for each location, if applicable • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
08 – Clinic	082 – Medical Clinic	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
08 – Clinic	083 – Family Planning Clinic	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
08 – Clinic	084 – Nurse Practitioner Clinic	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state for rendering providers linked to the group • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
08 – Clinic	086 – Dental Clinic	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • For a sole proprietorship, partnership, or professional services corporation, all entities with an ownership or control interest, as disclosed on the provider enrollment application, must have dental licenses • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare *Note: A dental practice must be owned by a dentist.*	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • For a sole proprietorship, partnership, or professional services corporation, all entities with an ownership or control interest, as disclosed on the provider enrollment application, must have dental licenses • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled *Note: A dental practice must be owned by a dentist.*
08 – Clinic	087 – Therapy Clinic	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1] *Note: Per CMS requirements – Clinic must have two enrolled physicians plus one or more therapists.*	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] *Note: Per CMS requirements – Clinic must have two enrolled physicians plus one or more therapists.*

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
08 – Clinic	088 – Birthing Center	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare *Note: Per CMS requirements – Clinic must have a physician and/or midwife on staff.*	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled *Note: Per CMS requirements – Clinic must have a physician and/or midwife on staff.*
09 – Advanced Practice Registered Nurse	090 – Pediatric Nurse Practitioner 091 – Obstetric Nurse Practitioner 092 – Family Nurse Practitioner 093 – Clinical Nurse Specialist 094 – Certified Registered Nurse Anesthetist (CRNA) 095 – Certified Nurse Midwife	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Copy of Nurse Practitioner (NP) certification from accredited NP certifying organization • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the appropriate state • If applicable, copy of license from Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification • Copy of Nurse Practitioner (NP) certification from accredited NP certifying organization • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
10 – Physician Assistant	100 – Physician Assistant	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the appropriate state • If applicable, copy of license from Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
11 – Behavioral Health Provider	110 – Outpatient Mental Health Clinic	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form ○ Outpatient Mental Health Addendum • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	111 – Community Mental Health Center (CMHC)	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form ○ Outpatient Mental Health Addendum • Copy of CMHC certification from FSSA Division of Mental Health and Addiction (DMHA) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	114 – Health Service Provider in Psychology (HSPP)	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
11 – Behavioral Health Provider	115 – Adult Mental Health and Habilitation (AMHH) Provider	Not a stand-alone specialty; AMHH can only be added as a secondary specialty to a CMHC enrollment (provider type 11, specialty 111). The following additional documentation is required when adding this specialty to a CMHC enrollment: • Copy of AMHH certification from FSSA Division of Mental Health and Addiction (DMHA)	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	611 – Child Mental Health Wraparound (CMHW) Provider	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form ○ Outpatient Mental Health Addendum • Copy of certification from FSSA Division of Mental Health and Addiction (DMHA) • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	612 – Behavioral and Primary Healthcare Coordination (BPHC) Provider	Not a stand-alone specialty; BPHC can only be added as a secondary specialty to a CMHC enrollment (provider type 11, specialty 111). The following additional documentation is required when adding this specialty to a CMHC enrollment: • Copy of BPHC certification from FSSA Division of Mental Health and Addiction (DMHA)	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	613 – MRO Clubhouse *(For psychosocial rehabilitation services)*	• IHCP **Rendering** provider enrollment packet or online application, which includes: ○ Rendering Provider Agreement ○ IHCP MRO Clubhouse Provider Enrollment Addendum • Copy of Psychosocial Rehabilitation Service Provider certification from the FSSA Division of Mental Health and Addiction (DMHA) *Note: This specialty can only be added as a rendering provider contracted with (and linked to) an IHCP-enrolled CMHC (provider type 11, specialty 111).*	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

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Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	615 – Applied Behavior Analysis (ABA) Therapist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Behavior Analyst Certification Board (BACB) certification as a Board Certified Behavior Analyst (BCBA), Board Certified Behavior Analyst-Doctoral (BCBA-D) , or professional license as Health Service Provider in Psychology (HSPP) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the appropriate state agency • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
11 – Behavioral Health Provider	616 – Licensed Psychologist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Psychologist license • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Psychologist license from the appropriate state agency • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	617 – Licensed Independent Practice School Psychologist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of School Services – School Psychologist license through Indiana Department of Education (IDOE) *Note: The individual must be recognized by IDOE as an Initial Practitioner, a Proficient Practitioner, or an Accomplished Practitioner.* • Documentation that the individual maintains an Independent Practice Endorsement (IPE) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of School Services – School Psychologist license through the appropriate state's department of education *Note: The individual must be recognized by their state's Department of Education as an Initial Practitioner, a Proficient Practitioner, or an Accomplished Practitioner.* • Documentation that the individual maintains an Independent Practice Endorsement (IPE) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
11 – Behavioral Health Provider	618 – Licensed Clinical Social Worker (LCSW)	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Social Worker license • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Social Worker license from the appropriate state agency • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	619 – Licensed Marriage and Family Therapist (LMFT)	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Marriage & Family Therapist license • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Marriage & Family Therapist license from the appropriate state agency • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
11 – Behavioral Health Provider	620 – Licensed Mental Health Counselor (LMHC)	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Mental Health Counselor license • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Mental Health Counselor license from the appropriate state agency • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	621 – Licensed Clinical Addiction Counselor (LCAC)	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Addiction Counselor license • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Addiction Counselor license from the appropriate state agency • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
11 – Behavioral Health Provider	835 – Opioid Treatment Program	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Drug Enforcement Agency (DEA) registration certificate • Copy of Division of Mental Health and Addiction (DMHA) Opioid Treatment Program certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
11 – Behavioral Health Provider	836 – Substance Use Disorder (SUD) Residential Addiction Treatment Facility	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Provider must provide one of the following: ○ Copy of a Division of Mental Health and Addiction (DMHA) certification as a Sub-Acute Facility that includes an American Society of Addiction Medicine (ASAM) designation of offering either Level 3.1 or Level 3.5 residential services ○ Proof of Department of Child Services (DCS) licensing as a child care institution or private secure-care institution with a DMHA Addiction Services Provider Regular Certification that includes an ASAM designation of offering either Level 3.1 or Level 3.5 residential services • Facilities that have designations to offer both ASAM Level 3.1 and Level 3.5 services within the facility must include proof of both designations with their enrollment application. • Copy of Drug Enforcement Agency (DEA) registration certificate (optional) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Provider must provide one of the following: ○ Copy of a Division of Mental Health and Addiction (DMHA) certification as a Sub-Acute Facility that includes an American Society of Addiction Medicine (ASAM) designation of offering either Level 3.1 or Level 3.5 residential services ○ Proof of Department of Child Services (DCS) licensing as a child care institution or private secure-care institution with a DMHA Addiction Services Provider Regular Certification that includes an ASAM designation of offering either Level 3.1 or Level 3.5 residential services. • Facilities that have designations to offer both ASAM Level 3.1 and Level 3.5 services within the facility must include proof of both designations with their enrollment application. • Copy of Drug Enforcement Agency (DEA) registration certificate (optional) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
12 – School Corporation	120 – School Corporation	• IHCP **School Corporation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Must be listed on the approved Indiana Department of Education's school corporation list and charter school list	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
13 – Public Health Agency	130 – County Health Department	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
14 – Podiatrist	140 – Podiatrist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • If applicable, copy of license from Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
15 – Chiropractor	150 – Chiropractor	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
17 – Therapist	170 – Physical Therapist 171 – Occupational Therapist 173 – Speech/Hearing Therapist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Medicare number, if enrolled in Medicare • Application fee required if enrolling as a group [1]	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required if enrolling as a group [1]
18 – Optometrist	180 – Optometrist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • If applicable, copy of license from Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
19 – Optician	190 – Optician	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state, if that state licenses opticians • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
20 – Audiologist	200 – Audiologist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state, if that state licenses audiologists • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
22 – Hearing Aid Dealer	220 – Hearing Aid Dealer	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Hearing Aid Dealer's License • Medicare number, if enrolled in Medicare • Application fee required [1] • Fingerprint and background check required [2]	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of appropriate state's Hearing Aid Dealer's License • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] • Fingerprint and background check required [2]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
24 – Pharmacy	240 – Pharmacy 250 – Durable Medical Equipment (DME)/Medical Supply Dealer 251 – Home Medical Equipment (HME)	• IHCP **Pharmacy** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Pharmacy License • Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1] • If DME 250 – Fingerprint and background check required [2] • If HME 251 – Fingerprint and background check required [2]	• IHCP **Pharmacy** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license or permit from appropriate state • If supplying to residents of Indiana via mail or other delivery services, you must have an Indiana nonresident pharmacy license • Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] • If DME 250 – Fingerprint and background check required [2] • If HME 251 – Fingerprint and background check required [2]
25 – DME/Medical Supply Dealer	250 – DME/Medical Supply Dealer	• IHCP **Durable Medical Equipment** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Medicare number, if enrolled in Medicare • Application fee required [1] • Fingerprint and background check required [2]	• IHCP **Durable Medical Equipment** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license if state licenses DME providers • Medicare number, if enrolled in Medicare • If not Medicare enrolled, proof of participation in own state's Medicaid program **required** • Application fee required [1] • Fingerprint and background check required [2]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
25 – DME/Medical Supply Dealer	251 – HME/Home Medical Equipment	• IHCP **Durable Medical Equipment** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy • Medicare number, if enrolled in Medicare • Application fee required [1] • Fingerprint and background check required [2]	• IHCP **Durable Medical Equipment** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy (physical service location does not have to be in the state of Indiana, but you must obtain an Indiana HME license to provide services to Indiana residents) • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] • Fingerprint and background check required [2]
25 – DME/Medical Supply Dealer	252 – Donor Milk Bank	• IHCP **Durable Medical Equipment** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of accreditation by the Human Milk Banking Association of North America (HMBANA) • Application fee required [1] • Fingerprint and background check required [2]	• IHCP **Durable Medical Equipment** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of accreditation by the Human Milk Banking Association of North America (HMBANA) • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] • Fingerprint and background check required [2]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
26 – Transportation Provider	260 – Ambulance	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Emergency Medical Services (EMS) Commission certification • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of appropriate state's emergency medical services (EMS) commission certification • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
26 – Transportation Provider	261 – Air Ambulance	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Emergency Medical Services (EMS) Commission Air Ambulance certification • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of appropriate state's emergency medical services (EMS) commission certification • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
26 – Transportation Provider	262 – Bus	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Proof of insurance coverage as required by the Indiana motor carrier authority • Copy of driver's license for all drivers • Application fee required [1] • Fingerprint and background check required [2]	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of appropriate state's certification for buses • Proof of insurance, as indicated by local ordinances • Copy of driver's license for all drivers • Application fee required [1] • Fingerprint and background check required [2]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
26 – Transportation Provider	263 – Taxi	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Document showing operating authority from the local governing body (city taxi or livery license) • Copy of retail merchant's certificate (providers that have nonprofit status are exempt from this requirement) • Proof of nonprofit status from the Internal Revenue Service (IRS), if applicable • Proof of insurance, as indicated by local ordinances (if unspecified by local ordinance, a minimum of $25,000/$50,000 public livery insurance covering all vehicles used in the business) • Copy of driver's license for all drivers • Proof of Indiana surety bond of at least $50,000 for a minimum duration of 3 years (not required for 501(c)(3) nonprofit organizations or other exempted providers per *IC 12-15-11-2.5(b)*) • Application fee required [1] • Fingerprint and background check required [2]	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Document showing taxi operating authority from the local governing body as a common carrier • Copy of retail merchant's certificate (providers that have nonprofit status are exempt from this requirement) • Proof of nonprofit status from the IRS, if applicable • Proof of insurance as indicated by local ordinances (if unspecified by local ordinance, a minimum of $25,000/$50,000 public livery insurance covering all vehicles used in the business) • Copy of driver's license for all drivers • Proof of Indiana surety bond of at least $50,000 for a minimum duration of 3 years (not required for 501(c)(3) nonprofit organizations or other exempted providers per *IC 12-15-11-2.5(b)*) • Application fee required [1] • Fingerprint and background check required [2]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
26 – Transportation Provider	264 – Common Carrier (Ambulatory) 265 – Common Carrier (Non-Ambulatory) *"Ambulatory" means the clients are able to walk to and from or transfer into or out of the transporting vehicle.* *"Non-ambulatory" means the clients need to remain in a wheelchair while being transported.*	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue (for-profit providers only) • Proof of nonprofit status from the Internal Revenue Service (IRS), if applicable • Interstate carriers must submit their U.S. Department of Transportation (USDOT) number for verification • Proof of insurance (providers with nonprofit status must have a minimum of $500,000 of combined single-limit commercial automobile liability) • Copy of driver's license for all drivers • Proof of Indiana surety bond of at least $50,000 for a minimum duration of 3 years (not required for 501(c)(3) nonprofit organizations, providers owned or controlled by a hospital or pharmacy licensed in Indiana, or other exempted providers per *IC 12-15-11-2.5(b)*) • Application fee required [1] • Fingerprint and background check required [2]	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • For interstate carriers, submission of the USDOT number for verification • Copy of appropriate state's certification for common carriers • Copy of Motor Carrier Service (MCS) certificate showing interstate authority, if the provider crosses state lines (for-profit providers only) • Proof of nonprofit status from the IRS, if applicable • Proof of insurance (providers with nonprofit status must have a minimum of $500,000 of combined single-limit commercial automobile liability) • Copy of driver's license for all drivers • Proof of Indiana surety bond of at least $50,000 for a minimum duration of 3 years (not required for 501(c)(3) nonprofit organizations or other exempted providers per *IC 12-15-11-2.5(b)*) • Application fee required [1] • Fingerprint and background check required [2]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
26 – Transportation Provider	266 – Family Member	• IHCP **Family Member/Associate Transportation** provider enrollment packet or online application, which includes: ○ IHCP Family Member/Associate Transportation Provider Agreement ○ Federal *W-9* form • Medicaid Family Member or Associate Transportation Services Form, completed and signed by the member being transported • Copy of current driver's license • Copy of current auto insurance for the vehicle being used • Copy of current auto registration for the vehicle being used	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
26 – Transportation Provider	267 – Transportation Network Company (TNC)	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of TNC permit from the Indiana Department of Revenue • Proof of insurance • Proof of Indiana surety bond of at least $50,000 for a minimum duration of 3 years (not required for providers owned or controlled by a hospital or pharmacy licensed in Indiana or for other exempted providers per *IC 12-15-11-2.5(b)*) • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
26 – Transportation Provider	269 – Broker Fleet	• IHCP **Transportation** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue • Proof of insurance • Copy of driver's license for all drivers • Proof of Indiana surety bond of at least $50,000 for a minimum duration of 3 years (not required for 501(c)(3) nonprofit organizations, providers owned or controlled by a hospital or pharmacy licensed in Indiana, or other exempted providers per *IC 12-15-11-2.5(b)*)	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
27 – Dentist	270 – Endodontist 271 – General Dentistry Practitioner 272 – Oral Surgeon 273 – Orthodontist 274 – Pediatric Dentist 275 – Periodontist 277 – Prosthesis	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • For a sole proprietorship, partnership, or professional services corporation (PSC), the owners listed as disclosed entities on the provider enrollment application must have dental licenses • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare *Note: A dental practice must be owned by a dentist.*	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from state where services are performed • For a sole proprietorship, a partnership, or professional services corporation, the owners listed as disclosed entities on the provider enrollment application must have dental licenses • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled *Note: A dental practice must be owned by a dentist.*

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
27 – Dentist	276 – Mobile Dental Van	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of registration from Indiana Professional Licensing Agency (IPLA) • Copy of license from IPLA for rendering providers • Copy of valid Indiana driver's license for all drivers • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
28 – Laboratory	280 – Independent Lab	• IHCP **Billing** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate **required** • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Billing** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate **required** • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
28 – Laboratory	281 – Mobile Lab	• IHCP **Billing** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of valid driver's license for all drivers • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate **required** • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Billing** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of valid driver's license for all drivers • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate **required** • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]
28 – Laboratory	282 – Independent Diagnostic Testing Facility (IDTF)	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Medicare number, if enrolled in Medicare • Application fee required [1] *Note: Per CMS requirements – Must have a physician on staff*	• IHCP **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] *Note: Per CMS requirements – Must have a physician on staff*

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
28 – Laboratory	283 – Mobile Independent Diagnostic Testing Facility (IDTF)	• IHCP **Billing** or **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of valid driver's license for all drivers • Medicare number, if enrolled in Medicare • Application fee required [1] *Note: Per CMS requirements – Must have a physician on staff*	• IHCP **Billing** or **Group and Clinic** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of appropriate state's valid driver's license for all drivers • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1] *Note: Per CMS requirements – Must have a physician on staff*

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
29 – Radiology	290 – Freestanding X-Ray Clinic 291 – Mobile X-Ray Clinic	• IHCP **Radiology** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Notice of Indiana Department of Health (IDOH) compliance ○ Positron emission tomography (PET) and magnetic resonance imaging (MRI) services do not require notice of compliance. • Copy of operator certificates for all employee operators, except PET and/or computed tomography (CT) scanner operators • Copy of valid driver's license for all drivers (required for specialty 291) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Application fee required [1]	• IHCP **Radiology** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of registration certificate or license from the appropriate state ○ Out-of-state **mobile radiology** providers (specialty 291) **performing services in Indiana** must possess a notice of Indiana Department of Health (IDOH) compliance. ○ Positron emission tomography (PET) and magnetic resonance imaging (MRI) services do not require certification or notice of compliance. • Copy of operator certificates for all employee operators, except PET and/or computed tomography (CT) scanner operators • Copy of appropriate state's valid driver's license for all drivers (required for specialty 291) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled • Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
30 – End-Stage Renal Disease (ESRD) Clinic	300 – Freestanding Renal Dialysis Clinic	• IHCP **Hospital and Facility** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of Indiana Department of Health (IDOH) certification • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate **required** • Medicare number, if enrolled in Medicare • Application fee required [1]	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
31 – Physician	310 – Allergist 311 – Anesthesiologist 312 – Cardiologist 313 – Cardiovascular Surgeon 314 – Dermatologist 315 – Emergency Medicine Practitioner 316 – Family Practitioner 317 – Gastroenterologist 318 – General Practitioner 319 – General Surgeon 320 – Geriatric Practitioner 321 – Hand Surgeon 323 – Neonatologist 324 – Nephrologist 325 – Neurological Surgeon 326 – Neurologist 327 – Nuclear Medicine Practitioner 328 – Obstetrician/Gynecologist	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the Indiana Professional Licensing Agency (IPLA) • Copy of board certification for specialty requested, if applicable • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from appropriate state • If applicable, copy of license from Indiana Professional Licensing Agency (IPLA) with the Telemedicine Provider Certification • Copy of board certification for specialty requested, if applicable • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare Proof of participation in own state's Medicaid program, if enrolled

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
31 – Physician *(continued)*	329 – Oncologist 330 – Ophthalmologist 331 – Orthopedic Surgeon 332 – Otologist, Laryngologist, Rhinologist 333 – Pathologist 334 – Pediatric Surgeon 336 – Physical Medicine and Rehabilitation Practitioner 337 – Plastic Surgeon 338 – Proctologist 339 – Psychiatrist 340 – Pulmonary Disease Specialist 341 – Radiologist 342 – Thoracic Surgeon 343 – Urologist 344 – General Internist 345 – General Pediatrician 346 – Dispensing Physician		
32 – Waiver Provider	See pages 36–40.		

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
34 – MRT Copy Center	366 – MRT Copy Center	• IHCP **Billing** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form	• IHCP **Billing** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Proof of participation in own state's Medicaid program, if enrolled
36 – Genetic Counselor	800 – Genetic Counselor	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from Indiana Professional Licensing Agency (IPLA) • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Copy of license from the appropriate state • Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable • Medicare number, if enrolled in Medicare • Proof of participation in own state's Medicaid program, if enrolled
37 – Medicare-Only Provider	370 – Medicare-Only Provider	• IHCP **Medicare-Only** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Medicare number **required** for each service location	• IHCP **Medicare-Only** provider enrollment packet or online application, which includes: ○ Provider Agreement ○ Federal *W-9* form • Medicare number **required** for each service location

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

Home- and Community-Based Services (HCBS) Waiver Providers

Provider Type	Provider Specialty	Provider Secondary Specialty	In-State Provider Document Requirements[3]
32 – Waiver Provider	350 – Aged and Disabled (AD) Waiver	• A00 – Adult Day Services (Level 1) • A01 – Adult Day Services (Level 2) • A02 – Adult Day Services (Level 3) • A03 – Adult Foster Care [1] • A04 – Assisted Living • A05 – Attendant Care [2] • A06 – Case Management • A07 – Community Transition Services • A08 – Environmental Modifications • A09 – Healthcare Coordination • A10 – Home-Delivered Meals • A11 – Homemaker • A12 – Nutritional Supplements • A13 – Pest Control • A14 – Respite • A15 – Self-Directed Attendant Care • A16 – Specialized Medical Equipment Supplies [1, 2] • A17 – Transportation [1] • A18 – Vehicle Modifications • A19 – Personal Emergency Response Systems • A20 – Environmental Modifications Assessment • A21– Structured Family Caregiving	• IHCP **Waiver** provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Certification letter from the appropriate waiver administering division • A03 – Application fee required [1] • A05 – Fingerprint and background check required [2] • A16 – Application fee, fingerprint, and background check required [1, 2] • A17 – Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

[3] Out-of-state providers must contact the appropriate waiver division for requirements.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type	Provider Specialty	Provider Secondary Specialty	In-State Provider Document Requirements[3]
32 – Waiver Provider	356 – Traumatic Brain Injury (TBI) Waiver	• B00 – Adult Day Services (Level 1) • B01 – Adult Day Services (Level 2) • B02 – Adult Day Services (Level 3) • B03 – Adult Foster Care [1] • B04 – Attendant Care [2] • B05 – Behavior Management/Behavior Program & Counseling • B06 – Case Management • B07 – Community Transition Services • B08 – Environmental Modifications • B10 – Home-Delivered Meals • B11 – Homemaker • B12 – Nutritional Supplements • B13 – Occupational Therapy • B14 – Personal Emergency Response Systems • B15 – Pest Control • B17 – Residential Habilitation and Support • B18 – Respite • B19 – Specialized Medical Equipment & Supplies[1, 2] • B20 – Speech/Language Therapy • B21 – Structured Day Program • B22 – Supported Employment Follow Along • B23 – Transportation [1] • B24 – Vehicle Modifications • B25 – TBI Assisted Living	• IHCP **Waiver** provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Certification letter from the appropriate waiver administering division • B03 – Application fee required [1] • B04 – Fingerprint and background check required [2] • B19 – Application fee, fingerprint, and background check required [1, 2] • B23 – Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

[3] Out-of-state providers must contact the appropriate waiver division for requirements.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type	Provider Specialty	Provider Secondary Specialty	In-State Provider Document Requirements[3]
32 – Waiver Provider	359 – Community Integration and Habilitation Waiver	• C00 – Adult Day Services (Level 1, 2, 3) • C01 – Structured Family Caregiver [1] • C02 – Behavior Management/Behavior Program & Counseling • C03 – Community-Based Habilitation – Group • C04 – Community-Based Habilitation – Individual • C05 – Community Transition Services • C06 – Remote Supports 1 Participant • C07 – Environmental Modifications • C08 – Facility-Based Habilitation – Group • C09 – Facility-Based Habilitation – Individual • C10 – Facility-Based Support Services • C11 – Family and Caregiver Training • C12 – Intensive Behavioral Intervention • C13 – Music Therapy [1] • C14 – Occupational Therapy • C15 – Personal Emergency Response Systems • C16 – Physical Therapy [1] • C17 – Prevocational Services • C18 – Psychological Therapy • C19 – Recreational Therapy [1] • C20 – Rent/Food for Unrelated Live-In Caregiver • C21 – Residential Habilitation and Support • C22 – Respite • C23 – Specialized Medical Equipment & Supplies [1, 2] • C24 – Speech/Language Therapy [1] • C25 – Extended Services • C26 – Transportation Level 1 [1] • C27 – Workplace Assistance • C28 – Case Management	• IHCP **Waiver** provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Certification letter from the appropriate waiver administering division • C01 – Application fee required [1] • C13 – Application fee required, if group [1] • C14 – Application fee required, if group [1] • C16 – Application fee required, if group [1] • C19 – Application fee required, if group [1] • C23 – Application fee, fingerprint, and background check required [1, 2] • C24 – Application fee required, if group [1] • C26 – Application fee required [1] • C29 – Application fee required [1] • C30 – Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

[3] Out-of-state providers must contact the appropriate waiver division for requirements.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type	Provider Specialty	Provider Secondary Specialty	In-State Provider Document Requirements[3]
32 – Waiver Provider *(continued)*	359 – Community Integration and Habilitation Waiver *(continued)*	• C29 – Transportation Level 2 [1] • C30 – Transportation Level 3 [1] • C31 – Wellness Coordination • C32 – Supported Employee Follow-Along • C33 – Remote Supports, 2 Participants • C34 – Remote Supports, 3 Participants • C35 – Remote Supports, 4 Participants	
32 – Waiver Provider	360 – Family Supports Waiver	• D00 – Adult Day Services (Level 1, 2, 3) • D01 – Behavior Management/Behavior Program & Counseling • D02 – Community-Based Habilitation – Group • D03 – Community-Based Habilitation – Individual • D04 – Facility-Based Habilitation – Group • D05 – Facility-Based Habilitation – Individual • D06 – Facility-Based Support Services • D07 – Family and Caregiver Training • D08 – Intensive Behavioral Intervention • D09 – Music Therapy [1] • D10 – Occupational Therapy [1] • D11 – Personal Emergency Response Systems • D12 – Speech/Language Therapy [1] • D13 – Physical Therapy [1] • D14 – Prevocational Services • D15 – Psychological Therapy • D16 – Recreational Therapy [1] • D17 – Respite • D18 – Specialized Medical Equipment & Supplies [1, 2] • D19 – Extended Services • D20 – Transportation [1] • D21 – Workplace Assistance	• IHCP **Waiver** provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Certification letter from the appropriate waiver administering division • D09 – Application fee required, if group [1] • D10 – Application fee required, if group [1] • D12 – Application fee required, if group [1] • D13 – Application fee required, if group [1] • D16 – Application fee required, if group [1] • D18 – Application fee, fingerprint, and background check required [1, 2] • D20 – Application fee required [1] • D32 – Application fee required [1] • D33 – Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

[3] Out-of-state providers must contact the appropriate waiver division for requirements.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type	Provider Specialty	Provider Secondary Specialty	In-State Provider Document Requirements[3]
32 – Waiver Provider *(continued)*	360 – Family Supports Waiver *(continued)*	• D22 – Case Management • D23 – Participant Assistance and Care • D24 – Environmental Modification, Install • D25 – Environmental Modifications, Maintain • D26 – Equipment – Assess/Inspect/Train • D27 – Remote Supports, Equipment • D28 – Remote Support, 1 Participant • D29 – Remote Support, 2 Participants • D30 – Remote Support, 3 Participants • D31 – Remote Support, 4 Participants • D32 – Transportation, Level 2 [1] • D33 – Transportation, Level 3 [1]	
32 – Waiver Provider	363 – Money Follows the Person (MFP) Demonstration Grant	• F00 – Adult Day Services (Level 1) • F01 – Adult Day Services (Level 2) • F02 – Adult Day Services (Level 3) • F03 – Adult Foster Care [1] • F04 – Assisted Living • F05 – Attendant Care [2] • F06 – Behavior Management/Behavior Program & Counseling • F07 – Case Management • F08 – Community-Based Habilitation – Individual • F09 – Community-Based Habilitation – Group • F10 – Community Transition Services • F11 – Electronic Monitoring • F12 – Environmental Modifications • F13 – Facility-Based Habilitation – Group • F14 – Facility-Based Habilitation – Individual • F27 – Prevocational Services	• IHCP **Waiver** provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal *W-9* form • Certification letter from the appropriate waiver administering division • F03 – Application fee required [1] • F05 – Fingerprint and background check required [2] • F21 – Application fee required, if group [1] • F23 – Application fee required, if group [1] • F26 – Application fee required, if group [1] • F29 – Application fee required, if group [1] • F34 – Application fee, fingerprint, and background check required[1, 2] • F35 – Application fee required, if group [1] • F38 – Application fee required [1]

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

[3] Out-of-state providers must contact the appropriate waiver division for requirements.

IHCP Provider Enrollment Type and Specialty Matrix

Provider Type	Provider Specialty	Provider Secondary Specialty	In-State Provider Document Requirements[3]
32 – Waiver Provider *(continued)*	363 – Money Follows the Person (MFP) Demonstration Grant *(continued)*	• F28 – Psychological Therapy • F29 – Recreational Therapy [1] • F30 – Rent/Food for Unrelated Live-In Caregiver • F31 – Residential Habilitation and Support • F32 – Respite • F33 – Self-Directed Attendant Care • F34 – Specialized Medical Equipment & Supplies [1, 2] • F35 – Speech/Language Therapy [1] • F36 – Structured Day Program • F37 – Supported Employment Follow-Along • F38 – Transportation [1] • F39 – Vehicle Modifications • F40 – Workplace Assistance • F41 – Environmental Modifications Assessment • F42 – Structured Family Caregiving • F43 – Wellness Coordination • F44 – Extended Services	

[1] Application fee required – Can be satisfied by paying application fee in another state or to Medicare. Providers may request a waiver of the application fee due to financial hardship. Proof of payment or proof of approved hardship waiver is required. For more information, see the *Provider Enrollment Application Fee* webpage at in.gov/medicaid/providers.

[2] Fingerprint and background check required – Can be satisfied if performed as part of a Medicaid enrollment in another state or if Medicare enrolled. Proof of fingerprinting and background check performed is required. For more information, see the *Provider Enrollment Risk Levels and Screening* webpage at in.gov/medicaid/providers.

[3] Out-of-state providers must contact the appropriate waiver division for requirements.