



IHCP Provider Enrollment Risk Category and Application Fee Matrix

For more information about Indiana Health Coverage Programs (IHCP) provider enrollment risk categories and application fees, see the [Provider Enrollment Application Fee](#) and [Provider Enrollment Risk Levels and Screening](#) webpages and the [Provider Enrollment](#) provider reference module, available at in.gov/medicaid/providers.

Provider Type Code and Description	Specialty Code and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
01 – Hospital	010 – Acute Care	Yes	Limited	Limited
01 – Hospital	011 – Psychiatric	Yes	Limited	Limited
01 – Hospital	012 – Rehabilitation	Yes	Limited	Limited
01 – Hospital	013 – Long-Term Acute Care	No ¹	Limited	Limited
02 – Ambulatory Surgical Center (ASC)	020 – Ambulatory Surgical Center (ASC)	Yes	Limited	Limited
03 – Extended Care Facility	030 – Nursing Facility	Yes	High	Moderate
03 – Extended Care Facility	031 – Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Yes	Limited	Limited
03 – Extended Care Facility	032 – Pediatric Nursing Facility	Yes	High	Moderate
03 – Extended Care Facility	033 – Residential Care Facility	Yes	High	Moderate
03 – Extended Care Facility	034 – Psychiatric Residential Treatment Facility	Yes	Limited	Limited
04 – Rehabilitation Facility	040 – Rehabilitation Facility	Yes	Limited	Limited
04 – Rehabilitation Facility	041 – Comprehensive Outpatient Rehabilitation Facility (CORF)	Yes	Moderate	Moderate
05 – Home Health Agency	050 – Home Health Agency	Yes	High	Moderate
06 – Hospice	060 – Hospice	Yes	High	Moderate
08 – Clinic	080 – Federally Qualified Health Clinic (FQHC)	Yes	Limited	Limited
08 – Clinic	081 – Rural Health Clinic (RHC)	Yes	Limited	Limited
08 – Clinic	082 – Medical Clinic	No	Limited	Limited
08 – Clinic	083 – Family Planning Clinic	No	Limited	Limited
08 – Clinic	084 – Nurse Practitioner Clinic	No	Limited	Limited
08 – Clinic	086 – Dental Clinic	No	Limited	Limited
08 – Clinic	087 – Therapy Clinic	Yes	Moderate	Moderate
08 – Clinic	088 – Birthing Center	No	Limited	Limited
08 – Clinic	089 – Correctional Facility Clinic	No	Limited	Limited
09 – Advanced Practice Registered Nurse	090 – Pediatric Nurse Practitioner	No	Limited	Limited

¹ Specialty 013 can only be added as a secondary specialty to an existing specialty 010 enrollment. No additional fee is required to add this specialty.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

Provider Type Code and Description	Specialty Code and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
09 – Advanced Practice Registered Nurse	091 – Obstetric Nurse Practitioner	No	Limited	Limited
09 – Advanced Practice Registered Nurse	092 – Family Nurse Practitioner	No	Limited	Limited
09 – Advanced Practice Registered Nurse	093 – Clinical Nurse Specialist	No	Limited	Limited
09 – Advanced Practice Registered Nurse	094 – Certified Registered Nurse Anesthetist (CRNA)	No	Limited	Limited
09 – Advanced Practice Registered Nurse	095 – Certified Nurse Midwife	No	Limited	Limited
10 – Physician Assistant	100 – Physician Assistant	No	Limited	Limited
11 – Behavioral Health Provider	110 – Outpatient Mental Health Clinic	No	Limited	Limited
11 – Behavioral Health Provider	111 – Community Mental Health Center (CMHC)	Yes	Moderate	Moderate
11 – Behavioral Health Provider	114 – Health Service Provider in Psychology (HSPP)	No	Limited	Limited
11 – Behavioral Health Provider	115 – Adult Mental Health and Habilitation (AMHH)	No	Moderate	Moderate
11 – Behavioral Health Provider	611 – Children's Mental Health Wraparound (CMHW)	*	Limited	Limited
11 – Behavioral Health Provider	612 – Behavioral and Primary Healthcare Coordination (BPHC)	No	Moderate	Moderate
11 – Behavioral Health Provider	613 – Psychosocial Rehabilitation Services	No	Limited	Limited
11 – Behavioral Health Provider	615 – Applied Behavior Analysis (ABA) Therapist (Masters/Doctoral or HSPP)	**	High	Moderate (or Limited if rendering)
11 – Behavioral Health Provider	616 – Licensed Psychologist	No	Limited	Limited
11 – Behavioral Health Provider	617 – Licensed Independent Practice School Psychologist	No	Limited	Limited
11 – Behavioral Health Provider	618 – Licensed Clinical Social Worker (LCSW)	No	Limited	Limited
11 – Behavioral Health Provider	619 – Licensed Marriage and Family Therapist (LMFT)	No	Limited	Limited
11 – Behavioral Health Provider	620 – Licensed Mental Health Counselor (LMHC)	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the "Application Fee Required" column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

Provider Type Code and Description	Specialty Code and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
11 – Behavioral Health Provider	621 – Licensed Clinical Addiction Counselor (LCAC)	No	Limited	Limited
11 – Behavioral Health Provider	622 – Mobile Crisis Unit	No	Moderate	Moderate
11 – Behavioral Health Provider	623 – Certified Community Behavioral Health Clinic (CCBHC)	No	Moderate	Moderate
11 – Behavioral Health Provider	624 – ABA Therapist (Bachelors)	No	High	Limited
11 – Behavioral Health Provider	625 – ABA Therapist (RBT)	No	High	Limited
11 – Behavioral Health Provider	835 – Opioid Treatment Program	No	High	Moderate
11 – Behavioral Health Provider	836 – Substance Use Disorder (SUD) Residential Addiction Treatment Facility	Yes	Moderate	Limited
12 – School Corporation	120 – School Corporation	No	Limited	Limited
13 – Public Health Agency	130 – County Health Department	Yes	Limited	Limited
14 – Podiatrist	140 – Podiatrist	No	Limited	Limited
15 – Chiropractor	150 – Chiropractor	No	Limited	Limited
17 – Therapist	170 – Physical Therapist	*	Moderate	Moderate
17 – Therapist	171 – Occupational Therapist	*	Limited	Limited
17 – Therapist	173 – Speech/Hearing Therapist	*	Limited	Limited
18 – Optometrist	180 – Optometrist	No	Limited	Limited
19 – Optician	190 – Optician	No	Limited	Limited
20 – Audiologist	200 – Audiologist	No	Limited	Limited
22 – Hearing Aid Dealer	220 – Hearing Aid Dealer	Yes	High	Moderate
24 – Pharmacy	240 – Pharmacy	Yes	Limited	Limited
24 – Pharmacy	241 – Pharmacist	No	Limited	Limited
24 – Pharmacy	250 – Durable Medical Equipment (DME)/ Medical Supply Dealer	Yes	High	Moderate
24 – Pharmacy	251 – Home Medical Equipment (HME)	Yes	High	Moderate
25 – DME/Medical Supply Dealer	250 – DME/Medical Supply Dealer	Yes	High	Moderate
25 – DME/Medical Supply Dealer	251 – HME/Home Medical Equipment	Yes	High	Moderate
25 – DME/Medical Supply Dealer	252 – Breast Milk Bank	Yes	High	Moderate
26 – Transportation Provider	260 – Ambulance	Yes	Moderate	Moderate

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

Provider Type Code and Description	Specialty Code and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
26 – Transportation Provider	261 – Air Ambulance	Yes	Moderate	Moderate
26 – Transportation Provider	262 – Bus	Yes	High	Moderate
26 – Transportation Provider	263 – Taxi	Yes	High	Moderate
26 – Transportation Provider	264 – Common Carrier (Ambulatory)	Yes	High	Moderate
26 – Transportation Provider	265 – Common Carrier (Nonambulatory)	Yes	High	Moderate
26 – Transportation Provider	266 – Family Member	No	Limited	Limited
26 – Transportation Provider	267 – Transportation Network Company (TNC)	Yes	Limited	Limited
26 – Transportation Provider	269 – Broker Fleet	No	Limited	Limited
27 – Dentist	270 – Endodontist	No	Limited	Limited
27 – Dentist	271 – General Dentistry Practitioner	No	Limited	Limited
27 – Dentist	272 – Oral Surgeon	No	Limited	Limited
27 – Dentist	273 – Orthodontist	No	Limited	Limited
27 – Dentist	274 – Pediatric Dentist	No	Limited	Limited
27 – Dentist	275 – Periodontist	No	Limited	Limited
27 – Dentist	276 – Mobile Dental Van	No	Limited	Limited
27 – Dentist	277 – Prosthesis	No	Limited	Limited
28 – Laboratory	280 – Independent Lab	Yes	Moderate	Moderate
28 – Laboratory	281 – Mobile Lab	Yes	Moderate	Moderate
28 – Laboratory	282 – Independent Diagnostic Testing Facility (IDTF)	Yes	Moderate	Moderate
28 – Laboratory	283 – Mobile Independent Diagnostic Testing Facility (IDTF)	Yes	Moderate	Moderate
29 – Radiology	290 – Freestanding X-Ray Clinic	Yes	Limited	Limited
29 – Radiology	291 – Mobile X-Ray Clinic	Yes	Moderate	Moderate
30 – End-Stage Renal Disease (ESRD) Clinic	300 – Freestanding Renal Dialysis Clinic	Yes	Limited	Limited
31 – Physician	310 – Allergist	No	Limited	Limited
31 – Physician	311 – Anesthesiologist	No	Limited	Limited
31 – Physician	312 – Cardiologist	No	Limited	Limited
31 – Physician	313 – Cardiovascular Surgeon	No	Limited	Limited
31 – Physician	314 – Dermatologist	No	Limited	Limited
31 – Physician	315 – Emergency Medicine Practitioner	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

Provider Type Code and Description	Specialty Code and Description	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
31 – Physician	316 – Family Practitioner	No	Limited	Limited
31 – Physician	317 – Gastroenterologist	No	Limited	Limited
31 – Physician	318 – General Practitioner	No	Limited	Limited
31 – Physician	319 – General Surgeon	No	Limited	Limited
31 – Physician	320 – Geriatric Practitioner	No	Limited	Limited
31 – Physician	321 – Hand Surgeon	No	Limited	Limited
31 – Physician	323 – Neonatologist	No	Limited	Limited
31 – Physician	324 – Nephrologist	No	Limited	Limited
31 – Physician	325 – Neurological Surgeon	No	Limited	Limited
31 – Physician	326 – Neurologist	No	Limited	Limited
31 – Physician	327 – Nuclear Medicine Practitioner	No	Limited	Limited
31 – Physician	328 – Obstetrician/Gynecologist	No	Limited	Limited
31 – Physician	329 – Oncologist	No	Limited	Limited
31 – Physician	330 – Ophthalmologist	No	Limited	Limited
31 – Physician	331 – Orthopedic Surgeon	No	Limited	Limited
31 – Physician	332 – Otologist, Laryngologist, Rhinologist	No	Limited	Limited
31 – Physician	333 – Pathologist	No	Limited	Limited
31 – Physician	334 – Pediatric Surgeon	No	Limited	Limited
31 – Physician	336 – Physical Medicine and Rehabilitation Practitioner	No	Limited	Limited
31 – Physician	337 – Plastic Surgeon	No	Limited	Limited
31 – Physician	338 – Proctologist	No	Limited	Limited
31 – Physician	339 – Psychiatrist	No	Limited	Limited
31 – Physician	340 – Pulmonary Disease Specialist	No	Limited	Limited
31 – Physician	341 – Radiologist	No	Limited	Limited
31 – Physician	342 – Thoracic Surgeon	No	Limited	Limited
31 – Physician	343 – Urologist	No	Limited	Limited
31 – Physician	344 – General Internist	No	Limited	Limited
31 – Physician	345 – General Pediatrician	No	Limited	Limited
31 – Physician	346 – Dispensing Physician	No	Limited	Limited
32 – Waiver Provider	See pages 6–12.			
36 – Genetic Counselor	800 – Genetic Counselor	No	Limited	Limited
37 – Medicare-Only Provider	370 – Medicare-Only Provider	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	350 – PathWays / Health & Wellness Waiver (PW/H&W)	A00	Adult Day Services (Category 1)	No	Limited	Limited
	350 – PW/H&W	A01	Adult Day Services (Category 2)	No	Limited	Limited
	350 – PW/H&W	A03	Adult Family Care	Yes	Limited	Limited
	350 – PW/H&W	A04	Assisted Living	No	Limited	Limited
	350 – PW/H&W	A05	Attendant Care	No	High	Moderate
	350 – PW/H&W	A06	Care Management	No	Limited	Limited
	350 – PW/H&W	A07	Community Transition Services	No	Limited	Limited
	350 – PW/H&W	A08	Home Modifications	No	Limited	Limited
	350 – PW/H&W	A09	Integrated Health Care Coordination	No	Limited	Limited
	350 – PW/H&W	A10	Home Delivered Meals	No	Limited	Limited
	350 – PW/H&W	A11	Home and Community Assistance	No	Limited	Limited
	350 – PW/H&W	A12	Nutritional Supplements	No	Limited	Limited
	350 – PW/H&W	A13	Pest Control	No	Limited	Limited
	350 – PW/H&W	A14	Respite	No	Limited	Limited
	350 – PW/H&W	A15	Participant Directed Attendant Care	No	Limited	Limited
	350 – PW/H&W	A16	Specialized Medical Equipment & Supplies	Yes	High	Moderate
	350 – PW/H&W	A17	Transportation	Yes	Limited	Limited
	350 – PW/H&W	A18	Vehicle Modifications	No	Limited	Limited
	350 – PW/H&W	A19	Personal Emergency Response Systems	No	Limited	Limited
	350 – PW/H&W	A20	Home Modification Assessment	No	Limited	Limited
	350 – PW/H&W	A21	Structured Family Caregiving	No	Limited	Limited
	350 – PW/H&W	A22	Caregiver Coaching and Behavior Management	No	Limited	Limited
	350 – PW/H&W	A23	Benefits Counseling	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	356 – Traumatic Brain Injury Waiver (TBI)	B00	Adult Day Services (Level 1)	No	Limited	Limited
	356 – TBI	B01	Adult Day Services (Level 2)	No	Limited	Limited
	356 – TBI	B02	Adult Day Services (Level 3)	No	Limited	Limited
	356 – TBI	B03	Adult Family Care	Yes	Limited	Limited
	356 – TBI	B04	Attendant Care	No	High	Moderate
	356 – TBI	B05	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	356 – TBI	B06	Case Management	No	Limited	Limited
	356 – TBI	B07	Community Transition Services	No	Limited	Limited
	356 – TBI	B08	Home Modifications	No	Limited	Limited
	356 – TBI	B09	Integrated Health Care Coordination	No	Limited	Limited
	356 – TBI	B10	Home-Delivered Meals	No	Limited	Limited
	356 – TBI	B11	Home and Community Assistance	No	Limited	Limited
	356 – TBI	B12	Nutritional Supplements	No	Limited	Limited
	356 – TBI	B14	Personal Emergency Response Systems	No	Limited	Limited
	356 – TBI	B15	Pest Control	No	Limited	Limited
	356 – TBI	B17	Residential Habilitation and Support	No	Limited	Limited
	356 – TBI	B18	Respite	No	Limited	Limited
	356 – TBI	B19	Specialized Medical Equipment & Supplies	Yes	High	Moderate
	356 – TBI	B21	Structured Day Program	No	Limited	Limited
	356 – TBI	B22	Supported Employment	No	Limited	Limited
	356 – TBI	B23	Transportation	Yes	Limited	Limited
	356 – TBI	B24	Vehicle Modifications	No	Limited	Limited
	356 – TBI	B25	Assisted Living	No	Limited	Limited
	356 – TBI	B26	Structured Family Caregiving	No	Limited	Limited
	356 – TBI	B27	Home Modification Assessment	No	Limited	Limited
	356 – TBI	B28	Participant Directed Home Care	No	Limited	Limited
	356 – TBI	B29	Benefits Counseling	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	359 – Community Integration and Habilitation Waiver (CIH)	C00	Adult Day Services (Level 1, 2, 3)	No	Limited	Limited
	359 – CIH	C01	Structured Family Caregiver	No	Limited	Limited
	359 – CIH	C02	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	359 – CIH	C03	Day Habilitation (Group)	No	Limited	Limited
	359 – CIH	C04	Day Habilitation (Individual)	No	Limited	Limited
	359 – CIH	C05	Community Transition Services	No	Limited	Limited
	359 – CIH	C06	Remote Supports 1 Participant	No	Limited	Limited
	359 – CIH	C07	Home Modifications	No	Limited	Limited
	359 – CIH	C10	Facility-Based Support Services	No	Limited	Limited
	359 – CIH	C11	Family and Caregiver Training	No	Limited	Limited
	359 – CIH	C12	Intensive Behavioral Intervention	No	Limited	Limited
	359 – CIH	C13	Music Therapy	*	Limited	Limited
	359 – CIH	C14	Occupational Therapy	*	Limited	Limited
	359 – CIH	C15	Personal Emergency Response Systems	No	Limited	Limited
	359 – CIH	C16	Physical Therapy	*	Moderate	Moderate
	359 – CIH	C17	Prevocational Services	No	Limited	Limited
	359 – CIH	C18	Psychological Therapy	No	Limited	Limited
	359 – CIH	C19	Recreational Therapy	*	Limited	Limited
	359 – CIH	C20	Rent/Food for Unrelated Live-In Caregiver	No	Limited	Limited
	359 – CIH	C21	Residential Habilitation and Support	No	Limited	Limited
	359 – CIH	C22	Respite	No	Limited	Limited
	359 – CIH	C23	Specialized Medical Equipment & Supplies	Yes	High	Moderate
	359 – CIH	C24	Speech/Language Therapy	*	Limited	Limited
	359 – CIH	C25	Extended Services	No	Limited	Limited
	359 – CIH	C26	Transportation Level 1	Yes	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	359 – CIH	C27	Workplace Assistance	No	Limited	Limited
	359 – CIH	C28	Case Management	No	Limited	Limited
	359 – CIH	C29	Transportation (Level 2)	Yes	Limited	Limited
	359 – CIH	C30	Transportation (Level 3)	Yes	Limited	Limited
	359 – CIH	C31	Wellness Coordination	No	Limited	Limited
	359 – CIH	C33	Remote Supports 2 Participants	No	Limited	Limited
	359 – CIH	C34	Remote Supports 3 Participants	No	Limited	Limited
	359 – CIH	C35	Remote Supports 4 Participants	No	Limited	Limited
	359 – CIH	C36	Career Exploration and Planning	No	Limited	Limited
	359 – CIH	C37	Home Modification Assessment	No	Limited	Limited
	359 – CIH	C38	Participant Directed Home Care	No	Limited	Limited
	359 – CIH	C39	Benefits Counseling	No	Limited	Limited
32 – Waiver Provider	360 – Family Supports Waiver (FS)	D00	Adult Day Services (Level 1, 2, 3)	No	Limited	Limited
	360 – FS	D01	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	360 – FS	D02	Day Habilitation (Group)	No	Limited	Limited
	360 – FS	D03	Day Habilitation (Individual)	No	Limited	Limited
	360 – FS	D06	Facility Based Support Services	No	Limited	Limited
	360 – FS	D07	Family and Caregiver Training	No	Limited	Limited
	360 – FS	D08	Intensive Behavioral Intervention	No	Limited	Limited
	360 – FS	D09	Music Therapy	*	Limited	Limited
	360 – FS	D10	Occupational Therapy	*	Limited	Limited
	360 – FS	D11	Personal Emergency Response Systems	No	Limited	Limited
	360 – FS	D12	Speech/Language Therapy	*	Limited	Limited
	360 – FS	D13	Physical Therapy	*	Moderate	Moderate
	360 – FS	D14	Prevocational Services	No	Limited	Limited
	360 – FS	D15	Psychological Therapy	No	Limited	Limited
	360 – FS	D16	Recreational Therapy	*	Limited	Limited
	360 – FS	D17	Respite	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	360 – FS	D18	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	360 – FS	D19	Extended Services	No	Limited	Limited
	360 – FS	D20	Transportation	Yes	Limited	Limited
	360 – FS	D21	Workplace Assistance	No	Limited	Limited
	360 – FS	D22	Case Management	No	Limited	Limited
	360 – FS	D23	Participant Assistance and Care	No	Limited	Limited
	360 – FS	D24	Environmental Modification, Install	No	Limited	Limited
	360 – FS	D25	Environmental Modifications, Maintain	No	Limited	Limited
	360 – FS	D26	Equipment – Assess/Inspect/Train	No	Limited	Limited
	360 – FS	D27	Remote Supports, Equipment	No	Limited	Limited
	360 – FS	D28	Remote Support, 1 Participant	No	Limited	Limited
	360 – FS	D29	Remote Support, 2 Participants	No	Limited	Limited
	360 – FS	D30	Remote Support, 3 Participants	No	Limited	Limited
	360 – FS	D31	Remote Support, 4 Participants	No	Limited	Limited
	360 – FS	D32	Transportation, Level 2	Yes	Limited	Limited
	360 – FS	D33	Transportation, Level 3	Yes	Limited	Limited
	360 – FS	D34	Career Exploration and Planning	No	Limited	Limited
	360 – FS	D35	Home Modification Assessment	No	Limited	Limited
	360 – FS	D36	Participant Directed Home Care	No	Limited	Limited
	360 – FS	D37	Benefits Counseling	No	Limited	Limited
32 – Waiver Provider	363 – Money Follows the Person Demonstration Grant (MFP)	F00	Adult Day Services (Level 1)	No	Limited	Limited
	363 – MFP	F01	Adult Day Services (Level 2)	No	Limited	Limited
	363 – MFP	F02	Adult Day Services (Level 3)	No	Limited	Limited
	363 – MFP	F03	Adult Family Care	Yes	Limited	Limited
	363 – MFP	F04	Assisted Living	No	Limited	Limited
	363 – MFP	F05	Attendant Care	No	High	Moderate

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.

IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers

Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revalidation Risk Category
32 – Waiver Provider	363 – MFP	F06	Behavior Management/Behavior Program and Counseling	No	Limited	Limited
	363 – MFP	F07	Case Management	No	Limited	Limited
	363 – MFP	F08	Day Habilitation (Individual)	No	Limited	Limited
	363 – MFP	F09	Day Habilitation (Group)	No	Limited	Limited
	363 – MFP	F10	Community Transition Services	No	Limited	Limited
	363 – MFP	F11	Remote Supports	No	Limited	Limited
	363 – MFP	F12	Home Modifications	No	Limited	Limited
	363 – MFP	F15	Facility Based Support Services	No	Limited	Limited
	363 – MFP	F16	Family and Caregiver Training	No	Limited	Limited
	363 – MFP	F17	Integrated Health Care Coordination	No	Limited	Limited
	363 – MFP	F18	Home Delivered Meals	No	Limited	Limited
	363 – MFP	F19	Home and Community Assistance	No	Limited	Limited
	363 – MFP	F20	Intensive Behavioral Intervention	No	Limited	Limited
	363 – MFP	F21	Music Therapy	*	Limited	Limited
	363 – MFP	F22	Nutritional Supplements	No	Limited	Limited
	363 – MFP	F23	Occupational Therapy	*	Limited	Limited
	363 – MFP	F24	Personal Emergency Response Systems	No	Limited	Limited
	363 – MFP	F25	Pest Control	No	Limited	Limited
	363 – MFP	F26	Physical Therapy	*	Moderate	Moderate
	363 – MFP	F27	Prevocational Services	No	Limited	Limited
	363 – MFP	F28	Psychological Therapy	No	Limited	Limited
	363 – MFP	F29	Recreational Therapy	*	Limited	Limited
	363 – MFP	F30	Rent/Food for Unrelated Live-In Caregiver	No	Limited	Limited
	363 – MFP	F31	Residential Habilitation and Support	No	Limited	Limited
	363 – MFP	F32	Respite	No	Limited	Limited
	363 – MFP	F33	Participant Directed Home Care	No	Limited	Limited
	363 – MFP	F34	Specialized Medical Equipment and Supplies	Yes	High	Moderate
	363 – MFP	F35	Speech/Language Therapy	*	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a billing or rendering provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a rendering provider.



IHCP Provider Enrollment Risk Category and Application Fee Matrix

IHCP Provider Enrollment Risk Category and Application Fee Matrix – Waiver Providers						
Provider Type Code and Description	Waiver Program Specialty	Secondary-Specialty Code	Subspecialty and Description (Waiver Service)	Application Fee Required	Enrollment Screening Risk Category	Revaluation Risk Category
32 – Waiver Provider	363 – MFP	F36	Structured Day Program	No	Limited	Limited
	363 – MFP	F37	Supported Employment	No	Limited	Limited
	363 – MFP	F38	Transportation	Yes	Limited	Limited
	363 – MFP	F39	Vehicle Modifications	No	Limited	Limited
	363 – MFP	F40	Workplace Assistance	No	Limited	Limited
	363 – MFP	F41	Home Modifications Assessment	No	Limited	Limited
	363 – MFP	F42	Structured Family Caregiving	No	Limited	Limited
	363 – MFP	F43	Wellness Coordination	No	Limited	Limited
	363 – MFP	F44	Extended Services	No	Limited	Limited
	363 – MFP	F46	Home Modification Assessment	No	Limited	Limited
	363 – MFP	F47	Career Exploration and Planning	No	Limited	Limited
	363 – MFP	F48	Benefits Counseling	No	Limited	Limited

* An asterisk (*) instead of Yes or No in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group** provider. No fee is required if provider is enrolling as a **billing** or **rendering** provider.

** A double-asterisk (**) in the “Application Fee Required” column means the provider specialty is subject to a fee only when the provider is enrolling as a **group or billing** provider. No fee is required if provider is enrolling as a **rendering** provider.