

IHCP Provider Enrollment Type and Specialty Matrix

Step-by-step instructions for enrolling as an Indiana Health Coverage Programs (IHCP) provider are available on the [Complete an IHCP Provider Enrollment Application](#) webpage. All provider types and specialties listed in this document can apply online through the [IHCP Provider Healthcare Portal](#). Providers who choose to enroll by mail can go to the [IHCP Provider Enrollment Packet Finder](#) webpage, select the applicable provider type, specialty and classification, 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 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 hospital license from the Indiana Department of Health (IDOH) - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP; however, the provider does need to submit a copy of the IDOH license.</i> - 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 hospital license or accreditation from appropriate state ³ - 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.

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.

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the [Recertify Your Enrollment Credentials](#) webpage.

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Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
01 – Hospital	011 – Psychiatric <i>(Freestanding or with independent organizational structure; includes institutions for mental disease [IMDs])</i>	- 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 3 - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP.</i> - 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 hospital license or accreditation from appropriate state 3 - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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01 – Hospital	012 – Rehabilitation <i>(Distinct part or unit)</i>	- IHCP Hospital and Facility provider enrollment packet or online application, which includes: - Provider Agreement - Federal W-9 form - Copy of hospital license from the Indiana Department of Health (IDOH) - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP; however, the provider does need to submit a copy of the IDOH license.</i> - 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 hospital license or accreditation from appropriate state ³ - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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01 – Hospital	013 – Long Term Acute Care (LTAC)	<i>Note: This is not a stand-alone specialty; LTAC can only be added as a secondary specialty to an existing acute care hospital enrollment (provider type 01, specialty 010). The following additional documentation is required:</i> • Copy of Indiana Department of Health (IDOH) license complying with IC 16-21 for LTAC • Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP; however, the provider does need to submit a copy of the IDOH license.</i> • Copy of Centers for Medicare & Medicaid Services (CMS) LTAC approval letter	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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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02 – Ambulatory Surgical Center (ASC)	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 license from the Indiana Department of Health (IDOH) • Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP; however, the provider does need to submit a copy of the IDOH license.</i> • 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 hospital license or accreditation from appropriate state ³ • 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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 - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP.</i> - 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 (specialties 030, 032, 033 only) 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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 - Indiana Department of Child Services (DSC) residential child-care license for a private, secure care facility - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP.</i> - Copy of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or Council on Accreditation (COA) credentials or Commission on Accreditation Rehabilitation Facilities (CORF) - 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.

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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04 – Rehabilitation Facility	040 – Rehabilitation Facility	- IHCP Hospital and Facility provider enrollment packet or online application, which includes: - Provider Agreement - Federal W-9 form - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP.</i> - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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 license from the Indiana Professional Licensing Agency (IPLA) for rendering providers linked to the group - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP.</i> - Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable - Medicare number required for each service location - Application fee required ¹ <i>Note: Per CMS requirements, the facility must have all three of the following on staff: a physician, an HSPP mental health provider and a physical therapist</i>	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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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Provider Type Code & Description	Provider Specialty Code & Description	In-State Provider Document Requirements	Out-of-State Provider Document Requirements
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 license from the Indiana Department of Health (IDOH) - Must demonstrate compliance with federal Conditions of Participation, either through: - Copy of accreditation from a Centers for Medicare & Medicaid Services (CMS)-approved accrediting organization (such as such as CHAP, ACHC, Joint Commission) Or - Medicare/Medicaid Certification and Transmittal (C&T) from the IDOH <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP; however, the provider does need to submit a copy of the IDOH license.</i> - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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) <i>Note: For state-licensed hospitals, health facilities and home health agencies enrolling under this specialty, an IDOH approval to operate a hospice program is acceptable in lieu of a hospice license.</i> - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP; however, the provider does need to submit a copy of the IDOH license.</i> - Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable - Medicare number required for each service location - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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 Centers for Medicare & Medicaid Services (CMS) approval letter verifying FQHC enrollment <i>for each location</i> - 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.
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 Centers for Medicare & Medicaid Services (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.

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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
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

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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
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 <i>Note: A dental practice must be owned by a dentist.</i>	- 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 <i>Note: A dental practice must be owned by a dentist.</i>

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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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 <i>Note: Per CMS requirements, the clinic must have two enrolled physicians plus one or more enrolled therapists.</i>	- 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 <i>Note: Per CMS requirements, the clinic must have two enrolled physicians plus one or more enrolled therapists.</i>
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 <i>Note: Per CMS requirements, the clinic must have an enrolled physician and/or midwife on staff.</i>	- 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 <i>Note: Per CMS requirements, the clinic must have an enrolled physician and/or midwife on staff.</i>
08 – Clinic	089 – Correctional Facility Clinic	- IHCP Correctional Facility 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 (optional)	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 (link on page 1).

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 (link on page 1).

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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 Certified Registered Nurse Anesthetist (CRNA) from accredited CRNA certifying organization (required only for 094) ³ - 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 Certified Registered Nurse Anesthetist (CRNA) from accredited CRNA certifying organization (required only for 094) ³ - 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
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

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	110 – Outpatient Mental Health Clinic	- IHCP Group and Clinic provider enrollment packet or online application, which includes: - Provider Agreement - Federal W-9 form <i>Outpatient Behavioral Health Addendum</i> - 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.
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 <i>Outpatient Behavioral Health Addendum</i> - Copy of CMHC certification from FSSA Division of Mental Health and Addiction (DMHA) ³ - 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

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	115 – Adult Mental Health and Habilitation (AMHH) Service Provider	<i>Note: This is not a stand-alone specialty; AMHH can only be added as a secondary specialty to an existing CMHC enrollment (provider type 11, specialty 111). The following additional documentation is required:</i> • Copy of AMHH certification from FSSA Division of Mental Health and Addiction (DMHA) ³	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	611 – Child Mental Health Wraparound (CMHW) Service Provider	• IHCP provider enrollment packet or online application for your classification, which includes: ○ Provider Agreement ○ Federal W-9 form • Copy of certification from FSSA Division of Mental Health and Addiction (DMHA) ³ • Medicare number, if enrolled in Medicare • Application fee required if enrolling as a group 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)	<i>Note: This is not a stand-alone specialty; BPHC can only be added as a secondary specialty to an existing CMHC enrollment (provider type 11, specialty 111). The following documentation is required:</i> • Copy of BPHC certification from FSSA Division of Mental Health and Addiction (DMHA) ³	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)	<i>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).</i> • 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) ³	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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	615 – Applied Behavior Analysis (ABA) Therapist (Masters/Doctoral or HSPP)	- IHCP provider enrollment packet or online application for your classification, which includes: - Provider Agreement - Federal W-9 form - Copy of Behavior Analyst Certification Board certification as a Board Certified Behavior Analyst (BCBA) ³ or a Board Certified Behavior Analyst-Doctoral (BCBA-D) ³, or professional license as Health Service Provider in Psychology (HSPP) — required for rendering and billing enrollments - Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable - Medicare number, if enrolled in Medicare - Application fee required for group and billing enrollments ¹ - Fingerprinting 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 Behavior Analyst Certification Board certification as a Board Certified Behavior Analyst (BCBA) ³ or a Board Certified Behavior Analyst-Doctoral (BCBA-D) ³, or professional license as Health Service Provider in Psychology (HSPP) — required for rendering and billing enrollments - 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 for group and billing enrollments ¹ - Fingerprinting and background check required ²
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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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) <i>Note: The individual must be recognized by IDOE as an Initial Practitioner, a Proficient Practitioner, or an Accomplished Practitioner.</i> - 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 <i>Note: The individual must be recognized by their state’s Department of Education as an Initial Practitioner, a Proficient Practitioner, or an Accomplished Practitioner.</i> - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	622 – Mobile Crisis Unit	- IHCP Group and Clinic provider enrollment packet or online application, which includes: - Provider Agreement - Federal W-9 form <i>Outpatient Behavioral Health Addendum</i> - Copy of the Agency Designation Agreement for Mobile Crisis Response Services from the FSSA Division of Mental Health and Addiction (DMHA) - Medicare number, if enrolled in Medicare	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	623 – Certified Community Behavioral Health Clinic (CCBHC)	- IHCP Group and Clinic provider enrollment packet or online application, which includes: - Provider Agreement - Federal W-9 form <i>Outpatient Mental Health Addendum</i> - Copy of CCBHC certification from FSSA Division of Mental Health and Addiction (DMHA) - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	624 – ABA Therapist (Bachelors)	- IHCP Rendering provider enrollment packet or online application, which includes: - Rendering Provider Agreement - Copy of Behavior Analyst Certification Board certification as a Board Certified Assistant Behavior Analyst (BCaBA) ³ - Medicare number, if enrolled in Medicare - Fingerprinting and background check required ²	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	625 – ABA Therapist (RBT)	- IHCP Rendering provider enrollment packet or online application, which includes: - Rendering Provider Agreement - Copy of Behavior Analyst Certification Board certification as a Registered Behavior Technician (RBT) ³ - Medicare number, if enrolled in Medicare - Fingerprinting and background check required ²	Out-of-state providers with this type and specialty are ineligible for IHCP provider enrollment.
11 – Behavioral Health Provider	835 – Opioid Treatment Program	- IHCP Group and Clinic provider enrollment packet, which includes: - Provider Agreement - Federal W-9 form - Copy of Drug Enforcement Agency (DEA) registration certificate - Copy of Substance Abuse and Mental Health Services Administration (SAMHSA) certification - Copy of Division of Mental Health and Addiction (DMHA) Opioid Treatment Program certification ³ - Copy of Clinical Laboratory Improvement Amendments (CLIA) certificate, if applicable - Medicare number, if enrolled in Medicare - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 Stabilization Facility that includes an American Society of Addiction Medicine (ASAM) designation of offering either Level 3.1 or Level 3.5 residential services ³ Or - Proof of Department of Child Services (DCS) licensing as a childcare institution or private secure-care institution with a DMHA Addiction Services Regular Certification that includes an ASAM designation of offering either Level 3.1 or Level 3.5 residential services ³ <i>Note: 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.</i> - 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 Stabilization Facility that includes an American Society of Addiction Medicine (ASAM) designation of offering either Level 3.1 or Level 3.5 residential services ³ Or - Proof of Department of Child Services (DCS) licensing as a childcare institution or private secure-care institution with a DMHA Addiction Services Regular Certification that includes an ASAM designation of offering either Level 3.1 or Level 3.5 residential services ³ <i>Note: 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.</i> - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 - Copy of retail merchant certificate - 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 - Copy of retail merchant certificate - 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

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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
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
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 ³ - 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 ³ - 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

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	241 – Pharmacist	<i>Note: This specialty can only be added as a rendering provider linked to a pharmacy group (type 24), a physician group (type 31), or a clinic (type 08 with any specialty or type 11 with specialties 110, 111 or 623).</i> • IHCP Rendering provider enrollment packet or online application, which includes: ○ Rendering Provider Agreement ○ Pharmacist Training Attestation • Copy of Indiana Pharmacist License	<i>Note: This specialty can only be added as a rendering provider linked to a pharmacy group (type 24), a physician group (type 31), or a clinic (type 08).</i> • IHCP Rendering provider enrollment packet or online application, which includes: ○ Rendering Provider Agreement ○ Pharmacist Training Attestation • Copy of pharmacist license from appropriate state
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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 ³ - 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 ³ <i>Note: The 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.</i> - 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) ³ - 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) ³ - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 ³ - 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 ³ - 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 ³ - 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 air ambulance certification ³ - 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 licenses 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 licenses 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 - Taxi license ³ - Copy of retail merchant's certificate (providers that have nonprofit status are exempt from this requirement) ³ - Proof of nonprofit status from the Internal Revenue Service (IRS), if applicable - Proof of insurance (providers with nonprofit status must have a minimum of \$1.5 million of combined single-limit commercial automobile liability) ³ - Copy of driver's licenses for all drivers ³ - 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 ³ - Copy of retail merchant's certificate (providers that have nonprofit status are exempt from this requirement) ³ - 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 \$1.5 million public livery insurance covering all vehicles used in the business) ³ - Copy of driver's licenses for all drivers ³ - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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) <i>“Ambulatory” means the clients are able to walk to and from or transfer into or out of the transporting vehicle.</i> <i>“Non-ambulatory” means the clients need to remain in a wheelchair while being transported.</i>	- IHCP Transportation provider enrollment packet or online application, which includes: - Provider Agreement - Federal W-9 form - One of the following (required for for-profit carriers only): - Copy of Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue ³ - Copy of U.S. Department of Transportation (USDOT) authority registration ³ - Proof of nonprofit status from the Internal Revenue Service (IRS), if applicable - Proof of insurance (providers with nonprofit status must have a minimum of \$1.5 million of combined single-limit commercial automobile liability) ³ - Copy of driver’s licenses for all drivers ³ - 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 <i>IC 12-15-11-2.5(b)</i>) - 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 common carriers ³ - One of the following (required for for-profit carriers only): - Copy of Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue ³ - Copy of U.S. Department of Transportation (USDOT) authority registration ³ - Proof of nonprofit status from the Internal Revenue Service (IRS), if applicable - Proof of insurance (providers with nonprofit status must have a minimum of \$1.5 million of combined single-limit commercial automobile liability) ³ - Copy of driver’s licenses for all drivers ³ - 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 <i>IC 12-15-11-2.5(b)</i>) - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 ³ - Copy of current auto for the vehicle being used ³ - 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 ³ - Proof of insurance (providers with nonprofit status must have a minimum of \$1.5 million of combined single-limit commercial automobile liability) ³ - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 - One of the following (for-profit carriers only): - Copy of Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue ³ Or - Copy of U.S. Department of Transportation (USDOT) authority registration ³ - Proof of insurance (providers with nonprofit status must have a minimum of \$1.5 million of combined single-limit commercial automobile liability) ³ - Copy of driver's licenses for all drivers ³ - 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 <i>IC 12-15-11-2.5(b)</i>)	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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	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 <i>Note: A dental practice must be owned by a dentist.</i>	- 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 <i>Note: A dental practice must be owned by a dentist.</i>
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 licenses for all drivers ³ - Proof of vehicle insurance ³ - 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	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
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 licenses 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 licenses 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

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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	282 – 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 • Medicare number, if enrolled in Medicare • Application fee required ¹ <i>Note: Per CMS requirements, the facility must have at least one supervising physician on staff.</i>	• IHCP Billing or 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 <i>Note: Per CMS requirements, the facility must have at least one supervising physician on staff.</i>
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 licenses for all drivers • Medicare number, if enrolled in Medicare • Application fee required ¹ <i>Note: Per CMS requirements, the facility must have at least one supervising physician on staff.</i>	• 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 licenses for all drivers • Medicare number, if enrolled in Medicare • Proof of participation in own state’s Medicaid program, if enrolled • Application fee required ¹ <i>Note: Per CMS requirements, the facility must have at least one supervising physician on staff.</i>

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 licenses 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 licenses 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 - Must demonstrate compliance with federal Conditions of Participation, either through accreditation or IDOH survey <i>Note: The IDOH transmits the certification directly to the IHCP Provider Enrollment Unit after the provider completes the survey process. The provider does not submit IDOH certification documentation to the IHCP.</i> - 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	- 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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
31 – Physician (continued)	325 – Neurological Surgeon 326 – Neurologist 327 – Nuclear Medicine Practitioner 328 – Obstetrician/ Gynecologist 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 43–49.		

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

IHCP Provider Enrollment Type and Specialty Matrix



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 – PathWays / Health & Wellness Waiver (PW/H&W) Note: Effective July 1, 2024, specialty 350 is used for both the Indiana PathWays for Aging Waiver and the Health and Wellness (H&W) Waiver. Prior to July 1, 2024, this specialty was used for the Aged and Disabled (A&D) Waiver.	• A00 – Adult Day Services (Category 1) • A01 – Adult Day Services (Category 2) • A03 – Adult Family Care ¹ • A04 – Assisted Living ³ • A05 – Attendant Care ^{2, 3} • A06 – Care Management • A07 – Community Transition Services • A08 – Home Modifications • A09 – Integrated Healthcare Coordination • A10 – Home Delivered Meals • A11 – Home and Community Assistance ³ • A12 – Nutritional Supplements • A13 – Pest Control • A14 – Respite ³ • A15 – Participant Directed Attendant Care • A16 – Specialized Medical Equipment & Supplies ^{1, 2} • A17 – Transportation ¹ • A18 – Vehicle Modifications • A19 – Personal Emergency Response Systems • A20 – Home Modification Assessment • A21 – Structured Family Caregiving • A22 – Caregiver Coaching and Behavior Management • A23 – Benefits Counseling	• 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 • A04 – Facility licensure ³ • A05 – Personal services agency licensure ³ • A05 – Fingerprint and background check required ² • A11 – Personal services agency licensure ³ • A14 – Home health agency licensure ³ • 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 Waiver (TBI)	• B00 – Adult Day Services (Category 1) • B01 – Adult Day Services (Category 2) • B03 – Adult Family Care ¹ • B04 – Attendant Care ² ³ • B05 – Behavior Management/Behavior Program & Counseling • B06 – Care Management • B07 – Community Transition • B08 – Home Modifications • B09 – Integrated Healthcare Coordination • B10 – Home Delivered Meals • B11 – Home and Community Assistance ³ • B12 – Nutritional Supplements • B14 – Personal Emergency Response System • B15 – Pest Control • B17 – Residential Habilitation and Support • B18 – Respite ³ • B19 – Specialized Medical Equipment & Supplies ¹ ² • B21 – Structured Day Program • B22 – Supported Employment • B23 – Transportation ¹ • B24 – Vehicle Modifications • B25 – Assisted Living ³ • B26 – Structured Family Caregiving • B27 – Home Modification Assessment • B28 – Participant Directed Home Care • B29 – Benefits Counseling	• 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 – Personal services agency licensure ³ • B04 – Fingerprint and background check required ² • B11 – Personal services agency licensure ³ • B18 – Home health agency licensure ³ • B19 – Application fee, fingerprint and background check required ¹ ² • B23 – Application fee required ¹ • B25 – Facility licensure ³

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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 (CIH)	• C00 – Adult Day Services (Level 1, 2, 3) • C01 – Structured Family Caregiver ¹ • C02 – Behavior Management/Behavior Program & Counseling • C03 – Day Habilitation (Group) • C04 – Day Habilitation (Individual) • C05 – Community Transition Services • C06 – Remote Supports 1 Participant • C07 – Home Modifications • C10 – Facility-Based Support Services • C11 – Family and Caregiver Training • C12 – Intensive Behavioral Intervention • C13 – Music Therapy ¹ • C14 – Occupational Therapy ¹ • 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 ³ • 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 • C29 – Transportation Level 2 ¹ • C30 – Transportation Level 3 ¹ • C31 – Wellness Coordination	• 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} • C22 – Home health agency licensure ³ • 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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 (CIH) (continued)	• C33 – Remote Supports, 2 Participants • C34 – Remote Supports, 3 Participants • C35 – Remote Supports, 4 Participants • C36 – Career Exploration and Planning • C37 – Home Modification Assessment • C38 – Participant Directed Home Care • C39 – Benefits Counseling	
32 – Waiver Provider	360 – Family Supports Waiver (FS)	• D00 – Adult Day Services (Level 1, 2, 3) • D01 – Behavior Management/Behavior Program & Counseling • D02 – Day Habilitation (Group) • D03 – Day 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 ³ • D18 – Specialized Medical Equipment & Supplies ^{1, 2} • D19 – Extended Services • D20 – Transportation ¹ • D21 – Workplace Assistance • D22 – Case Management • D23 – Participant Assistance and Care	• 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 • D17 – Home health agency licensure ³ • 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 (link on page 1).

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 (link on page 1).

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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 (FS) (continued)	• 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 • D34 – Career Exploration and Planning • D35 – Home Modification Assessment • D36 – Participant Directed Home Care • D37 – Benefits Counseling	
32 – Waiver Provider	363 – Money Follows the Person (MFP)	• F00 – Adult Day Services (Category 1) • F01 – Adult Day Services (Category 2) • F02 – Adult Day Services (Category 3) • F03 – Adult Family Care 1 • F04 – Assisted Living 3 • F05 – Attendant Care 2, 3 • F06 – Behavior Management/Behavior Program & Counseling • F07 – Case Management • F08 – Day Habilitation (Individual) • F09 – Day Habilitation (Group) • F10 – Community Transition Services • F11 – Remote Supports • F12 – Home Modifications • F15 – Facility Based Support Services • F16 – Family and Caregiver Training	• 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 • F04 – Facility licensure 3 • F05 – Personal services agency licensure 3 • F05 – 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 (link on page 1).

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 (link on page 1).

³ Recertification required – For indicated credentials, currently enrolled IHCP providers must submit updated documentation to the IHCP before the expiration date of the credential on file to retain their IHCP eligibility. For more information, see the *Recertify Your Enrollment Credentials* webpage (link on page 1).

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) (continued)	• F17 – Integrated Healthcare Coordination • F18 – Home Delivered Meals • F19 – Home and Community Assistance ³ • F20 – Intensive Behavioral intervention • F21 – Music Therapy • F22 – Nutritional Supplements • F23 – Occupational Therapy • F24 – Personal Emergency Response Systems • F25 – Pest Control • F26 – Physical Therapy • F27 – Prevocational Services • F28 – Psychological Therapy • F29 – Recreational Therapy ¹ • F30 – Rent/Food for Unrelated Live-In Caregiver • F31 – Residential Habilitation and Support • F32 – Respite ³ • F33 – Participant Directed Home Care • F34 – Specialized Medical Equipment & Supplies ^{1, 2} • F35 – Speech/Language Therapy ¹ • F36 – Structured Day Program • F37 – Supported Employment • F38 – Transportation ¹ • F39 – Vehicle Modifications • F40 – Workplace Assistance • F41 – Home Modification Assessment • F42 – Structured Family Caregiving • F43 – Wellness Coordination • F44 – Extended Services • F47 – Career Exploration and Planning • F48 – Benefits Counseling	• F19 – Personal services agency licensure ³ • 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 • F32 – Home health agency licensure ³ • 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 (link on page 1).

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 (link on page 1).

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