



IHCP Provider Enrollment Provider Type and Specialty Matrix

Provider Type Code	Provider Specialty Codes	In-State Provider Requirements	Out-of-State (OOS) Provider Requirements	Provider Classifications and Additional Processing Information
01 – Hospital	010 – Acute Care 011 – Psychiatric (distinct part or unit) 012 – Rehabilitation (distinct part or unit)	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form Provider Agreement Claims Certification Statement for Signature On File Form Copy of license from the ISDH Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of participation in Medicare or own state's Medicaid program 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. The Indiana State Department of Health (ISDH) sends the Certificate and Transmittal (C&T) directly to HP Enterprise Services. The C&T is required for Indiana providers before enrollment can be completed. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> To extend a hospital's eligibility, submit a copy of the renewed hospital license prior to the current license expiration date. The IHCP accepts Joint Commission on Accreditation of Healthcare Organizations (JCAHO) certification in cases where a hospital has an open-ended license.
01 – Hospital	011 – Psychiatric Facility Institutions for Mental Diseases (IMDs) that are freestanding or have independent organizational structure	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form Provider Agreement Claims Certification Statement for Signature On File Form Copy of Division of Mental Health and Addiction (DMHA) Private Mental Health Facility license or certification Federal W-9 Form CLIA certificate, if applicable 16 Bed or less Addendum, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of participation in Medicare or own state's Medicaid program 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. DMHA certifies Indiana psychiatric hospitals. The ISDH sends the C&T directly to HP. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> To extend a hospital's eligibility, submit a copy of the renewed hospital license prior to the current license expiration date. The IHCP accepts JCAHO certification in cases where a hospital has an open-ended license.
01 – Hospital	013 – Long Term Acute Care (LTAC) Standalone specialty that cannot be active with 010, 011, or 012. LTACs are enrolled hospitals that have	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form (Indicate update to a current provider number) Claims Certification Statement for Signature On File Form Copy of ISDH license complying with 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. The State's rate-setting contractor determines qualifications during the course of each hospital rate-setting



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	been approved as an LTAC by Medicare and have received a rate letter from the rate-setting contractor	<p><i>IC 16-21</i> for LTAC</p> <ul style="list-style-type: none"> • Copy of Centers for Medicare and Medicaid Services (CMS) LTAC approval letter • CLIA certificate, if applicable 		<p>period and sends a rate letter directly to HP.</p> <p>Recertification:</p> <ul style="list-style-type: none"> • Not required
02 – Ambulatory Surgical Center	020 – Ambulatory Surgical Center (ASC)	<ul style="list-style-type: none"> • IHCP Hospital and Facility Application and Maintenance Form • Provider Agreement • Claims Certification Statement for Signature On File Form • Copy of license from the ISDH • Federal W-9 form • CLIA certificate, if applicable 	<p>Same as in-state requirements, except:</p> <ul style="list-style-type: none"> • Copy of license from appropriate state • Proof of participation in Medicare or own state's Medicaid program 	<ul style="list-style-type: none"> • Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. • The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. <p>Recertification:</p> <ul style="list-style-type: none"> • Not required
03 – Extended Care Facilities	030 – Nursing Facility 031 – Intermediate Care Facility for the Mentally Retarded (ICF/MR) 032 – Pediatric Nursing Facility 033 – Residential Care Facility	<ul style="list-style-type: none"> • IHCP Hospital and Facility Application and Maintenance Form • Provider Agreement • Claims Certification Statement for Signature On File Form • ISDH certification with recertification annually • Federal W-9 form • CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> • Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. • The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. <p>Recertification:</p> <ul style="list-style-type: none"> • Specialties 031 and 033 must recertify annually by submitting a new, signed Provider Agreement. • Specialty 030 is required to recertify every 15 months.
03 – Extended Care Facilities	034 – Psychiatric Residential Treatment Facility (PRTF)	<ul style="list-style-type: none"> • IHCP Hospital and Facility Application and Maintenance Form • Provider Agreement • Indiana Family and Social Services Administration (IFSSA) residential child care license for a private, secure care facility <i>470 IAC 3-13</i> • Copy of JCAHO or Council on Accreditation (COA) accreditation credentials • Attestation letter for facility compliance • Federal W-9 form 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> • Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. • Credential accreditation must be for a residential behavioral facility. <p>Recertification:</p> <p><i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> • Must submit a copy of the renewed license to extend eligibility. • Submit Attestation letter annually



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04 – Rehabilitation Facilities	040 – Rehabilitation Facility	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form Provider Agreement Claims Certification Statement for Signature On File Form Copy of ISDH license Federal W-9 form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
05 – Home Health Agencies	050 – Home Health Agency	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form Provider Agreement Claims Certification Statement for Signature On File Form Federal W-9 form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. Additional service locations are identified as branch locations. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
06 – Hospice	060 – Hospice	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form Provider Agreement Claims Certification Statement for Signature On File Form CMS Medicare certification letter for each service location Federal W-9 form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers linked. The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. Additional service locations are identified as satellite sites. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
08 – Clinics	080 – Federally Qualified Health Center (FQHC)	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement FQHC approval letter from CMS (Department of Health and Human Services) <u>for each location</u> Each service location must have a unique Medicare Number Federal W-9 form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. <p>Recertification:</p> <ul style="list-style-type: none"> Not required



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08 – Clinics	081 – Rural Health Clinic (RHC)	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement CMS Medicare approval letter for each location Federal W-9 form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
08 – Clinics	082 – Medical Clinic	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement Claims Certification Statement for Signature On File Form – must be completed and submitted by clinics that bill facility charges on a uniform billing (UB) form Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. <p>Recertification:</p> <ul style="list-style-type: none"> Not required for the group Out-of-state practitioners linked to groups must recertify prior to the license expiration date. The group submits a copy of the practitioners' renewed license and a signed update form.
08 – Clinics	083 – Family Planning Clinic	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. <p>Recertification:</p> <ul style="list-style-type: none"> Not required for the group Out-of-state practitioners linked to groups must recertify prior to the license expiration date. The group submits a copy of the practitioners' renewed license and a signed update form.
08 – Clinics	084 – Nurse Practitioner Clinic	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. <p>Recertification:</p> <ul style="list-style-type: none"> Not required for the group Out-of-state practitioners linked to groups must recertify prior to the license expiration date. The group submits a copy of the practitioners' renewed license and a signed update form.



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08 – Clinics	086 – Dental Clinic	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. Recertification: <ul style="list-style-type: none"> Not required for the group Out-of-state practitioners linked to groups must recertify prior to the license expiration date. The group submits a copy of the practitioners' renewed license and a signed update form.
08 – Clinics	087 – Therapy Clinic	<ul style="list-style-type: none"> Billing Provider Application Provider Agreement Federal W-9 form CLIA certificate, if applicable Must have two physicians enrolled with the clinic, according to CMS guidelines 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Must be enrolled as a group with rendering providers linked. Recertification: <ul style="list-style-type: none"> Not required for the group Out-of-state practitioners linked to groups must recertify prior to the license expiration date. The group submits a copy of the practitioners' renewed license and a signed update form.
09 – Advanced Practice Nurse	090 – Pediatric Nurse Practitioner 091 – Obstetric Nurse Practitioner 092 – Family Nurse Practitioner 093 – Nurse Practitioner (other , i.e. clinical nurse specialist) 094 – Certified Registered Nurse Anesthetist (CRNA) 095 – Certified Nurse Midwife	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of license from the Health Professions Bureau (IPLA) Copy of the Nurse Practitioner (NP) certification fro accredited NP certifying organization Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from the appropriate state Copy of NP certification from accredited NP certifying organization Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> May be enrolled as a billing, a group, or a rendering provider linked to a group. Recertification: <i>IHCP Provider Recertification Form</i> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
11 – Mental Health Providers	110 – Outpatient Mental Health Clinic	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Outpatient Mental Health Addendum 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Must be enrolled as a group with a rendering provider linked. Must have a physician, psychiatrist, or HSPP as one of the group members. Recertification:



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		<ul style="list-style-type: none"> Federal W-9 Form CLIA certificate, if applicable 		<ul style="list-style-type: none"> Not required
11 – Mental Health Providers	111 – Community Mental Health Center (CMHC)	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Outpatient Mental Health Addendum Certification from FSSA's Division of Mental Health (DMHA) Federal W-9 Form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<p>Must be enrolled as a group with a rendering provider linked. Must have a physician, psychiatrist, or HSPP as one of the group members.</p> <p>Recertification:</p> <ul style="list-style-type: none"> Not required
11 – Mental Health Providers	114 – Health Service Provider in Psychology (HSPP)	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of current license from IPLA listing HSPP endorsement Federal W-9 form 	<p>Same as in-state requirements, except:</p> <ul style="list-style-type: none"> Copy of license from appropriate state Proof of participation in Medicare or own state's Medicaid program 	<ul style="list-style-type: none"> Can be enrolled as a billing, group, or a rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
12 – School Corporation	120 – School Corporation	<ul style="list-style-type: none"> IHCP School Corporation Provider Application and Maintenance Form Provider Agreement Must be listed on the approved Indiana Department of Education's school corporation list Federal W-9 form 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Billing provider only <p>Recertification:</p> <ul style="list-style-type: none"> Not required
13 – Public Health Agency	130 – County Health Department	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Federal W-9 form CLIA certificate, if applicable 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can be a billing or group with rendering providers linked. <p>Recertification:</p> <ul style="list-style-type: none"> Not required



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14 – Podiatrist	140 – Podiatrist	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of license from IPLA Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Can be enrolled as a billing, group, or a rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
15 – Chiropractor	150 – Chiropractor	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of license from IPLA Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of Medicare participation or own state's Medicaid program. 	<ul style="list-style-type: none"> Can be enrolled as a billing, group, or a rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
17 – Therapist	170 – Physical Therapist 171 – Occupational Therapist 173 – Speech/Hearing Therapist	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of license from IPLA Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Can be enrolled as a billing, group, or a rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form.



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				<ul style="list-style-type: none"> Out-of-state Rendering providers are recertified by their group, who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
18 – Optometrist	180 – Optometrist	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of license from IPLA Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Can be enrolled as a billing, a group, or a rendering provider linked to a group. Optometry groups must be owned by optometrists (IC 25-1-9-5). <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
19 – Optician	190 – Optician	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of Retail Merchant's certificate (providers that have non-profit status are exempt from this requirement) Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state if that state licenses opticians Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Can be enrolled as a billing provider or a rendering provider linked only to an optometry group, cannot be a group with rendering providers. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers.



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20 – Audiologist	200 – Audiologist	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Copy of license from IPLA Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state 	<ul style="list-style-type: none"> Can be enrolled as a sole practitioner (billing), group, or a rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.
21 – Case Manager 09 – Advanced Practice Nurse with prescriptive authority	210 – Care Coordinator for Pregnant Women without a nursing license 210 – Care Coordinator for Pregnant Women with nursing license (to be used when NP has prescriptive authority)	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Care Coordinator certificate from the National Association of Social Workers (NASW) Copy of NP certification Copy of license from IPLA Federal W-9 form 	<ul style="list-style-type: none"> The IHCP does not enroll these OOS providers. 	<ul style="list-style-type: none"> May be enrolled as a sole practitioner (billing), a group with rendering providers, or a rendering provider linked to a group. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
21 – Case Manager 09 – Advanced Practice Nurse with prescriptive authority	211 – HIV Case Manager without nursing license 211 – HIV Case Manager with nursing license (to be used when NP has prescriptive authority)	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement HIV Care Coordinator certificate from training provided by ISDH ISDH Certification letter Copy of NP certification Copy of license from IPLA Federal W-9 form 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can be enrolled as a sole practitioner (billing), group, or a rendering provider linked to a group. <p>Recertification:</p> <ul style="list-style-type: none"> Not required



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21 – Case Manager	214 – Targeted Case Management (TCM)	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement Targeted Case Management Addendum from the Bureau of Fiscal Services Federal W-9 form 	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Currently enrolled as a rendering provider linked to an Area on Aging Agency. Certification letter from the Division of Aging, which is sent directly to the provider. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
22 – Hearing Aid Dealer	220 – Hearing Aid Dealer	<ul style="list-style-type: none"> IHCP Billing Provider Application and Maintenance Form Provider Agreement Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of appropriate state's Hearing Aid Dealer's License 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
24 – Pharmacy	240 – Pharmacy 250 – Durable Medical Equipment (DME) 251 – Home Medical Equipment (HME)	<ul style="list-style-type: none"> IHCP Pharmacy Provider Application and Maintenance Form Provider Agreement Copy of Indiana Pharmacy License or Permit Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. Pharmacy providers can have a combination of the three specialties noted in the specialty column. The combination can be enrolled under a single provider number. The pharmacy license covers both pharmacy and HME services. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
25 – DME	250 – DME	<ul style="list-style-type: none"> IHCP Durable Medical Equipment Provider Application and Maintenance Form Provider Agreement Medicare assignment letter if enrolled Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy (Required only if a DME provider also dispenses HME) Copy of Retail Merchant's certificate (providers that are non-profit are exempt from this requirement) Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of participation in Medicare or own state's Medicaid Program Prior authorization (PA) for services required <p>To bypass PA requirements, a business office must be staffed during regular business hours with a telephone service in Indiana and qualify with the Indiana Secretary of State as a foreign corporation</p>	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. A DME provider is able to add HME to their enrollment under a single provider number. A copy of the HME license is required to support the additional specialty. A DME provider is not required to add HME to their enrollment. <p>Recertification:</p> <ul style="list-style-type: none"> Not required



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25 – HME	251 – HME	<ul style="list-style-type: none"> IHCP Durable Medical Equipment Provider Application and Maintenance Form Provider Agreement Medicare assignment letter if enrolled Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy Copy of Retail Merchant's certificate (providers that are non-profit are exempt from this requirement) Federal W-9 form 	<p>Same as in-state requirements, except:</p> <ul style="list-style-type: none"> Proof of participation in Medicare or own state's Medicaid Program Prior authorization (PA) for services required <p>To bypass PA requirements, a business office must be staffed during regular business hours with a telephone service in Indiana and qualify with the Indiana Secretary of State as a foreign corporation</p>	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. An HME provider is able to add DME to their enrollment under a single provider number. An HME provider is not required to add DME to their enrollment. An HME license is required if you provide services to an Indiana resident. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
26 – Transportation	260 – Ambulance	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement Emergency Medical Services (EMS) commission certification Federal W-9 form 	<p>Same as in-state requirements, except:</p> <ul style="list-style-type: none"> Copy of appropriate state's EMS commission certification 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider, cannot be a group with rendering providers. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of the renewed EMS Certificate prior to the current EMS Certificate's expiration date.
26 – Transportation	261 – Air Ambulance	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement EMS commission Air Ambulance certification Federal W-9 form 	<p>Same as in-state requirements, except:</p> <ul style="list-style-type: none"> Copy of appropriate state's EMS commission certification 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of the renewed EMS Air Ambulance Certificate prior to current EMS Air Ambulance Certificate's expiration date.



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26 – Transportation	262 – Bus	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of appropriate state's certification for buses MCS certificate showing interstate authority if the provider crosses state lines. 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of a renewed MCS Certificate prior to the current MCS Certificate's expiration date.
26 – Transportation	263 – Taxi Taxis cannot transport outside of the jurisdiction designated by the city taxi licensing authority. To transport out of its jurisdiction, a taxi must be enrolled as a common carrier through the Motor Carrier Services Division of the Indiana Department of Revenue. According to the Indiana Department of Revenue, to transport across county borders, a taxi must be certified as a common carrier and to transport across state lines, a taxi must have interstate authority.	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement Document showing operating authority from the local governing body (City Taxi or Livery License) Copy of Retail Merchant's certificate (providers that have non-profit status are exempt from this requirement) Copy of driver's license for all drivers Proof of insurance as indicated by local ordinances (if unspecified by local ordinance, a minimum of \$25,00/\$50,000 public livery insurance covering all vehicles used in the business) Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Document showing taxi operating authority from the local governing body 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. Requires insurance recertification prior to insurance expiration date, and a copy of updated local governing body authority (unless authority has no expiration date). A copy of the receipt for annual recertification is acceptable. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of documentation from the operating authority from the local governing body (City Taxi or Livery license). Must submit a copy of the renewed insurance policy prior to current insurance policy expiration date.
26 – Transportation	264 – Common Carrier (For Profit Ambulatory) 265 – Common Carrier (For Profit Non-Ambulatory)	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement Copy of MCS certificate from the Indiana Department of Revenue Interstate carriers must submit their U.S. Department of Transportation (USDOT) number for verification Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of appropriate state's certification for Common Carriers MCS certificate showing interstate authority if the provider crosses state lines. 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of a renewed MCS Certificate prior to the current certificate's expiration date. Interstate carriers must submit their USDOT number for verification



IHCP Provider Enrollment Provider Type and Specialty Matrix

Provider Type Code	Provider Specialty Codes	In-State Provider Requirements	Out-of-State (OOS) Provider Requirements	Provider Classifications and Additional Processing Information
26 – Transportation	264 – Common Carrier (Not-For-Profit Ambulatory) 265 – Common Carrier (Not-For-Profit Non-Ambulatory)	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement Copy of Not-For-Profit Status letter from the IRS Copy of driver's license for all drivers Proof of insurance (\$500,000 combined single limit commercial automobile liability insurance required) Interstate carriers must submit their USDOT number for verification Federal W-9 form 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of appropriate state's certification for Common Carriers MCS certificate showing interstate authority if the provider crosses state lines 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. Requires insurance recertification prior to insurance expiration date. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of the renewed insurance policy prior to insurance expiration date. Interstate carriers must submit their USDOT number for verification
26 – Transportation	266 – Family Member	<ul style="list-style-type: none"> IHCP Transportation Provider Application and Maintenance Form Provider Agreement Authorization letter from local Office of Family and Children (contact a caseworker), see <i>405 IAC 5-4-3</i> Proof of insurance and a copy of driver's license 	Not applicable	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Must submit a copy of the renewed insurance policy prior to insurance expiration date.
27 – Dentist	271 – General Dentistry 272 – Oral Surgeon 273 – Orthodontist 274 – Pediatric Dentist 275 – Periodontist 277 – Prosthesis	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement A copy of license from the IPLA Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of participation in own state's Medicaid program 	<ul style="list-style-type: none"> Can be enrolled as a sole practitioner (billing), group, or a rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. Out-of-state Rendering providers are recertified by their groups, who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. Groups are not required to extend eligibility.



IHCP Provider Enrollment Provider Type and Specialty Matrix

Provider Type Code	Provider Specialty Codes	In-State Provider Requirements	Out-of-State (OOS) Provider Requirements	Provider Classifications and Additional Processing Information
27 – Dentist	276 – Mobile Dental Van	<ul style="list-style-type: none"> IHCP Group and Clinic Provider Application and Maintenance Form Provider Agreement A copy of license from the IPLA Federal W-9 form CLIA certificate, if applicable 	Not applicable	<ul style="list-style-type: none"> Can be enrolled as a group with rendering providers linked. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Prior to the license expiration date
28 – Laboratory	280 – Independent Lab 281 – Mobile Lab	<ul style="list-style-type: none"> IHCP Billing Provider Application and Maintenance Form Provider Agreement Federal W-9 form CLIA certificate required 	Same as in-state requirements, except: <ul style="list-style-type: none"> Proof of Medicare participation or own state's Medicaid program 	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
29 – Radiology	290 – Freestanding X-Ray Clinic 291 – Mobile X-Ray Clinic	<ul style="list-style-type: none"> IHCP Radiology Provider Application and Maintenance Form Provider Agreement Registration certificate Notice of compliance from the ISDH Operator certificates for all employee operators, except PET CT scanner operators PET and MRI services do not require certification or notice of compliance Federal W-9 form CLIA certificate, if applicable 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of Medicare participation or own state's Medicaid program OOS mobile radiology providers that perform services in the state of Indiana and possess a notice of compliance in Indiana. All operators must be certified in the state of Indiana. 	<ul style="list-style-type: none"> Can be enrolled as billing (sole practitioner) or a group with rendering providers linked (type 31-specialty 341) linked to the group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> Out-of-state individuals submit a copy of the renewed license prior to current license expiration date and signed update form.
30 – End-Stage Renal Disease (ESRD) Clinic	300 – ESRD Clinic	<ul style="list-style-type: none"> IHCP Hospital and Facility Application and Maintenance Form Provider Agreement Claims Certification Statement for Signature On File Form ISDH certification Federal W-9 form CLIA certificate, if applicable 	IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> Can only be enrolled as a billing provider; cannot be a group with rendering providers. The ISDH sends the C&T directly to HP. The C&T is required for Indiana providers before enrollment can be completed. <p>Recertification:</p> <ul style="list-style-type: none"> Not required
31 – Physician	310 – Allergist 311 – Anesthesiologist 312 – Cardiologist 313 – Cardiovascular Surgeon	<ul style="list-style-type: none"> IHCP Provider Application and Maintenance Form for your classification Provider Agreement A copy of license from the IPLA 	Same as in-state requirements, except: <ul style="list-style-type: none"> Copy of license from appropriate state Proof of Medicare 	<ul style="list-style-type: none"> Can be enrolled as a sole practitioner (billing) group, or rendering provider linked to a group. <p>Recertification: <i>IHCP Provider Recertification Form</i></p>



IHCP Provider Enrollment Provider Type and Specialty Matrix

Provider Type Code	Provider Specialty Codes	In-State Provider Requirements	Out-of-State (OOS) Provider Requirements	Provider Classifications and Additional Processing Information
	314 – Dermatologist 315 – Emergency Medicine Practitioner 316 – Family Practitioner 317 – Gastroenterologist 318 – General Practitioner 319 – General Surgeon 320 – Geriatric Practitioner 321 – Hand Surgeon 323 – Neonatologist 324 – Nephrologist 325 – Neurological Surgeon 326 – Neurologist 327 – Nuclear Medicine Practitioner 328 – Obstetrician/ Gynecologist 329 – Oncologist 330 – Ophthalmologist 331 – Orthopedic Surgeon 332 – Otologist, Laryngologist, Rhinologist 333 – Pathologist 334 – Pediatric Surgeon 336 – Physical Medicine and Rehabilitation 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	<ul style="list-style-type: none"> • Federal W-9 form • CLIA certificate, if applicable • Copy of board certification for specialty requested, if applicable 	participation or own state's Medicaid program	<ul style="list-style-type: none"> • Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form. • Out-of-state Rendering providers are recertified by their groups who submit a copy of the renewed license and a signed recertification form for linked Rendering providers. • Groups are not required to extend eligibility. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Note: Providers that intend to be a primary medical provider (PMP) in Hoosier Healthwise managed care must select one of the following specialties as primary: 316 (family practitioner), 318 (general practitioner), 344 (general internist), 328 (obstetrician/ gynecologist), or 345 (general practitioner).</i></p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p><i>Note: Provider subspecialties are no longer used for new enrollments: 322 internist subspecialty is replaced by 344 general internist and 335 pediatrician subspecialty is replaced by 345 general pediatrician.</i></p> </div>



IHCP Provider Enrollment Provider Type and Specialty Matrix

Provider Type Code	Provider Specialty Codes	In-State Provider Requirements	Out-of-State (OOS) Provider Requirements	Provider Classifications and Additional Processing Information
32 – Waiver	350 – Aged and Disabled Waiver 351 – Autism Waiver 356 – Traumatic Brain Injury 359 – DD Waiver 360 – Support Services Waiver 362 – CA PRTF Demonstration Waiver Grant 363 – MFP Demonstration Waiver Grant	<ul style="list-style-type: none"> • IHCP Waiver Provider Application and Maintenance Form • Provider Agreement • Federal W-9 form • Certification Letter from the appropriate waiver administering division 	Same as in-state requirements	<ul style="list-style-type: none"> • All waiver enrollments must be certified by the appropriate waiver division provider enrollment specialists at the state. • May be enrolled as a sole practitioner (billing), a group, or a rendering provider linked to a group; this is determined by the certification issued by the State. <p>Recertification:</p> <ul style="list-style-type: none"> • Not required <p>Profile Maintenance (Updates): The following updates to your profile must be submitted to the appropriate state waiver division rather than HP:</p> <ul style="list-style-type: none"> • Change of ownership notification • Name changes • Specialty changes • Tax identification number changes • Terminations