



**B I L L I N G P R O V I D E R S P E C I A L T Y
R E Q U I R E M E N T S - A T T A C H M E N T B**

Note: Requirements listed in Italics are not required for enrollment but are required for billing certain services. For example, a Clinical Laboratory Improvement Amendment (CLIA) Certificate is required for billing of laboratory services, and a federal Drug Enforcement Administration (DEA) Certificate is required for working with controlled substances.

Provider Type	Specialties	In-State Provider Requirements	Out-of-state Provider Requirements
01 – Hospital	All	<ul style="list-style-type: none"> • Schedules A, B, and C.1 • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> • <i>HCFA letter to certify Distinct Part Unit if applicable</i> 	Same as in-state requirements, except: <ul style="list-style-type: none"> • Copy of license from appropriate state • Proof of participation in state’s Medicaid Program
02 – Ambulatory Surgical Center	All	<ul style="list-style-type: none"> • Schedules A, B, and C.1 • Provider Agreement • Copy of license from the Indiana State Department of Health • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state Requirements, except: Copy of license from appropriate state • Proof of participation in state’s Medicaid Program
03 – Extended Care Facilities	All	<ul style="list-style-type: none"> • Schedules A, B, and C.1 • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	IHCP does not enroll out-of-state Extended Care Facilities

Provider Type	Specialties	In-State Provider Requirements	Out-of-state Provider Requirements
04 – Rehabilitation Facilities	All	<ul style="list-style-type: none"> • Schedules A, B, and C.1 • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	IHCP does not enroll out-of-state Rehabilitation Facilities
05 – Home Health Agencies	All	<ul style="list-style-type: none"> • Schedules A, B, and C.1 • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	IHCP does not enroll out-of-state Home Health Agencies
06 – Hospice	All	<ul style="list-style-type: none"> • Schedules A, B, and C.1 • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	IHCP does not enroll out-of-state Hospice providers
08 – Clinics	080-FQHC	<ul style="list-style-type: none"> • Schedules A and B • Provider Agreement • FQHC approval letter from HCFA • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Proof of participation in appropriate state's Medicaid Program or proof of participation in Medicare
	081-RHC	<ul style="list-style-type: none"> • Schedules A and B • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Proof of participation in appropriate state's Medicaid Program or proof of participation in Medicare

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	082 – 087	<ul style="list-style-type: none"> Schedules A and B Provider Agreement Federal W-9 Tax Form <i>CLIA Certificate (for laboratory work)</i> <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> Same as in-state requirements, except: Proof of participation in appropriate state's Medicaid Program or proof of participation in Medicare
09 – Advanced Practice Nurse	All	<ul style="list-style-type: none"> Schedules A and B Provider Agreement Copy of current license from the Health Professions Bureau (HPB) Federal W-9 Tax Form <i>CLIA Certificate (for laboratory work)</i> <i>Drug Enforcement Administration (DEA) Certificate if applicable</i> 	<ul style="list-style-type: none"> Same as in-state requirements, except: Copy of a current license from the appropriate state. Proof of participation in appropriate state's Medicaid Program or proof of participation in Medicare
10 – Mid-Level Practitioner	All	<ul style="list-style-type: none"> IHCP does not enroll these providers 	IHCP does not enroll these providers
11 – Mental Health Provider	110 – Outpatient Mental Health Clinic	<ul style="list-style-type: none"> Schedule A and B Provider Agreement Federal W-9 Tax Form <i>CLIA Certificate (for laboratory work)</i> <i>Drug Enforcement Administration (DEA) Certificate</i> Outpatient Mental Health Addendum 	<ul style="list-style-type: none"> Same as in-state requirements, except: Proof of participation in appropriate state's Medicaid Program or proof of participation in Medicare
	111 – Community Mental Health Center	<ul style="list-style-type: none"> Schedule A and B Provider Agreement Certification from IFSSA – Division of Mental Health Federal W-9 Tax Form <i>CLIA Certificate (for laboratory work)</i> <i>Drug Enforcement Administration (DEA) Certificate</i> Outpatient Mental Health Addendum 	<ul style="list-style-type: none"> Same as in-state requirements, except: Proof of participation in appropriate state's Medicaid Program or proof of participation in Medicare
	114 – HSPP (Health Service Provider in Psychology)	<ul style="list-style-type: none"> Schedule A and B Provider Agreement Copy of current license from the Health Professions Bureau Federal W-9 Tax Form 	<ul style="list-style-type: none"> Same as in-state requirements, except: Copy of current license from the appropriate state.
	All Others	<ul style="list-style-type: none"> IHCP does not enroll these providers 	IHCP does not enroll these providers

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12 – School Corporation	120 – School Corporation	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Federal W-9 Tax Form 	IHCP does not enroll these providers
13 – Public Health Agency	130 – County Health Department	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> 	IHCP does not enroll these providers
14 – Podiatrist	140 – Podiatrist	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
15 – Chiropractor	150 – Chiropractor	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
16 – Nurse	160 – Registered Nurse	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
17 – Therapist	172 – Respiratory Therapist	<ul style="list-style-type: none"> • IHCP does not enroll these providers 	<ul style="list-style-type: none"> • IHCP does not enroll these providers
	All other specialties	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
18 – Optometrist	180 – Optometrist	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
19 – Optician	190 – Optician	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.

Provider Type	Specialties	In-State Provider Requirements	Out-of-state Provider Requirements
20 – Audiologist	200 – Audiologist	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of license from the Health Professions Bureau • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
21 – Case Manager	210 and 211	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Care Coordinator Certificate from National Association of Social Workers (NASW) • Federal W-9 Tax Form 	IHCP does not enroll these providers
	213 – Targeted Case Manager	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Federal W-9 Tax Form • Targeted Case Management Addendum (The addendum must be obtained through the Bureau of Fiscal Services) • Certification from the Bureau of Fiscal Services sent directly to EDS 	IHCP does not enroll these providers
22 – Hearing Aid Dealer	220 – Hearing Aid Dealer	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Federal W-9 Tax Form • Copy of Hearing Aid Registration 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of appropriate state’s Hearing Aid Registration
23 – Registered Dietician	230 – Registered Dietician	IHCP does not enroll these providers	IHCP does not enroll these providers
24 – Pharmacy	240 – Pharmacy	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Copy of Indiana Pharmacy License • Federal W-9 Tax Form • Drug Enforcement Administration (DEA) Certificate 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
25 – DME	250 – DME	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Federal W-9 Tax Form 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
26 – Transportation	260 – Ambulance	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Federal W-9 Tax Form • Copy of Indiana Emergency Medical Services (EMS) certificate 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of appropriate state’s Emergency Medical Services certificate

Provider Type	Specialties	In-State Provider Requirements	Out-of-state Provider Requirements
	261 – Air Ambulance	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Federal W-9 Tax Form • Copy of Indiana Air Emergency Medical Services (EMS) certificate 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of appropriate state's Air Emergency Medical Services certificate
	262 – Bus	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Federal W-9 Tax Form • Copy of Motor Carrier Services (MCS) certificate 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of appropriate state's certification for Buses
	263 – Taxi	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Federal W-9 Tax Form • Copy of license from Operating Authority of Local Governing Body 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of license from Operating Authority of Local Governing Body
	264 (Ambulatory) and 265 (Non-Ambulatory) Common Carrier For Profit	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Federal W-9 Tax Form • Copy of Motor Carrier Services (MCS) certificate 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of appropriate state's certification for common carriers
	264 (Ambulatory) and 265 (Non-Ambulatory) Common Carrier Not-For-Profit	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Federal W-9 Tax Form • Copy of Not-for-Profit Status from IRS • Proof of insurance 	Same as in-state requirements
	266 – Family Member	<ul style="list-style-type: none"> • Schedule A, B, and C.2 • Provider Agreement • Local IFSSA Authorization Letter • Copy of insurance and copy of driver's license 	Same as in-state requirements

Provider Type	Specialties	In-State Provider Requirements	Out-of-state Provider Requirements
27 – Dentist	All specialties	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Federal W-9 Tax Form • Copy of license from the Health Professions Bureau (HPB) • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
28 – Laboratory	All specialties	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state. • Proof of participation in appropriate state's Medicaid Program
29 – Radiology	All specialties	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Radiology certificate • Certificate of compliance from the Indiana State Department of Health (ISDH) • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state. • Proof of participation in appropriate state's Medicaid Program
30 – Free Standing Renal Disease Clinic	300 – End Stage Renal Dialysis Clinic	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • Certificate and Transmittal sent directly to EDS from ISDH • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state. • Proof of participation in appropriate state's Medicaid Program
31 – Physician	All specialties	<ul style="list-style-type: none"> • Schedule A and B • Provider Agreement • A copy of license from the Health Professions Bureau (HPB) • Federal W-9 Tax Form • <i>CLIA Certificate (for laboratory work)</i> • <i>Drug Enforcement Administration (DEA) Certificate</i> 	<ul style="list-style-type: none"> • Same as in-state requirements, except: Copy of current license from the appropriate state.
32 – Waiver	All specialties	<ul style="list-style-type: none"> • Prior Enrollment as a Medicaid Provider • Approved application from the FSSA Waiver Unit 	Same as in-state requirements