



## 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"> <li>IHCP Hospital and Facility Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Claims Certification Statement for Signature On File Form</li> <li>Copy of license from the ISDH</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license from appropriate state</li> <li>Proof of participation in Medicare <b>or</b> own state's Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers linked.</li> <li>The Indiana State Department of Health (ISDH) sends the Certificate and Transmittal (C&amp;T) directly to HP Enterprise Services. The C&amp;T is required for Indiana providers before enrollment can be completed.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
01 – Hospital	011 – Psychiatric Facility Institutions for Mental Diseases (IMDs) that are freestanding or have independent organizational structure	<ul style="list-style-type: none"> <li>IHCP Hospital and Facility Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Claims Certification Statement for Signature On File Form</li> <li>Copy of Division of Mental Health and Addiction (DMHA) Private Mental Health Facility license or certification</li> <li>Federal W-9 Form</li> <li>CLIA certificate, if applicable</li> <li>16 Bed or less Addendum, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license from appropriate state</li> <li>Proof of participation in Medicare <b>or</b> own state's Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers linked.</li> <li>DMHA certifies Indiana psychiatric hospitals.</li> <li>The ISDH sends the C&amp;T directly to HP.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
01 – Hospital	013 – Long Term Acute Care (LTAC) Standalone specialty that cannot be active with 010, 011, or 012. LTACs are	<ul style="list-style-type: none"> <li>IHCP Hospital and Facility Application and Maintenance Form (Indicate update to a current provider number)</li> <li>Claims Certification Statement for Signature On File Form</li> </ul>	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers linked.</li> <li>The State's rate-setting contractor determines qualifications during the</li> </ul>



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



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



## 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
08 – Clinics	081 – Rural Health Clinic (RHC)	<ul style="list-style-type: none"> <li>Billing Provider Application</li> <li>Provider Agreement</li> <li>CMS Medicare approval letter for each location</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> <li>Must be enrolled as a group with rendering providers linked.</li> <li>The ISDH sends the C&amp;T directly to HP. The C&amp;T is required for Indiana providers before enrollment can be completed.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
08 – Clinics	082 – Medical Clinic	<ul style="list-style-type: none"> <li>Billing Provider Application</li> <li>Provider Agreement</li> <li>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</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Must be enrolled as a group with rendering providers linked.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required for the group</li> <li>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.</li> </ul>
08 – Clinics	083 – Family Planning Clinic	<ul style="list-style-type: none"> <li>Billing Provider Application</li> <li>Provider Agreement</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Must be enrolled as a group with rendering providers linked.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required for the group</li> <li>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.</li> </ul>
08 – Clinics	084 – Nurse Practitioner Clinic	<ul style="list-style-type: none"> <li>Billing Provider Application</li> <li>Provider Agreement</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Must be enrolled as a group with rendering providers linked.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required for the group</li> <li>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.</li> </ul>



## 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
08 – Clinics	086 – Dental Clinic	<ul style="list-style-type: none"> <li>Billing Provider Application</li> <li>Provider Agreement</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Must be enrolled as a group with rendering providers linked.</li> </ul> <b>Recertification:</b> <ul style="list-style-type: none"> <li>Not required for the group</li> <li>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.</li> </ul>
08 – Clinics	087 – Therapy Clinic	<ul style="list-style-type: none"> <li>Billing Provider Application</li> <li>Provider Agreement</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> <li>Must have two physicians enrolled with the clinic, according to CMS guidelines</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Must be enrolled as a group with rendering providers linked.</li> </ul> <b>Recertification:</b> <ul style="list-style-type: none"> <li>Not required for the group</li> <li>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.</li> </ul>
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"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>Copy of license from the Health Professions Bureau (IPLA)</li> <li>Copy of the Nurse Practitioner (NP) certification fro accredited NP certifying organization</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license from the appropriate state</li> <li>Copy of NP certification from accredited NP certifying organization</li> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>May be enrolled as a billing, a group, or a rendering provider linked to a group.</li> </ul> <b>Recertification:</b> <i>IHCP Provider Recertification Form</i> <ul style="list-style-type: none"> <li>Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form.</li> <li>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.</li> <li>Groups are not required to extend eligibility.</li> </ul>
11 – Mental Health Providers	110 – Outpatient Mental Health Clinic	<ul style="list-style-type: none"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>Outpatient Mental Health Addendum</li> </ul>	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> <li>Must be enrolled as a group with a rendering provider linked. Must have a physician, psychiatrist, or HSPP as one of the group members.</li> </ul>



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



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



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



## 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
20 – Audiologist	200 – Audiologist	<ul style="list-style-type: none"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>Copy of license from IPLA</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license from appropriate state</li> </ul>	<ul style="list-style-type: none"> <li>Can be enrolled as a sole practitioner (billing), group, or a rendering provider linked to a group.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form.</li> <li>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.</li> <li>Groups are not required to extend eligibility.</li> </ul>
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"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>Care Coordinator certificate from the National Association of Social Workers (NASW)</li> <li>Copy of NP certification</li> <li>Copy of license from IPLA</li> <li>Federal W-9 form</li> </ul>	<ul style="list-style-type: none"> <li>The IHCP does not enroll these OOS providers.</li> </ul>	<ul style="list-style-type: none"> <li>May be enrolled as a sole practitioner (billing), a group with rendering providers, or a rendering provider linked to a group.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
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"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>HIV Care Coordinator certificate from training provided by ISDH</li> <li>ISDH Certification letter</li> <li>Copy of NP certification</li> <li>Copy of license from IPLA</li> <li>Federal W-9 form</li> </ul>	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> <li>Can be enrolled as a sole practitioner (billing), group, or a rendering provider linked to a group.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>



## 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
21 – Case Manager	214 – Targeted Case Management (TCM)	<ul style="list-style-type: none"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>Targeted Case Management Addendum from the Bureau of Fiscal Services</li> <li>Federal W-9 form</li> </ul>	The IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> <li>Currently enrolled as a rendering provider linked to an Area on Aging Agency.</li> <li>Certification letter from the Division of Aging, which is sent directly to the provider.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
22 – Hearing Aid Dealer	220 – Hearing Aid Dealer	<ul style="list-style-type: none"> <li>IHCP Billing Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of appropriate state’s Hearing Aid Dealer’s License</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
24 – Pharmacy	240 – Pharmacy 250 – Durable Medical Equipment (DME) 251 – Home Medical Equipment (HME)	<ul style="list-style-type: none"> <li>IHCP Pharmacy Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Copy of Indiana Pharmacy License or Permit</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license or permit from appropriate state</li> <li>If supplying to residents of Indiana via mail or other delivery services, you must have an Indiana nonresident Pharmacy license.</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> <li>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.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
25 – DME	250 – DME	<ul style="list-style-type: none"> <li>IHCP Durable Medical Equipment Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Medicare assignment letter if enrolled</li> <li>Copy of Home Medical Equipment License from the Indiana State Board of Pharmacy (Required only if a DME provider also dispenses HME)</li> <li>Copy of Retail Merchant’s certificate (providers that are non-profit are exempt from this requirement)</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of participation in Medicare or own state’s Medicaid Program</li> <li>Prior authorization (PA) for services required</li> </ul> <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"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> <li>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.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>



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



## 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	262 – Bus	<ul style="list-style-type: none"> <li>IHCP Transportation Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Motor Carrier Services (MCS) certificate from the Indiana Department of Revenue</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of appropriate state’s certification for buses</li> <li>MCS certificate showing interstate authority if the provider crosses state lines.</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>Must submit a copy of a renewed MCS Certificate prior to the current MCS Certificate’s expiration date.</li> </ul>
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"> <li>IHCP Transportation Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Document showing operating authority from the local governing body (City Taxi or Livery License)</li> <li>Copy of Retail Merchant’s certificate (providers that have non-profit status are exempt from this requirement)</li> <li>Copy of driver’s license for all drivers</li> <li>Proof of insurance as indicated by local ordinances (if unspecified by local ordinance, a minimum of \$25,000/\$50,000 public livery insurance covering all vehicles used in the business)</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Document showing taxi operating authority from the local governing body</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> <li>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.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>Must submit a copy of documentation from the operating authority from the local governing body (City Taxi or Livery license).</li> <li>Must submit a copy of the renewed insurance policy prior to current insurance policy expiration date.</li> </ul>
26 – Transportation	264 – Common Carrier (For Profit Ambulatory) 265 – Common Carrier (For Profit Non-Ambulatory)	<ul style="list-style-type: none"> <li>IHCP Transportation Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Copy of MCS certificate from the Indiana Department of Revenue</li> <li>Interstate carriers must submit their U.S. Department of Transportation (USDOT) number for verification</li> <li>Federal W-9 form</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of appropriate state’s certification for Common Carriers</li> <li>MCS certificate showing interstate authority if the provider crosses state lines.</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>Must submit a copy of a renewed MCS Certificate prior to the current certificate’s expiration date.</li> <li>Interstate carriers must submit their USDOT number for verification</li> </ul>



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



## 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"> <li>IHCP Group and Clinic Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>A copy of license from the IPLA</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Not applicable	<ul style="list-style-type: none"> <li>Can be enrolled as a group with rendering providers linked.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>Prior to the license expiration date</li> </ul>
28 – Laboratory	280 – Independent Lab 281 – Mobile Lab	<ul style="list-style-type: none"> <li>IHCP Billing Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Federal W-9 form</li> <li>CLIA certificate required</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Proof of Medicare participation or own state’s Medicaid program</li> </ul>	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
29 – Radiology	290 – Freestanding X-Ray Clinic 291 – Mobile X-Ray Clinic	<ul style="list-style-type: none"> <li>IHCP Radiology Provider Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Registration certificate</li> <li>Notice of compliance from the ISDH</li> <li>Operator certificates for all employee operators, except PET CT scanner operators</li> <li>PET and MRI services do not require certification or notice of compliance</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license from appropriate state</li> <li>Proof of Medicare participation or own state’s Medicaid program</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Can be enrolled as billing (sole practitioner) or a group with rendering providers linked (type 31-specialty 341) linked to the group.</li> </ul> <p><b>Recertification:</b> <i>IHCP Provider Recertification Form</i></p> <ul style="list-style-type: none"> <li>Out-of-state individuals submit a copy of the renewed license prior to current license expiration date and signed update form.</li> </ul>
30 – End-Stage Renal Disease (ESRD) Clinic	300 – ESRD Clinic	<ul style="list-style-type: none"> <li>IHCP Hospital and Facility Application and Maintenance Form</li> <li>Provider Agreement</li> <li>Claims Certification Statement for Signature On File Form</li> <li>ISDH certification</li> <li>Federal W-9 form</li> <li>CLIA certificate, if applicable</li> </ul>	IHCP does not enroll these OOS providers.	<ul style="list-style-type: none"> <li>Can only be enrolled as a billing provider; cannot be a group with rendering providers.</li> <li>The ISDH sends the C&amp;T directly to HP. The C&amp;T is required for Indiana providers before enrollment can be completed.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>Not required</li> </ul>
31 – Physician	310 – Allergist 311 – Anesthesiologist 312 – Cardiologist 313 – Cardiovascular Surgeon	<ul style="list-style-type: none"> <li>IHCP Provider Application and Maintenance Form for your classification</li> <li>Provider Agreement</li> <li>A copy of license from the IPLA</li> </ul>	Same as in-state requirements, except: <ul style="list-style-type: none"> <li>Copy of license from appropriate state</li> <li>Proof of Medicare</li> </ul>	<ul style="list-style-type: none"> <li>Can be enrolled as a sole practitioner (billing) group, or rendering provider linked to a group.</li> </ul> <p><b>Recertification:</b> <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 – Otolgologist, 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"> <li>• Federal W-9 form</li> <li>• CLIA certificate, if applicable</li> <li>• Copy of board certification for specialty requested, if applicable</li> </ul>	participation or own state’s Medicaid program	<ul style="list-style-type: none"> <li>• Out-of-state Billing individuals submit a copy of the renewed license prior to current license expiration date and signed recertification form.</li> <li>• 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.</li> <li>• Groups are not required to extend eligibility.</li> </ul> <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"> <li>• IHCP Waiver Provider Application and Maintenance Form</li> <li>• Provider Agreement</li> <li>• Federal W-9 form</li> <li>• Certification Letter from the appropriate waiver administering division</li> </ul>	Same as in-state requirements	<ul style="list-style-type: none"> <li>• All waiver enrollments must be certified by the appropriate waiver division provider enrollment specialists at the state.</li> <li>• 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.</li> </ul> <p><b>Recertification:</b></p> <ul style="list-style-type: none"> <li>• Not required</li> </ul> <p><b>Profile Maintenance (Updates):</b> 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"> <li>• Change of ownership notification</li> <li>• Name changes</li> <li>• Specialty changes</li> <li>• Tax identification number changes</li> <li>• Terminations</li> </ul>