

## LAPC (Licensed Associate Professional Counselor) Individual Application Requirements

**Type of Application:**

New Application  
Revalidation  
Reactivation

Date Submitted:

**Section 1: Provider Information**

Application Tracking # (New application only):	
Current Medicaid Id Number (only used for Revalidation and Reactivation):	
Provider Name:	
Individual NPI #:	
Service Location:	
Billing Address:	
Mailing Address:	
Facility Phone Number:	
Contact Person/Title:	
Contact Phone Number:	
Contact Email:	
Provider Phone Number:	
Provider Email:	

**Enrolled Billing Group (Add Affiliation Below)**

Medicaid Provider ID	Billing Group Name	Facility Phone Number

Unenrolled Billing Group. Please provide Application Tracking

Number and/or NPI (if applicable): \_\_\_\_\_

Provider Type – 010 -Behavioral Health & Social Service Providers  
Specialty 177-Counselor, Licensed Associate Professional (LAPC)  
Taxonomy 101YP2500X

This application is not associated with an emergency service. We are requesting an effective date of: \_\_\_\_\_

This application is associated with emergent care. We are requesting an effective date of: \_\_\_\_\_

\*ND Medicaid may consider a retroactive enrollment effective date that exceeds ninety (90) days but not to exceed 365 days from the date of service for situations involving emergent care provided to a member. If the application involves an emergency service, an explanation on why enrollment was not able to be submitted within ninety (90) days from the date of service and medical notes must be sent with the application packet. If you do not submit this information, a date beyond ninety (90) days of receipt of a completed application may not be approved.

## Section 2: Required Documents

1. LAPC Application Requirements
2. Copy of LAPC license
3. [LAPC Attestation](#)
4. [NPPES Website](#) - printout of individual NPI
5. [SFN 615](#) - Medicaid Program Provider Agreement  
*\*Must be signed and dated by the Individual Provider who is applying*

## Section 3: Networks (check all that apply)

Medicaid Fee For Service (traditional Medicaid)

PACE

Medicaid Expansion MCO

\*\*\*NOTE: Selecting this box does not enroll you in Medicaid Expansion. You must contact Blue Cross Blue Shield North Dakota (BCBSND) at [providercontracting@bcbsnd.com](mailto:providercontracting@bcbsnd.com) to enroll with Medicaid Expansion. Questions about Expansion enrollment? Refer to the following: [Medicaid Expansion Provider Resources / BCBSND](#).

**Application may be submitted by:**

**Email:** [NDMedicaidenrollment@noridian.com](mailto:NDMedicaidenrollment@noridian.com)

**Fax:** 701-433-5956 ATTN: NDM Provider Enrollment

**Mail:** Noridian Healthcare Solutions  
Attn: ND Medicaid Provider Enrollment  
PO Box 6055  
Fargo, ND 58108-6055

For questions concerning Provider Enrollment, please contact (877) 328-7098 (tollfree) or (701) 328-7098. Live support 8 a.m. - 5 p.m. CT, Monday – Friday.