



January 2026

---

# Psych/Neuropsychological *Form Training Guide*



# Web Pass Guide

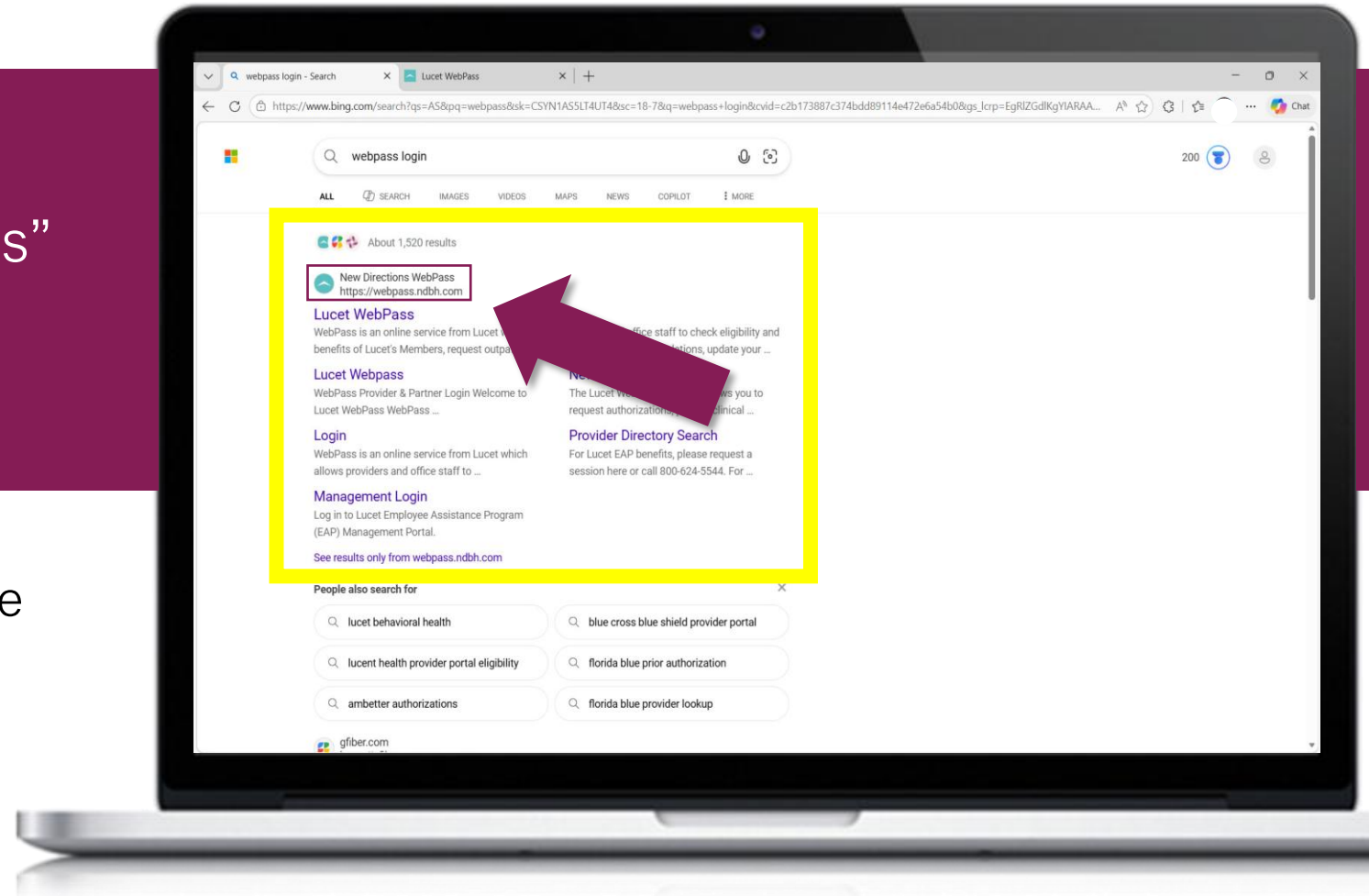
This guide explains how providers can use WebPass to request **Psychological and Neuropsychological Testing**.

If you have further questions, please contact Lucet at [prwebpass@lucethealth.com](mailto:prwebpass@lucethealth.com).

# Signing up

If you are new to WebPass please watch the tutorial “Facility WebPass” on [webpass.ndbh.com](https://webpass.ndbh.com). This tutorial provides instruction on:

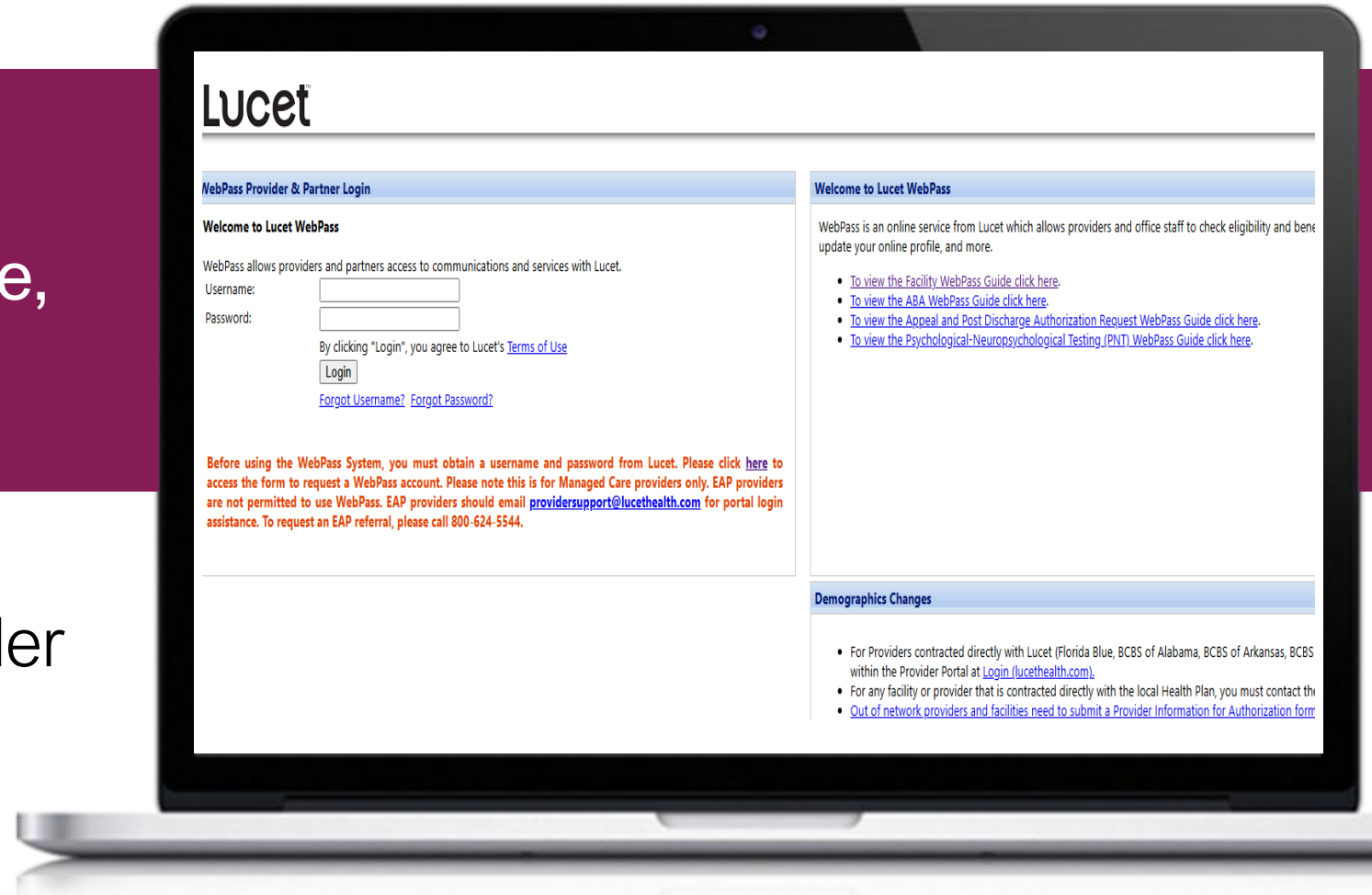
1. How to sign up for the WebPass service
2. How to look up a member
3. How to navigate the various resources within the system



# Login Screen

The log-in screen is where you will enter your username, then password.

You will also find the links to WebPass tutorials and provider demographic update forms.



# Getting Started

The first step is a member search. To do so, enter the member ID number (minus the prefix\*), member's last name, first name, and date of birth.

**\*For an FEP member include the R at the start of the member's ID #.** The exception to that rule is if the member is in AL. FEP members in AL can be found in WebPass by replacing the letter "R" with the digit "0" at the beginning of the member's ID #.

The screenshot shows the Lucet WebPass interface. At the top is a navigation bar with links: Home, My Services, My Account, and Logout. The main content area is divided into two columns. The left column has a header 'Welcome to Lucet WebPass' and a paragraph: 'WebPass allows providers and partners access to communications and services with Lucet.' Below this is a section titled 'Connection to Follow-Up Care for FL and AL Members' containing two paragraphs: 'Attention Discharge Planners! Over 2,000+ In Network Florida Blue and BCBSAL Outpatient Behavioral Health Providers throughout Florida and Alabama input their therapy and psychiatry appointment availability directly into the Lucet Navigate & Connect Scheduling Platform!' and 'Take Action Today! Call the Lucet Discharge Planner Hotline at 855-888-5001 (Florida) or 800-765-9124 (Alabama) before your FLB or BCBSAL Member discharges, and we'll ensure they have a follow-up appointment booked promptly.' The right column has a header 'Find an Insured Member' and a form with the following fields: 'Member Number:\*' (text input), 'Last Name:\*' (text input), 'First Name:\*' (text input), 'Date of Birth:\*' (calendar icon), and 'Query Date:' (text input with '08/21/2026' entered). A 'Find Member' button is below the 'Query Date' field. To the right of the form is a 'Member Search Tips' box with a red border, containing instructions for entering member IDs for Blue Products, WM, AR, and FEP policies, and a note about SCAN policies. The Lucet logo is in the bottom left corner of the slide.

Home My Services My Account Logout

### Welcome to Lucet WebPass

WebPass allows providers and partners access to communications and services with Lucet.

### Connection to Follow-Up Care for FL and AL Members

**Attention Discharge Planners!** Over 2,000+ In Network Florida Blue and BCBSAL Outpatient Behavioral Health Providers throughout Florida and Alabama input their therapy and psychiatry appointment availability directly into the Lucet Navigate & Connect Scheduling Platform!

**Take Action Today!** Call the Lucet Discharge Planner Hotline at **855-888-5001 (Florida)** or **800-765-9124 (Alabama)** before your FLB or BCBSAL Member discharges, and we'll ensure they have a follow-up appointment booked promptly.

Remember, patients who attend follow-up care within 7 days of discharge are significantly less likely to be readmitted and more likely to adhere to their medications. This leads to better health outcomes and improved healthcare effectiveness (HEDIS).

### Find an Insured Member

\* All fields are required

Member Number:\*

Last Name:\*

First Name:\*

Date of Birth:\*

Query Date:

### Member Search Tips

For Blue Products, drop the prefix before entering the member information.  
Example: LCKH12345678 would be entered as H12345678 or YBC12K123456 as 12K123456.

For WM and AR members, drop the prefix and the person number (last two digits).  
Example: WMW12345678W01 would be entered as 12345678W.

SCAN policies should be 9 digits after dropping the prefix.

Name fields require at least one letter be entered; partial names accepted.

FEP policies should start with an R, except for AL which begins with a Zero (0).

If the FEP policy displayed in results is not for the state in which services are being rendered, please contact Lucet to have the coverage line added before submitting any requests.

If the member is not managed by Lucet, the

# Getting Started

**Note:** When looking up a member the “query date” is auto populated to current date. **This date must be changed to the date of service you are requesting.** If there is more than one active policy, a screen will pop up - click under the member's name for the policy that was active when the treatment occurred.

Home My Services My Account Logout

### Welcome to Lucet WebPass

WebPass allows providers and partners access to communications and services with Lucet.

### Connection to Follow-Up Care for FL and AL Members

**Attention Discharge Planners!** Over 2,000+ In Network Florida Blue and BCBSAL Outpatient Behavioral Health Providers throughout Florida and Alabama input their therapy and psychiatry appointment availability directly into the Lucet Navigate & Connect Scheduling Platform!

**Take Action Today!** Call the Lucet Discharge Planner Hotline at **855-888-5001 (Florida)** or **800-765-9124 (Alabama)** before your FLB or BCBSAL Member discharges, and we'll ensure they have a follow-up appointment booked promptly.

Remember, patients who attend follow-up care within 7 days of discharge are significantly less likely to be readmitted and more likely to adhere to their medications. This leads to better health outcomes and improved healthcare effectiveness (HEDIS).

### Find an Insured Member

**\* All fields are required**

Member Number:\*

Last Name:\*

First Name:\*

Date of Birth:\*

Query Date: 08/21/2026

### Member Search Tips

For Blue Products, drop the prefix before entering the member information.  
Example: LCKH12345678 would be entered as H12345678 or YBC12K123456 as 12K123456.

For WM and AR members, drop the prefix and the person number (last two digits).  
Example: WMW12345678W01 would be entered as 12345678W.

SCAN policies should be 9 digits after dropping the prefix.

Name fields require at least one letter be entered; partial names accepted.

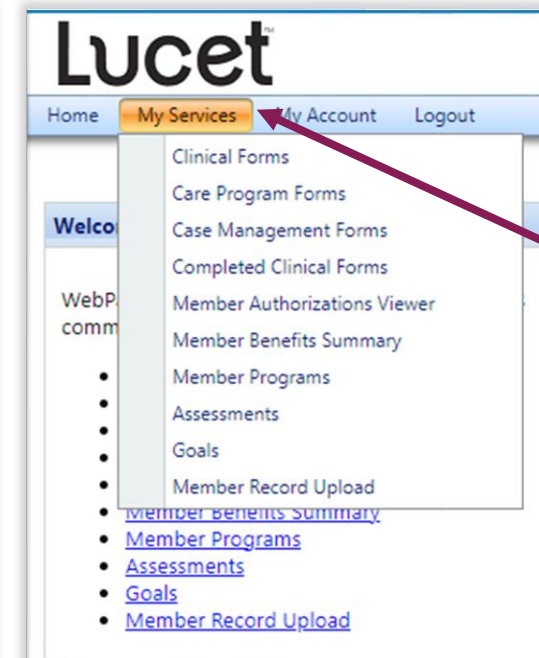
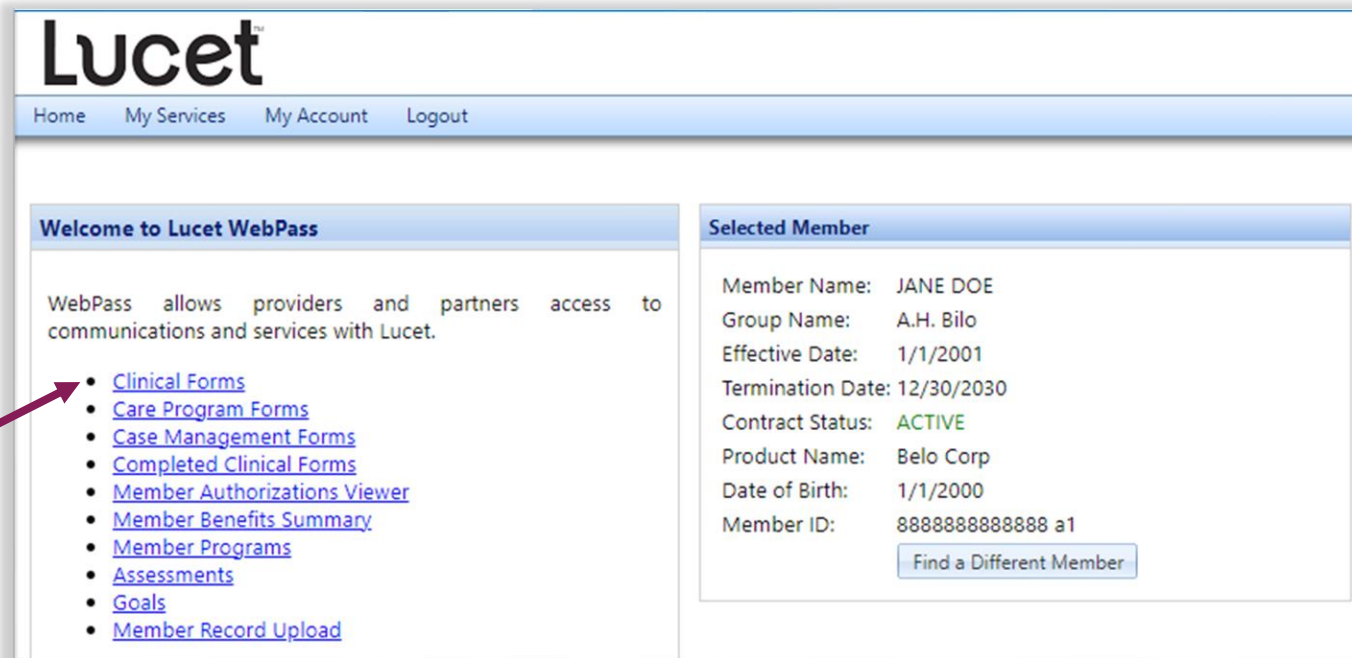
FEP policies should start with an R, except for AL which begins with a Zero (0).

If the FEP policy displayed in results is not for the state in which services are being rendered, please contact Lucet to have the coverage line added before submitting any requests.

If the member is not managed by Lucet, the

# Accessing Clinical Forms

To choose the appropriate form, click on "Clinical Forms" either in the list or under the "My Services" drop down.



# Starting A New Request

## Select “New Request” when beginning a review.

After selecting “New Request,” facilities or provider groups with multiple addresses will be required to select the address where the member is being treated.

If you are unable to find the correct address from the drop-down list, please follow the links under the Demographics section of [webpass.ndbh.com](http://webpass.ndbh.com).

**Member Authorizations**

- To attach a clinical form to a current authorization, please select from the authorization line(s) below (Concurrent Review Form, Discharge Clinical Review, etc.).
- To initiate new requests for care (including step-downs from one level of care to another) or submit other forms, please choose the “New Request” button.

**New Request**

|        | Authorization Number | Line Number | Service Code | Authorized Units | Treatment Description                                   | Detail Start Date | Detail End Date | Auth Status Description |
|--------|----------------------|-------------|--------------|------------------|---------------------------------------------------------|-------------------|-----------------|-------------------------|
| Select | 0279977              | 001         | 124          | 3                | Inpatient Day- Mental Health                            | 12/22/2000        | 12/25/2000      | Open                    |
| Select | 0918666              | 001         | H0032        |                  | Mental health service plan development by non-physician | 06/12/2018        | 12/12/2018      | Open                    |
| Select | 0913268              | 001         | 124          | 0                | Inpatient Day- Mental Health                            | 11/14/2017        | 11/14/2017      | Open                    |

Member ID: 888888888888 -1  
Find a Different Member

Select the address where the member is being treated: Facility TIN:832184795

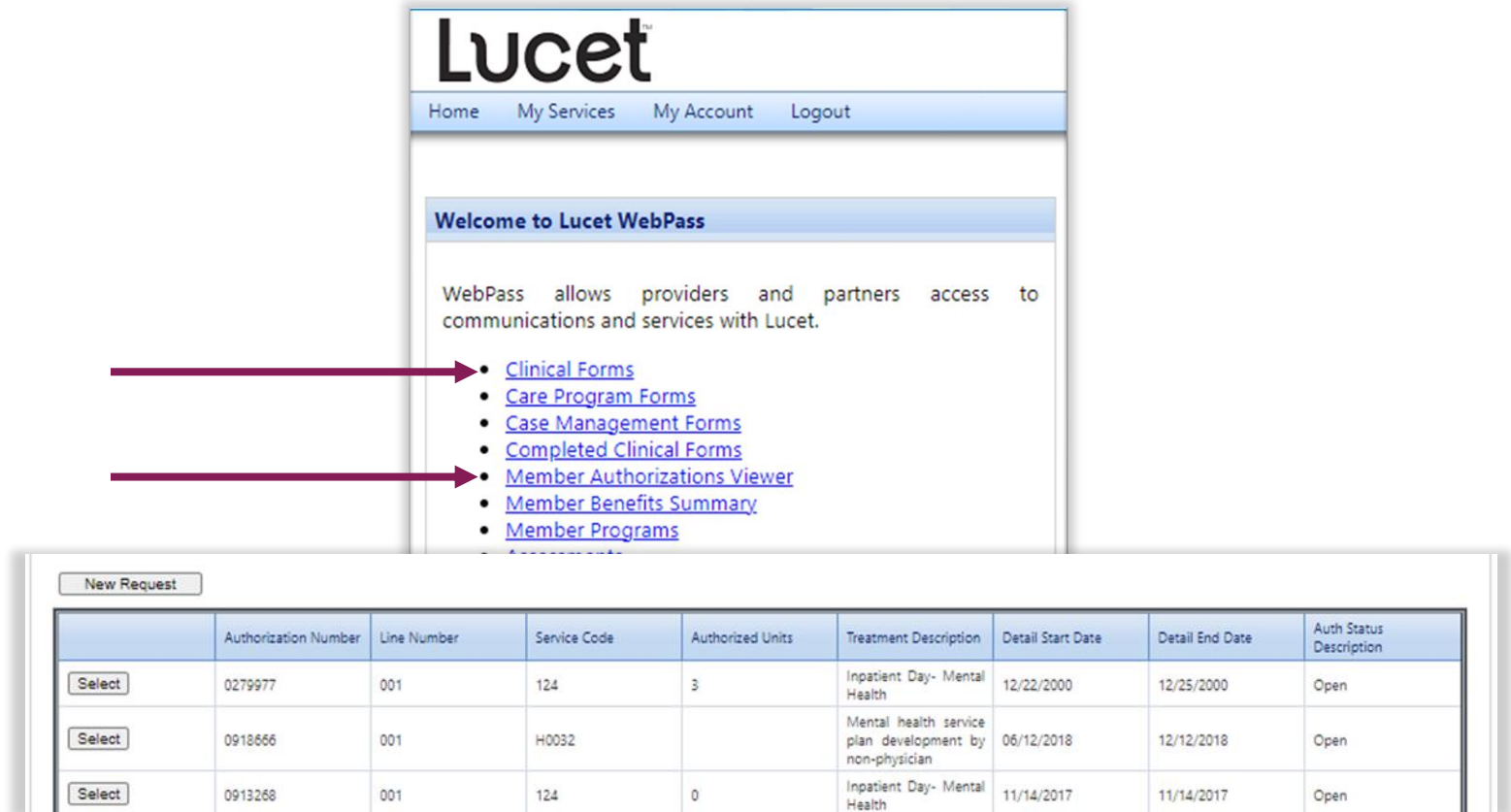
Select

Please access the Provider section of [www.ndbh.com](http://www.ndbh.com) and follow the links to update your demographic information

# Reviewing Request Status

The status of previously requested authorizations can be viewed by clicking on “**Member Authorizations Viewer**” *or* selecting “**Clinical Forms**”.

You will be able to view all authorization requests and statuses for the selected member that are related to your Individual/Facility Tax ID.



The screenshot displays the Lucet WebPass interface. At the top, the Lucet logo is visible, followed by navigation links: Home, My Services, My Account, and Logout. Below this, a welcome message states: "Welcome to Lucet WebPass. WebPass allows providers and partners access to communications and services with Lucet." A list of links is provided, including Clinical Forms, Care Program Forms, Case Management Forms, Completed Clinical Forms, Member Authorizations Viewer, Member Benefits Summary, and Member Programs. Two red arrows point from the text in the first block to the 'Clinical Forms' and 'Member Authorizations Viewer' links. Below the links, a table titled 'New Request' shows a list of authorization requests with columns for Authorization Number, Line Number, Service Code, Authorized Units, Treatment Description, Detail Start Date, Detail End Date, and Auth Status Description.

|        | Authorization Number | Line Number | Service Code | Authorized Units | Treatment Description                                   | Detail Start Date | Detail End Date | Auth Status Description |
|--------|----------------------|-------------|--------------|------------------|---------------------------------------------------------|-------------------|-----------------|-------------------------|
| Select | 0279977              | 001         | 124          | 3                | Inpatient Day- Mental Health                            | 12/22/2000        | 12/25/2000      | Open                    |
| Select | 0918666              | 001         | H0032        |                  | Mental health service plan development by non-physician | 06/12/2018        | 12/12/2018      | Open                    |
| Select | 0913268              | 001         | 124          | 0                | Inpatient Day- Mental Health                            | 11/14/2017        | 11/14/2017      | Open                    |

# Psychological Testing Form

After selecting **“New Request”** the Authorization for Admission to Care Request Forms will be available.

To begin a new Psychological Testing form, select **“New”** next to the form name.



**Lucet**

Home My Services My Account Logout

**Selected Member**

Member Name: JANE DOE  
Group Name: A.H. Bilo  
Effective Date: 1/1/2025  
Termination Date: 12/30/2030  
Contract Status: **ACTIVE**  
Product Name: Belo Corp  
Date of Birth: 1/1/2000  
Member ID: 888888888888 a1  
[Find a Different Member](#)

[Form Descriptions](#)

**Authorization for Admission to Care Request Forms**

|                                                      |                     |
|------------------------------------------------------|---------------------|
| Initial Authorization Request                        | <a href="#">New</a> |
| ABA Pre-Treatment Assessment                         | <a href="#">New</a> |
| ABA Treatment Request                                | <a href="#">New</a> |
| Request for Transcranial Magnetic Stimulation (TMS)  | <a href="#">New</a> |
| Request for Initial Outpatient ECT                   | <a href="#">New</a> |
| Request for Psychological/Neuropsychological Testing | <a href="#">New</a> |
| Post Discharge Authorization Request Form            | <a href="#">New</a> |

# Psychological Testing Form

**All required fields must be completed to submit the form.**

Please enter the **Individual Rendering Provider NPI** and the **Group Tax ID/Social Security**.

As each section is completed, the Question Jumplist on the right will display a green checkmark. Clicking on an item listed in the Question Jumplist will link users to that section. This helps with navigation on the form.

**Lucet**  
REQUEST FOR PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

**Warning:** This session will time out in 90 minutes without continuous activity. If the session times out, the data will be lost and you will be unable to submit the form.

Member Name: Jane Doe  
Member Id:  
Date Of Birth: 1/1/2000  
Member Address: 1234 Lucet St Apt 1 Lee Summit MO 64124

Please answer the following survey questions:

Date of Request: \* Required

Insurance ID Number: \* Required

Member's Name: \* Required

Date of Birth: \* Required

Member's Phone Number: \* Required

Provider's Name: \* Required

Provider's Credentials: \* Required

**QUESTION JUMPLIST**

- Required and not Answered
- ✓ Required and Answered

**MEMBER INFORMATION**

- [Current Diagnosis Code\(s\)](#)
- [State where member is being trea...](#)
- [Parent/Guardian Name](#)
- [Parent/Guardian Contact Number\(s...](#)
- [Parent/Guardian Email Address](#)
- [Does member attend school?](#)
- [Does member have an IEP?](#)
- [Current Medications/Relevant Med...](#)

**PROVIDER/GROUP INFORMATION**

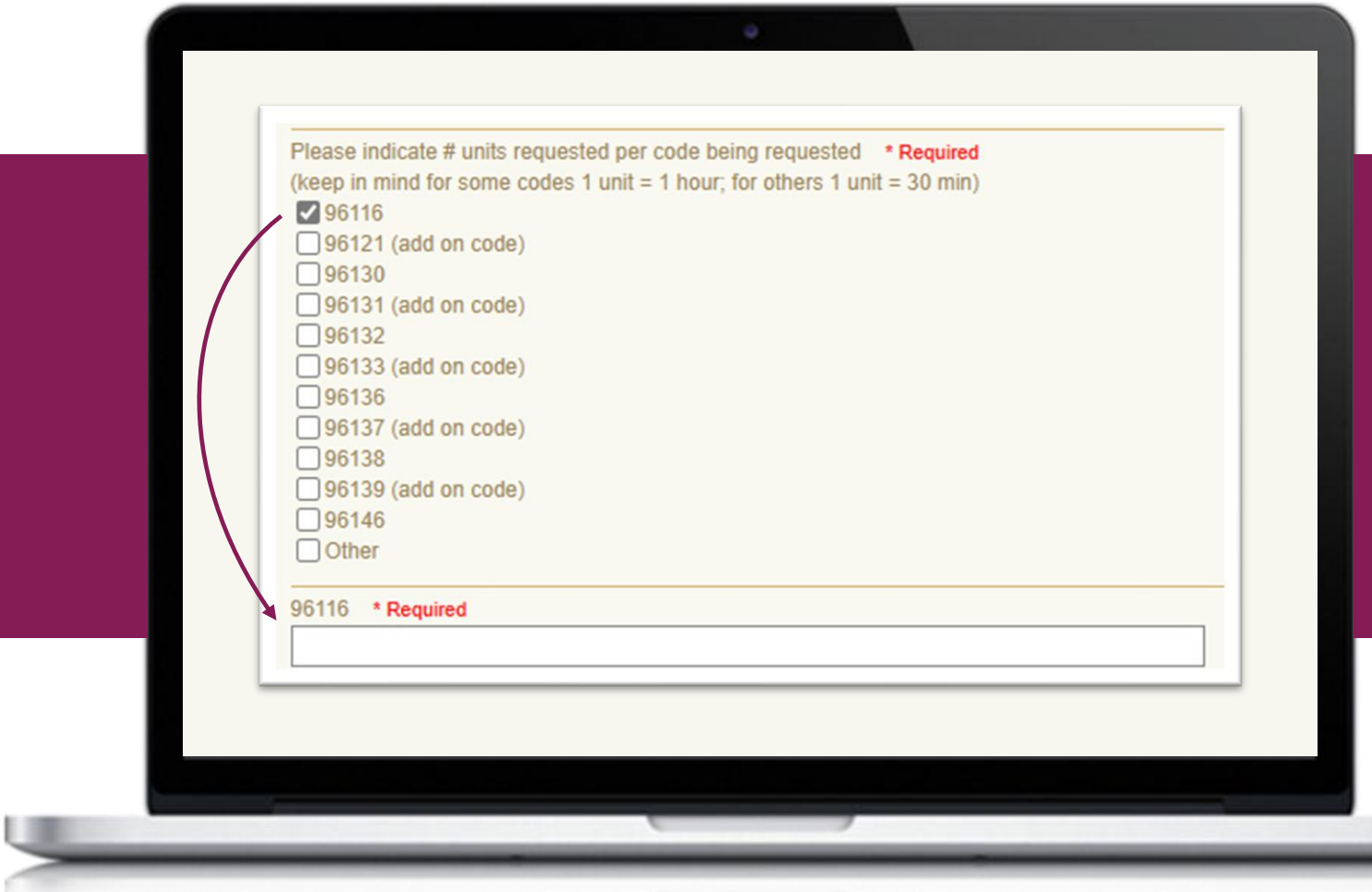
- [Contact Name](#)
- [Contact Phone Number](#)
- [Contact Email](#)
- [Provider Group Name](#)
- [Provider Group Tax ID](#)
- [Provider Group Address](#)
- [Behavior Analyst Name](#)
- [Behavior Analyst Individual NPI](#)
- [Behavior Analyst Phone](#)
- [Behavior Analyst Fax](#)
- [Behavior Analyst Email](#)

**AUTHORIZATION INFORMATION**

- [Requested Date to Begin Treatmen...](#)

# Interactive Questions

*Some questions*  
only appear based  
on the previous  
answer given.



Please indicate # units requested per code being requested \* Required  
(keep in mind for some codes 1 unit = 1 hour; for others 1 unit = 30 min)

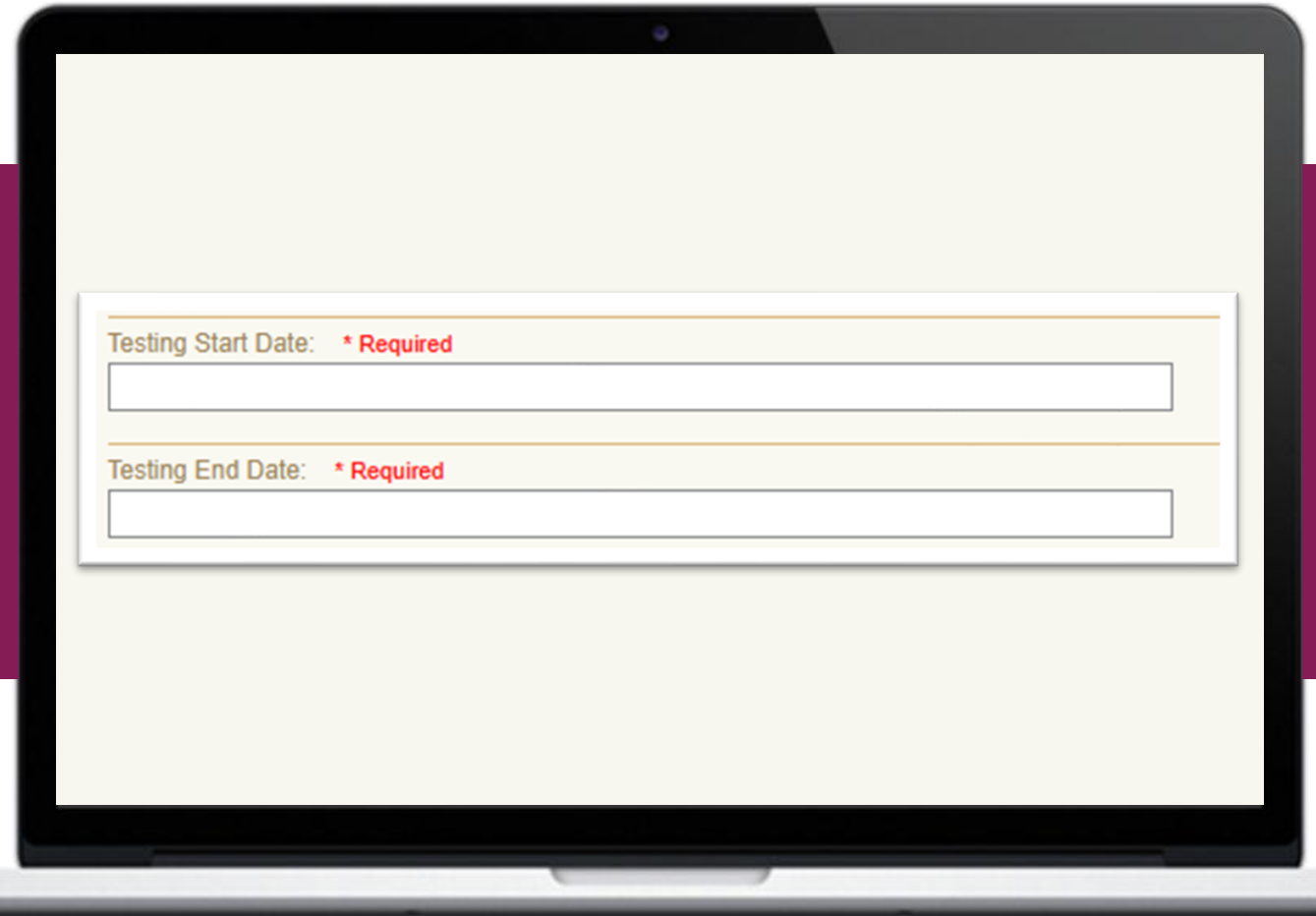
- ☒ 96116
- ☐ 96121 (add on code)
- ☐ 96130
- ☐ 96131 (add on code)
- ☐ 96132
- ☐ 96133 (add on code)
- ☐ 96136
- ☐ 96137 (add on code)
- ☐ 96138
- ☐ 96139 (add on code)
- ☐ 96146
- ☐ Other

---

96116 \* Required

# Psychological Testing Form

If member has not started testing yet, *a future date* may be entered.



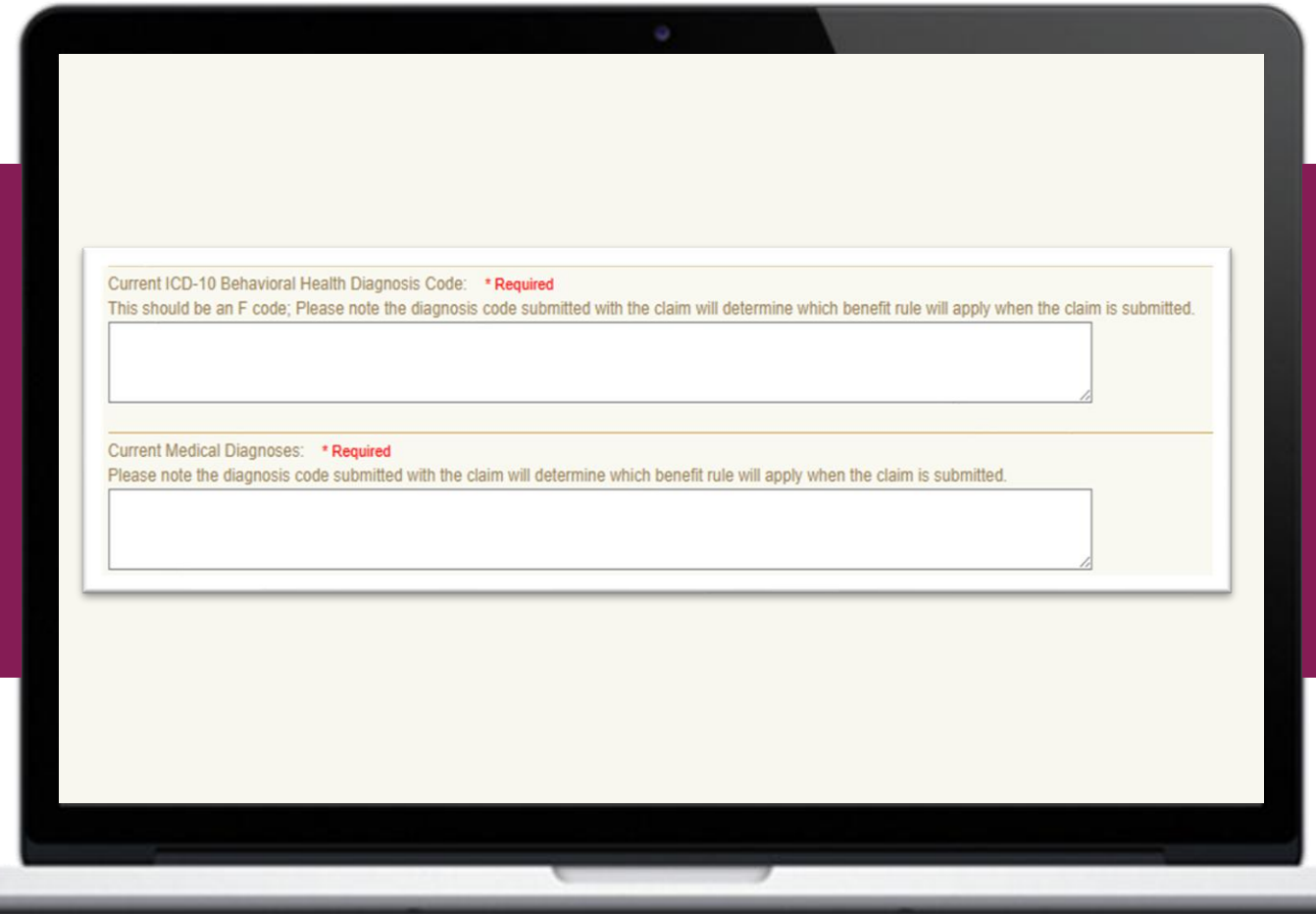
Testing Start Date: \* Required

Testing End Date: \* Required

# Psychological Testing Form

The Current ICD-10 Diagnosis Code should be an “F” code.

Lucet does not have the capability to build authorizations for medical codes.

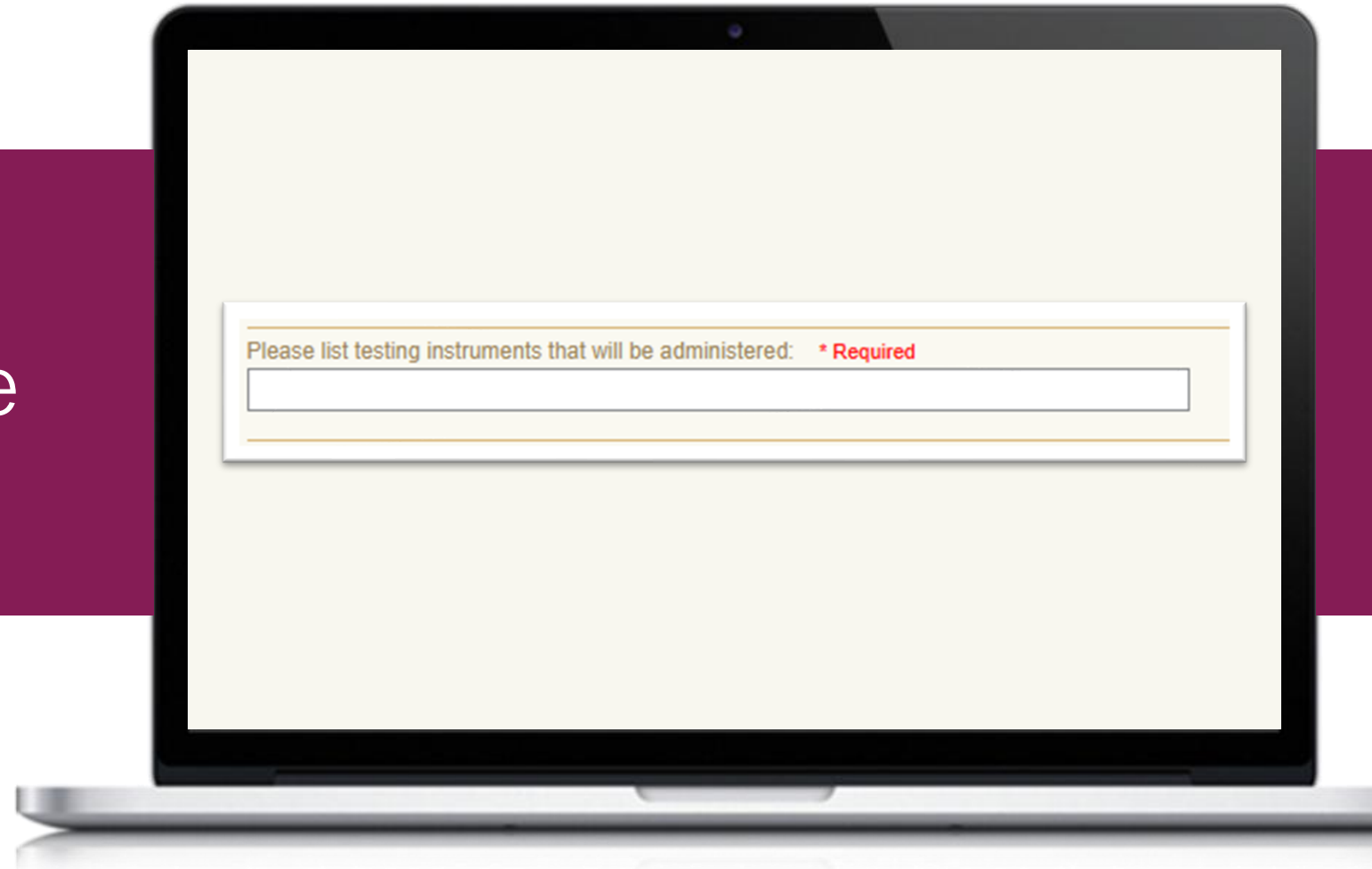


Current ICD-10 Behavioral Health Diagnosis Code: **\* Required**  
This should be an F code; Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted.

Current Medical Diagnoses: **\* Required**  
Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted.

# Psychological Testing Form

Please list all Testing Instruments that will be administered.

A laptop screen displaying a web form. The form has a light beige background. In the center, there is a white rectangular box with a thin orange border. Inside this box, the text "Please list testing instruments that will be administered:" is followed by a red asterisk and the word "Required". Below this text is a long, empty white input field.

Please list testing instruments that will be administered: \* Required

# Psychological Testing Form

We encourage all episode of care units to be submitted within the same authorization request. Please select all applicable codes and number of units being requested.

*Claims will apply deductible, coinsurance, and copay based on benefits per individual and group plan type.*

Please indicate # units requested per code being requested \* Required  
(keep in mind for some codes 1 unit = 1 hour; for others 1 unit = 30 min)

☒ 96116  
☐ 96121 (add on code)  
☒ 96130  
☐ 96131 (add on code)  
☐ 96132  
☒ 96133 (add on code)  
☐ 96136  
☐ 96137 (add on code)  
☐ 96138  
☐ 96139 (add on code)  
☐ 96146  
☐ Other

96116 \* Required

96130 \* Required

96133 (add on code) \* Required

# Psychological Testing Form

## Attestation

Read the attestation statement before pressing “Complete and Submit”.

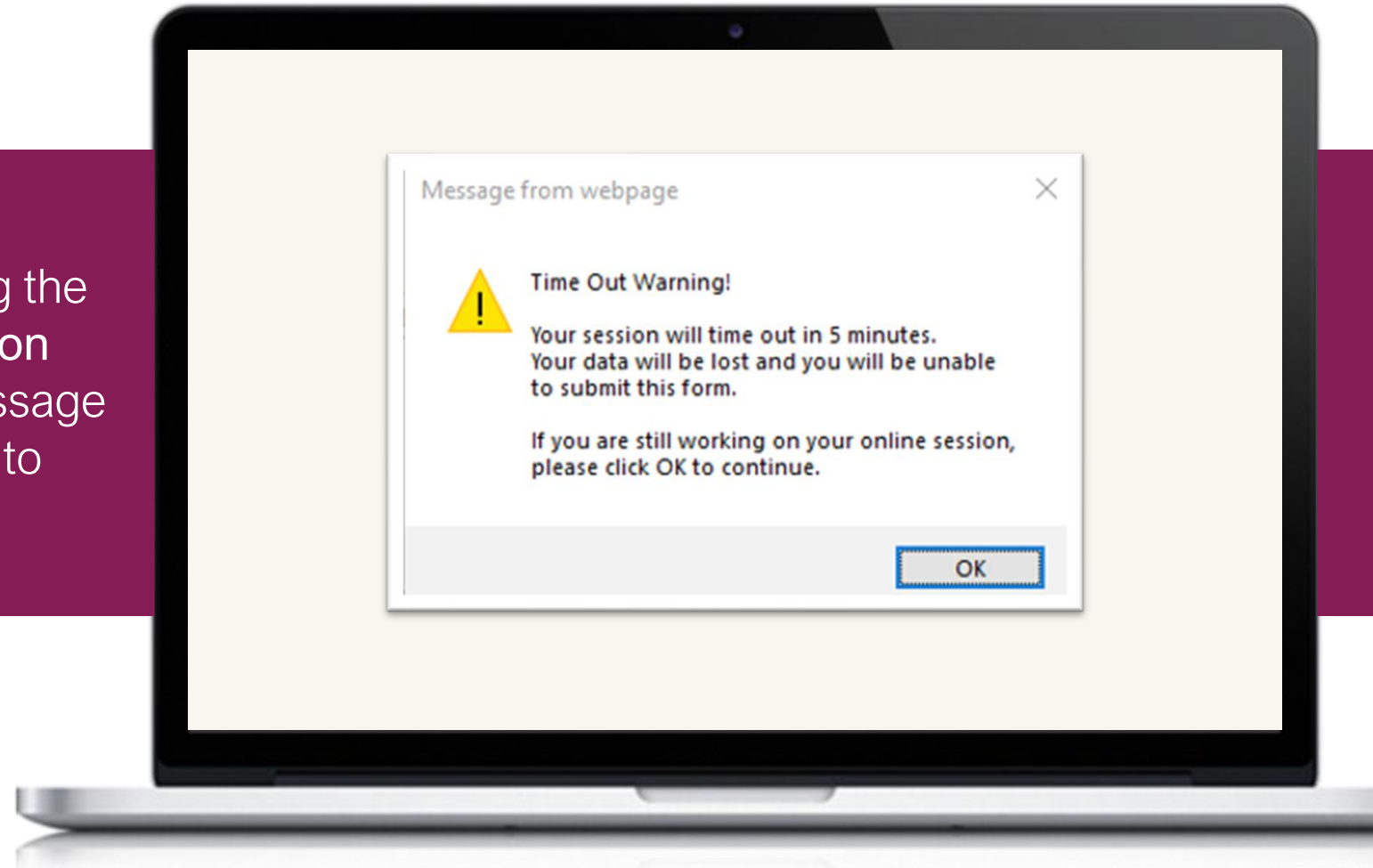
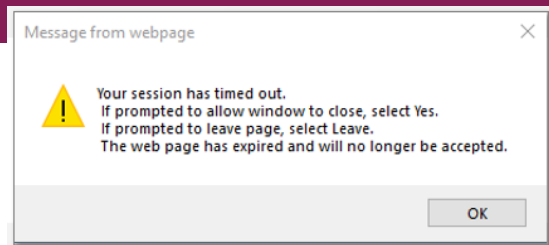
BY CLICKING THE SUBMIT BUTTON, YOU ARE ATTESTING TO THE FACT THAT ALL OF THE INFORMATION PROVIDED IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

Continue Later

Complete and Submit

# Time-out Warning

If the WebPass session sits idle for 90 minutes, the system will automatically log the user out. When that occurs, **all information will be lost**. Users receive a warning message five minutes before the system times out to prompt them to save information.



# Saving Partially Completed Forms

At the bottom of each form, the following options will be available:

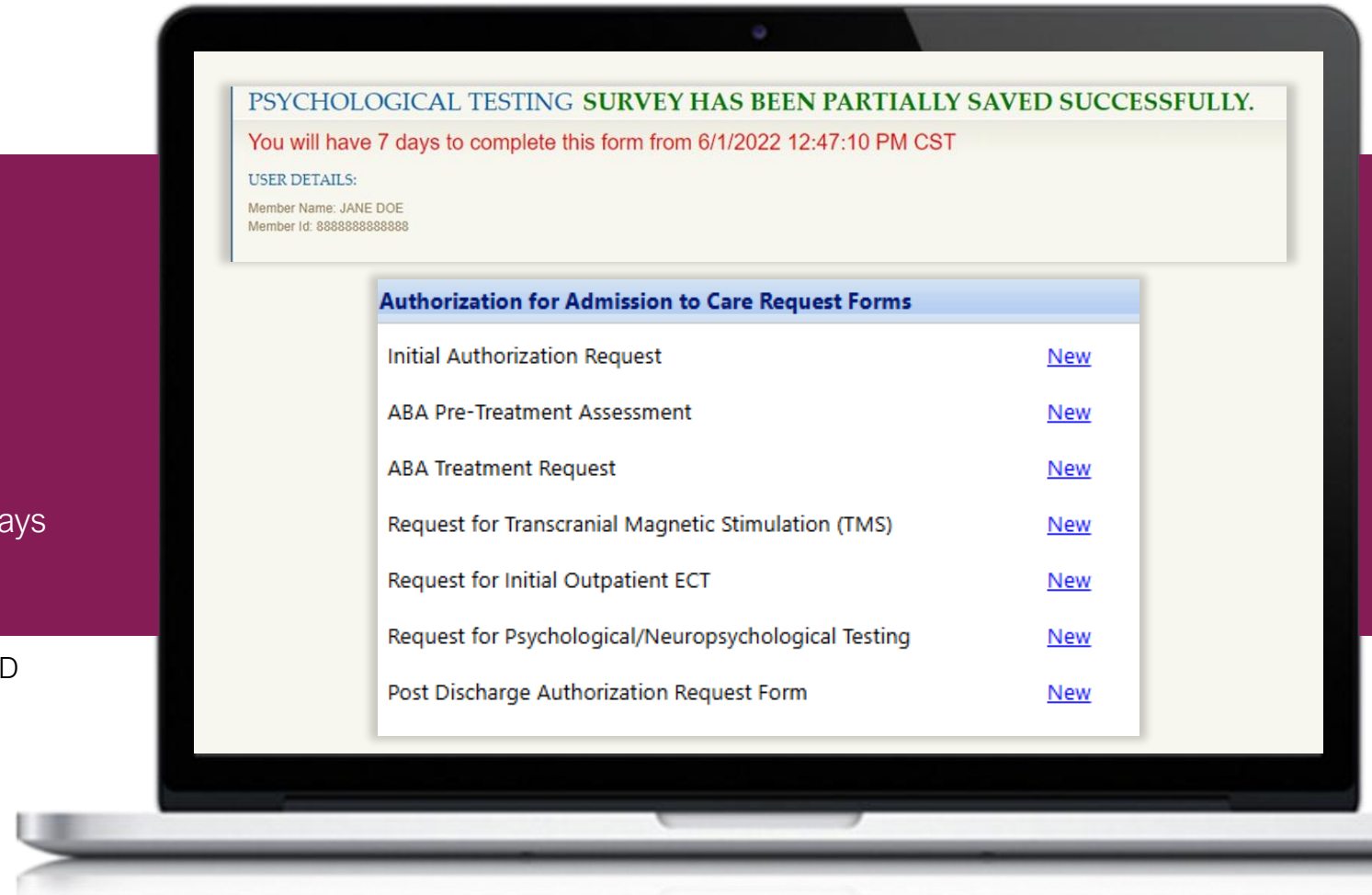
[Continue Later](#)

[Complete and Submit](#)

**Note:** Forms must be completed and submitted within 7 days after they are initially saved, or they will be auto-deleted.

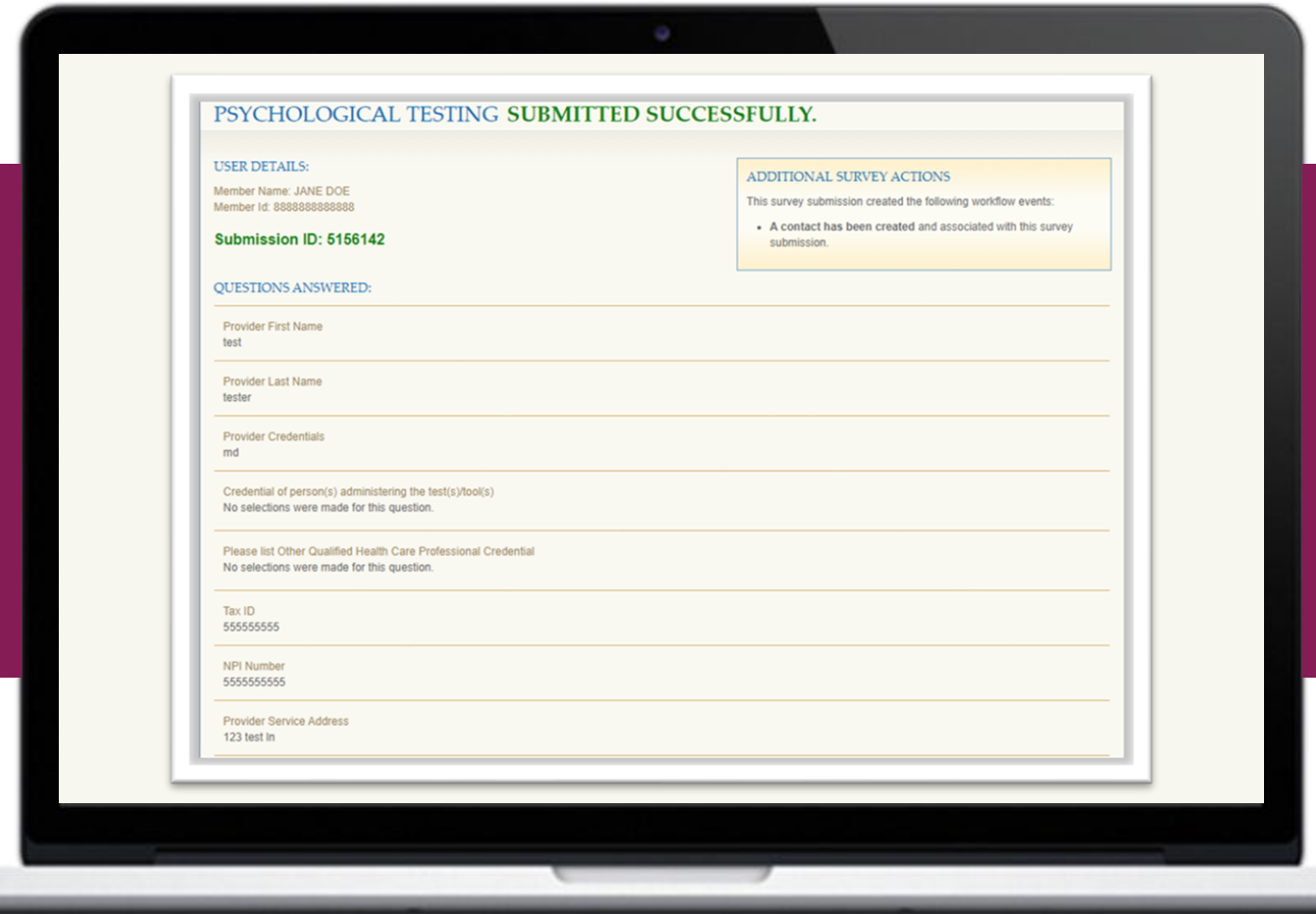
Any provider staff who has a WebPass account under the same Tax ID can complete the form\*. Users will have the option to continue or remove forms.

\*Each user must use their own login.



# Submitted Requests

Once a user has finished a form and selected "Complete and Submit" they will see a new page showing the form has been successfully submitted.



**PSYCHOLOGICAL TESTING SUBMITTED SUCCESSFULLY.**

**USER DETAILS:**  
Member Name: JANE DOE  
Member Id: 888888888888

**Submission ID: 5156142**

**ADDITIONAL SURVEY ACTIONS**  
This survey submission created the following workflow events:  
• A contact has been created and associated with this survey submission.

**QUESTIONS ANSWERED:**

Provider First Name  
test

Provider Last Name  
tester

Provider Credentials  
md

Credential of person(s) administering the test(s)/tool(s)  
No selections were made for this question.

Please list Other Qualified Health Care Professional Credential  
No selections were made for this question.

Tax ID  
555555555

NPI Number  
555555555

Provider Service Address  
123 test in

# Psychological Testing Form

- If you have technical issues or are unable to complete a form, please email Lucet at [prwebpass@lucethealth.com](mailto:prwebpass@lucethealth.com).
- If you have received an error message, please include a screenshot of the error message, date and time.
- Do not send any confidential information in the email.
- Please allow 1 business day for a response to your email.
- To avoid disruption in the authorization process, notify the Utilization Management team to proceed with an alternative review method.

