



NEW DIRECTIONS BEHAVIORAL HEALTH

# Improving health through change

Psych/Neuropsychological Form Training Guide

July 2022

A photograph of a person with long brown hair, wearing a light-colored long-sleeved shirt, sitting at a desk and writing in a spiral notebook with a blue pen. There are other papers and a folder on the desk. The background is blurred, showing what appears to be a classroom or office setting.

# **WebPass Guide**

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

**If you have further questions, please contact New Directions at [prwebpass@ndbh.com](mailto:prwebpass@ndbh.com).**

# Signing up

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

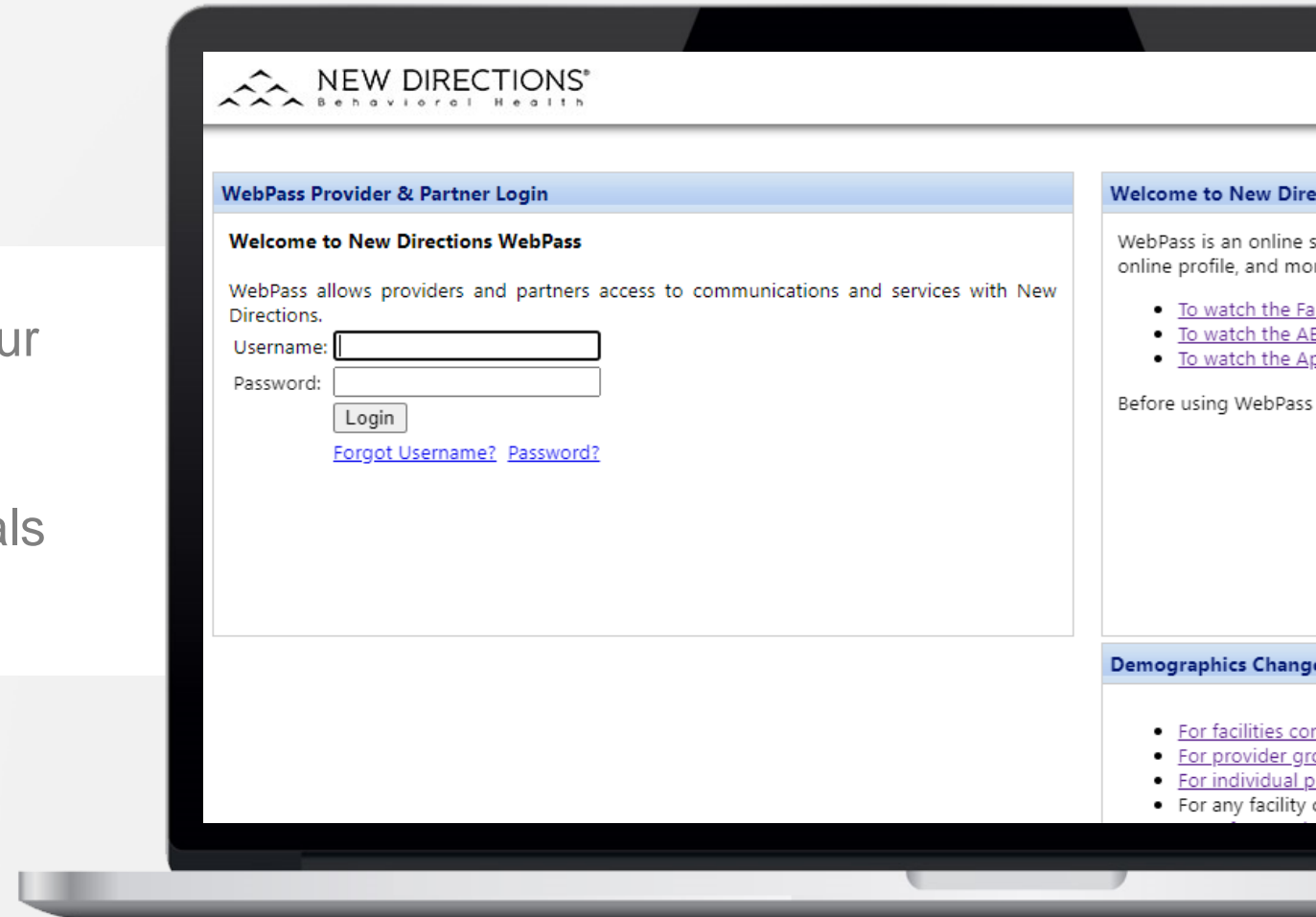
1. How to sign up for the WebPass service
2. How to look up a member
3. How to navigate the various resources within the system

# Login screen

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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). You also have the option to enter the member's last name (first 3 letters only), first name (first 3 letters only) and date of birth.

The screenshot shows the 'Find an Insured Member' section of the WebPass interface. It features two search methods. The first method uses Member Number, Date of Birth, and Query Date. The second method uses Last Name, First Name, Date of Birth, and Query Date. Both methods include a 'Find Member' button. A note explains that for Blue Products, the prefix should be dropped from the member number. Another note states that if a member is not managed by New Directions Behavioral Health, their information will not be available. A footer note provides instructions for FEP members, stating that the letter 'R' should be included at the start of the ID number, except for those in AL, where 'R' should be replaced by '0'.

Home My Services My Account Logout

**Welcome to New Directions WebPass**

WebPass allows providers and partners access to communications and services with New Directions.

- [Contact New Directions Provider Relations](#)
- [2021 Medical Necessity Criteria](#)

**Find an Insured Member**

Member Number:  For Blue Products, drop the pre-fix before entering the member information. Example: LCKH12345678 would be entered as H12345678, or YBC12K123456 as 12K123456.

Date of Birth:

Query Date:

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Last Name:  If the member is not managed by New Directions Behavioral Health, the member's information will not be available.

First Name:

Date of Birth:

Query Date:

\* 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 #.

**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.

# Accessing clinical forms

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

The screenshot displays the New Directions WebPass user interface. At the top, there is a navigation bar with links for Home, My Services, My Account, and Logout. The main content area is divided into two columns. The left column, titled "Welcome to New Directions WebPass", contains a welcome message and a list of services. The "Clinical Forms" link in this list is highlighted with a yellow box. The right column, titled "Selected Member", displays member information for JANE DOE, including group name, effective date, termination date, contract status, product name, date of birth, and member ID. A "Find a Different Member" button is located below the member ID. On the right side of the interface, a "My Services" dropdown menu is open, showing a list of services including "Clinical Forms", "Care Program Forms", "Case Management Forms", "Completed Clinical Forms", "Contact Provider Relations", "Member Authorizations Viewer", "Member Benefits Summary", "Member Programs", "Assessments", "Goals", and "Member Record Upload". The "Clinical Forms" option in the dropdown is also highlighted with a yellow box.

Home My Services My Account Logout

**Welcome to New Directions WebPass**

WebPass allows providers and partners access to communications and services with New Directions.

- **Clinical Forms**
- [Care Program Forms](#)
- [Case Management Forms](#)
- [Completed Clinical Forms](#)
- [Contact New Directions Provider Relations](#)
- [Member Authorizations Viewer](#)
- [Member Benefits Summary](#)
- [Member Programs](#)
- [Assessments](#)
- [Goals](#)
- [Member Record Upload](#)
- [Claims](#)

**Selected Member**

Member Name: JANE DOE  
Group Name: A.H. Bilo  
Effective Date: 1/1/2001  
Termination Date: 12/31/2021  
Contract Status: ACTIVE  
Product Name: Belo Corp  
Date of Birth: 1/1/2000  
Member ID: 8888888888888 -1  
[Find a Different Member](#)

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Behavioral Health

Home My Services My Account Logout

**My Services**

- Clinical Forms
- Care Program Forms
- Case Management Forms
- Completed Clinical Forms
- Contact Provider Relations
- Member Authorizations Viewer
- Member Benefits Summary
- Member Programs
- Assessments
- Goals
- Member Record Upload

# 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

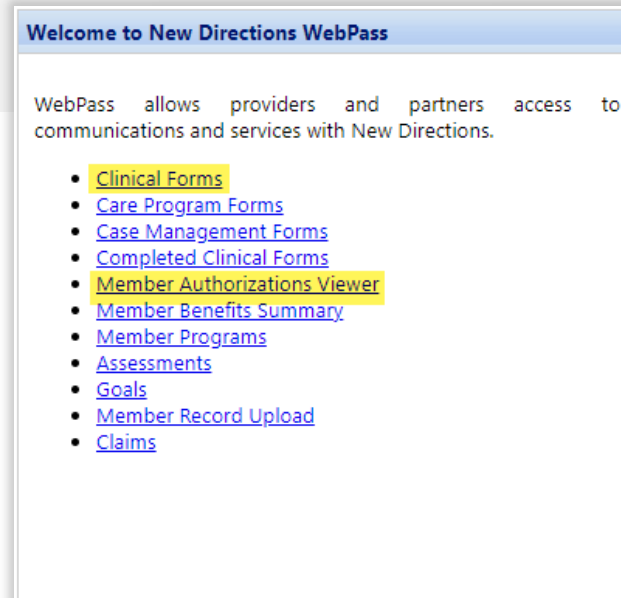
Select

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

# Reviewing status of a request

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.



	Authorization Number	Line Number	Service Code	Authorized Units	Treatment Description	Detail Start Date	Detail End Date	Auth Status Description
<input type="button" value="Select"/>	0279977	001	124	3	Inpatient Day- Mental Health	12/22/2000	12/25/2000	Open
<input type="button" value="Select"/>	0918666	001	H0032		Mental health service plan development by non-physician	06/12/2018	12/12/2018	Open
<input type="button" value="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.

The screenshot shows the New Directions Behavioral Health web portal. At the top, there is a navigation bar with links for Home, My Services, My Account, and Logout. Below this is a section titled "Selected Member" which displays the following information:

- Member Name: JANE DOE
- Group Name: A.H. Bilo
- Effective Date: 1/1/2001
- Termination Date: 12/30/2030
- Contract Status: ACTIVE
- Product Name: Belo Corp
- Date of Birth: 1/1/2000
- Member ID: 888888888888 a1

Below the member information is a button labeled "Find a Different Member". To the right of the member information is a link for "Form Descriptions". Below this is a section titled "Authorization for Admission to Care Request Forms" which contains a table of request forms:

Request Form Name	Action
Initial Authorization Request	<a href="#">New</a>
ABA Initial Assessment	<a href="#">New</a>
ABA Initial Treatment	<a href="#">New</a>
TMS	<a href="#">New</a>
ECT Initial	<a href="#">New</a>
Psychological Testing	<a href="#">New</a>
Retrospective Request Form	<a href="#">New</a>

A blue arrow points to the "Psychological Testing" row, and a red box highlights the "New" link next to it.

# 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.

**NEW DIRECTIONS<sup>®</sup>**  
Behavioral Health

## PSYCHOLOGICAL 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: 88888888888888

Please answer the following survey questions:

Provider First Name \* Required  
Test

Provider Last Name \* Required  
Tester

Provider Credentials \* Required  
MD

Tax ID \* Required  
333333333

NPI Number \* Required  
333333333

Provider Service Address \* Required  
123 Test St

Provider/Facility Phone number \* Required  
555-555-5555

Provider/Facility Fax Number \* Required  
555-555-5555

Person Completing Form and Contact Number \* Required  
Test Tester 555-555-5555

**LEGEND**

- Required and not Answered
- ✓ Required and Answered

**QUESTION JUMPLIST**

- ✓ Provider First Name
- ✓ Provider Last Name
- ✓ Provider Credentials
- ✓ Tax ID
- ✓ NPI Number
- ✓ Provider Service Address
- ✓ Provider/Facility Phone number
- ✓ Provider/Facility Fax Number
- ✓ Person Completing Form and Conta...
- ✓ Is this a Retrospective Request?
- ✓ Requested Start Date
- ✓ Requested End Date
- Patient's Name
- Insurance ID number
- Referral Source
- Current ICD-10 Behavioral Health...
- Current Medical Diagnoses (Plea...
- Current Psychotropic Medications
- Describe History of Psychiatric...
- Please List Dates of Prior Testi...
- Diagnostic question(s) to be ans...
- Please explain the therapeutic r...
- Please Specify Other Diagnosti...
- What Type(s) of Testing Tools Wi...
- Select the ICD code(s) that are...
- Was the member seen face-to-face...
- Please attach documentation for...

# Interactive questions

Some questions only appear based on the previous answer given.

Please explain the therapeutic rationale that the testing will provide (justification for testing; what will the benefit of the testing be; how will findings benefit the treatment plan, etc.)  
**\* Required**

test

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What Type(s) of Testing Tools Will be Administered **\* Required**

Neurological / Psychological Test(s)  
 Self-Report Tool(s)  
 Computerized Test(s)  
 Screening Tool(s)  
 Other

---

Please list Other Testing Tool(s) that will be administered **\* Required**



# Psychological testing form

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

Is this a Retrospective Request? \* Required

Yes  
 No

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Requested Start Date \* Required

06/16/2022

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Requested End Date \* Required

06/23/2022

---

Patient's Name \* Required

Jane Doe

---

Insurance ID number \* Required

88888888888888

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Referral Source \* Required

Court  
 Other  
 Parent / Patient  
 Primary Care Provider  
 Psychiatrist  
 Psychologist  
 School Teacher/Counselor  
 Therapist  
 Neurologist

# Psychological testing form

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

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

Current ICD-10 Behavioral Health Diagnosis Code (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 - Medical Diagnosis should be authorized and billed through the Health Plan) \* Required

F90.9

Current Medical Diagnoses (Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted - Medical Diagnosis should be authorized and billed through the Health Plan) \* Required

Test

Current Psychotropic Medications \* Required

Focalin

Describe History of Psychiatric Treatment \* Required

Outpatient psychiatrist Dr. Smith

Please List Dates of Prior Testing and Names of Prior Testing Tools \* Required

None

Diagnostic question(s) to be answered with testing \* Required

- R/O ADHD Diagnosis
- R/O Learning Disability
- R/O Autism Spectrum
- Academic Assessment
- Assess Cognitive Functioning
- Assessment of Mental/Behavioral Symptoms
- Assess for Medical/Surgical Procedure
- Other

Please explain the therapeutic rationale that the testing will provide (justification for testing; what will the benefit of the testing be; how will findings benefit the treatment plan, etc.) \* Required

test

# Psychological testing form

Please select all Tools and Testing Instruments that will be administered.

What Type(s) of Testing Tools Will be Administered \* Required

- Neurological / Psychological Test(s)
- Self-Report Tool(s)
- Computerized Test(s)
- Screening Tool(s)
- Other

---

What Neurological and/or Psychological Testing Instruments will be Administered (select all that apply) \* Required

- Autism Diagnostic Observation Schedule (ADOS)
- Battery for Health Improvement 2 (BHI)
- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI)
- Behavior Assessment System for Children, 3rd edition (BASC)
- Benton Visual Retention Test, 5th edition (BVRT)
- Boston Naming Test (BNT) part of Boston Diagnostic Aphasia Exam, 3rd Ed.
- Brief Battery for Health Improvement 2 (BBH2)
- Brief Visuospatial Memory Test-Revised (BVRT)
- California Verbal Learning Test (CVLT)
- Conners Continuous Performance Test, 3rd Ed. (Conners CPT)
- Delis-Kaplan Executive Function System (D-KEFS)
- Dementia Rating Scale 2 (DRS)
- Eating Disorder Inventory --3 (EDI)
- Grooved Pegboard Test (GPT)
- Hopkins Verbal Learning Test--Revised (HVLTR)
- Millon Clinical Multiaxial Inventory IV (MCMI)
- Minnesota Multiphasic Personality Inventory (MMPI)
- Neuropsychological Assessment Battery Naming Test (NAB)
- Personality Assessment Inventory (PAI)
- Repeatable Battery for the Assessment of Neuropsychological Status Update (RBANS)
- Rey Complex Figure Test and Recognition Trial (RCFT)
- Rey-Osterrieth Complex Figure (ROCF) normed in 1944
- Rorschach
- Rotter Incomplete Sentences Blank 2nd Ed. (RISB)
- Stroop Neuropsychological Screening Test (SNST)
- Symptom Checklist 90, Revised (SCL-90)
- Test of Premorbid Functioning (TOPF)
- Thematic Apperception Test (TAT)
- Vineland Adaptive Behavior Scales, 2nd Ed. (VABS)
- Wechsler Adult Intelligence Scale (WAIS)
- Wechsler Intelligence Scale for Children, 5th Ed. (WISC)
- Wechsler Memory Scale, 4th Ed. (WMS)
- Wide Range Achievement Test 4 (WRAT)
- Wisconsin Card Sorting Test (WCST)
- Woodcock-Johnson (WJ-IV)
- Other

Which Self-Report Testing Instrument(s) will be administered? (select all that apply) \* Required

- Beck Anxiety Inventory (BAI)
- Beck Depression Inventory (BDI)
- Symptom Checklist 90, Revised (SCL-90)
- Generalized Anxiety Disorder Self Test (GAD-7)
- Geriatric Depression Scale (GDS)
- Patient Health Questionnaire (PHQ)
- Other

# 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.

Note: You cannot submit an authorization request for BOTH psychological and neuropsychological at the same time.

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

Select the ICD code(s) that are being requested for billing \* Required

- 96116 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report
- 96121 - Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; Add on code - must be billed with 96116
- 96130 - Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; Daily Medically Unlikely Edits (MUE) Limit (CMS) = 1
- 96131 - Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour; Daily Medically Unlikely Edits (MUE) Limit (CMS) = 7; Add on code - must be billed with 96130
- 96132 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour; Daily Medically Unlikely Edits (MUE) Limit (CMS) = 1
- 96133 - Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour; Daily MUE Limit (CMS) = 7; Add on code - must be billed with 96132
- 96136 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Daily MUE Limit (CMS) = 1
- 96137 - Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; Daily MUE Limit (CMS) = 11; Add on code - must be billed with 96136
- 96138 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; Daily MUE Limit (CMS) = 1
- 96139 - Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; (List separately in addition to code for primary procedure); Daily MUE Limit (CMS) = 11; Add on code - must be billed with 96138
- 96146 - Psychological or neuropsychological test administration, with single automated instrument via electronic platform, with automated result only; Daily MUE Limit (CMS) = 1
- Other

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Indicate the number of hours and units being requested for 96130 \* Required

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Indicate the number of hours and units being requested for 96136 \* Required

# Psychological testing form

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In most cases, documentation of a face-to-face contact is needed prior to administering testing.

To attach a document, select “Choose File”, then select the applicable document, finally click “Upload File”.

Was the member seen face-to-face prior to testing? \* Required

Yes  
 No

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Please attach documentation for authorization \* Required  
Allowed files are .pdf, tiff and tif.

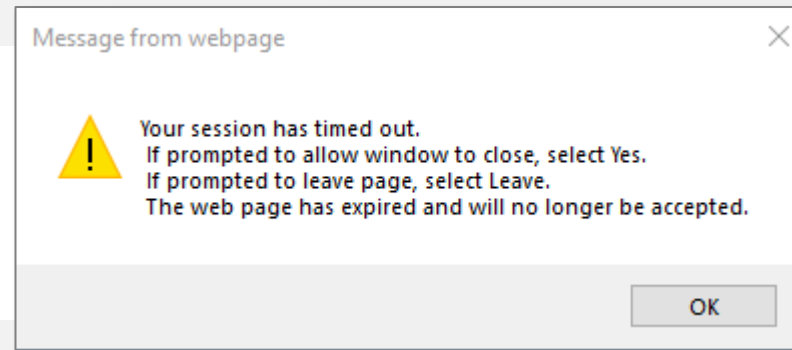
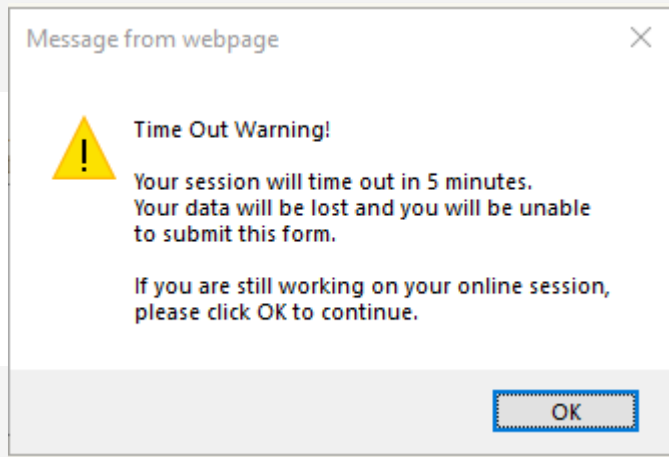
No file chosen



# Time-out warning

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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.

PSYCHOLOGICAL TESTING SURVEY HAS BEEN PARTIALLY SAVED SUCCESSFULLY.

You will have 7 days to complete this form from 6/1/2022 12:47:10 PM CST

USER DETAILS:

Member Name: JANE DOE  
Member Id: 888888888888

Authorization for Admission to Care Request Forms

Initial Authorization Request	<a href="#">New</a>
ABA Initial Assessment	<a href="#">New</a>
ABA Initial Treatment	<a href="#">New</a>
TMS	<a href="#">New</a>
ECT Initial	<a href="#">New</a>
Psychological Testing	<a href="#">Continue</a> <a href="#">Remove</a>
Retrospective Request Form	<a href="#">New</a>

# 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.

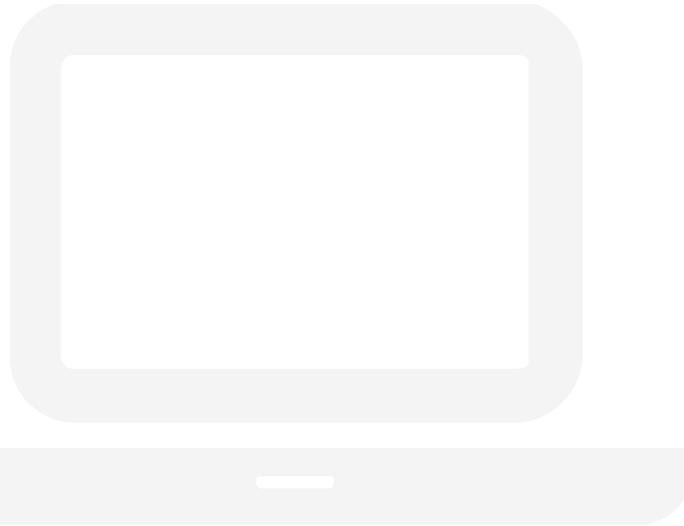
Tax ID  
555555555

NPI Number  
555555555

Provider Service Address  
123 test ln

# Technical support

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If you have technical issues or are unable to complete a form, please email New Directions at [prwebpass@ndbh.com](mailto:prwebpass@ndbh.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.