

Lucet

January 2025

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# Psych/Neuropsychological *Form Training Guide*

A photograph of a man and a woman in a professional setting. The man, wearing a yellow shirt and glasses, is seated at a table and gesturing with his hands while speaking. The woman, wearing a white shirt and a tan scarf, is standing and listening. They are in front of a brick wall. The image is partially obscured by a large, stylized, multi-colored shape on the left side of the slide.

# WebPass 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 “Facility WebPass” tutorial on [webpass.ndbh.com](http://webpass.ndbh.com). This tutorial provides instruction on:

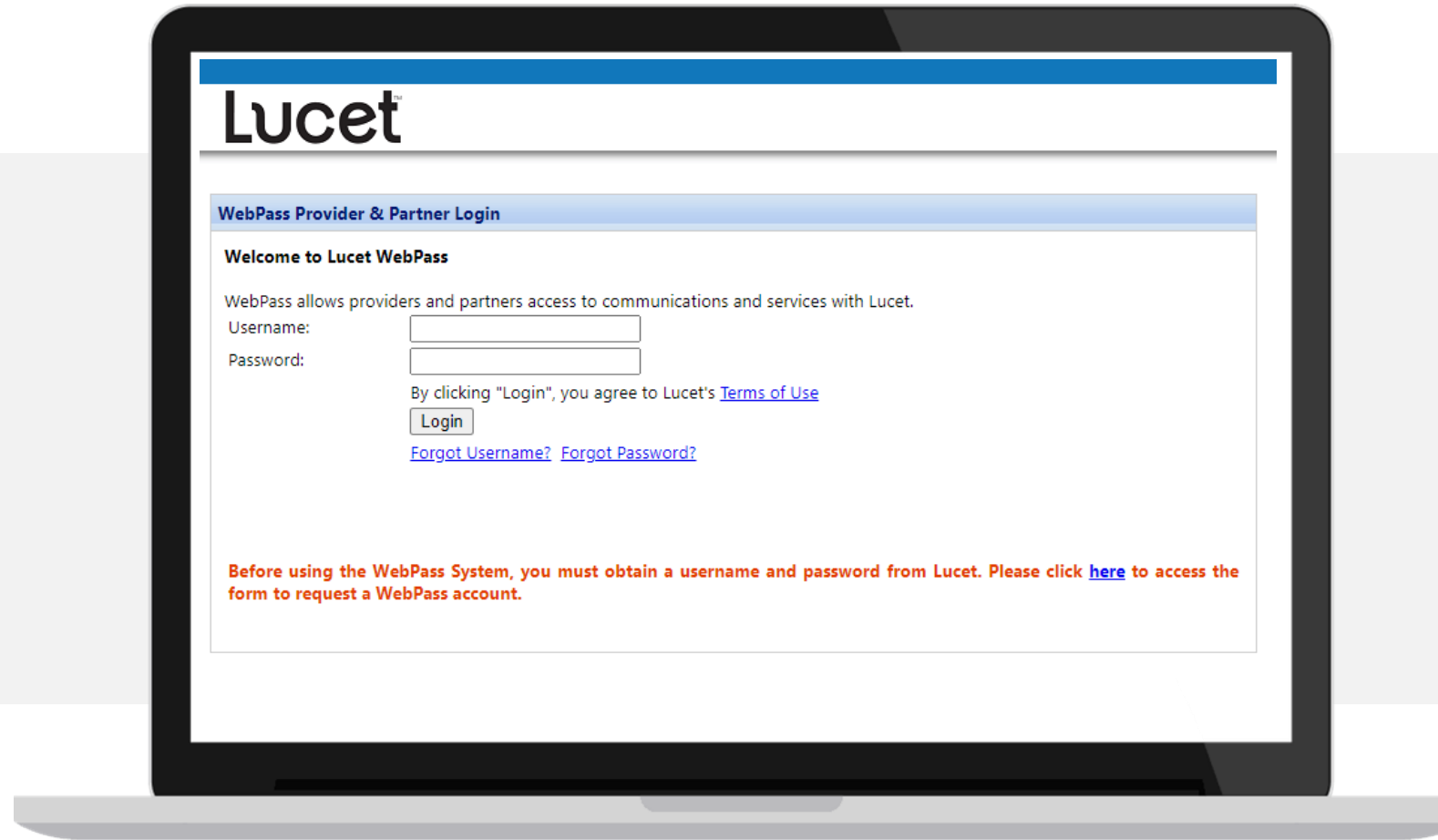
1. How to sign up for the WebPass service
2. How to look up a member
3. How to navigate the various resources within the system



# Login Screen

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.

**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.

\* 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 displays the Lucet WebPass user interface. At the top 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 contains a 'Welcome to Lucet WebPass' message, a note about WebPass access, and a section titled 'Aftercare Appointment Assistance for Florida Blue Members' which includes instructions for scheduling appointments and a 'Find Member' button. The right column features a 'Find an Insured Member' search form. This form has two identical sections. The top section includes input fields for Member Number, Date of Birth, and Query Date (pre-filled with 05/07/2024), along with a 'Find Member' button and explanatory text for Blue Products. The bottom section includes input fields for Last Name, First Name, Date of Birth, and Query Date, with another 'Find Member' button and text stating that member information will not be available if not managed by Lucet. A 'Clear All Information' button is located at the bottom of the right column.

# 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 Lucet WebPass interface. The top navigation bar includes links for Home, My Services, My Account, and Logout. The main content area is divided into two sections: 'Welcome to Lucet WebPass' and 'Selected Member'.

**Welcome to Lucet WebPass**

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

- [Clinical Forms](#)
- [Care Program Forms](#)
- [Case Management Forms](#)
- [Completed Clinical Forms](#)
- [Member Authorizations Viewer](#)
- [Member Benefits Summary](#)
- [Member Programs](#)
- [Assessments](#)
- [Goals](#)
- [Member Record Upload](#)

**Selected Member**

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  
[Find a Different Member](#)

The 'My Services' dropdown menu is open, showing the following options:

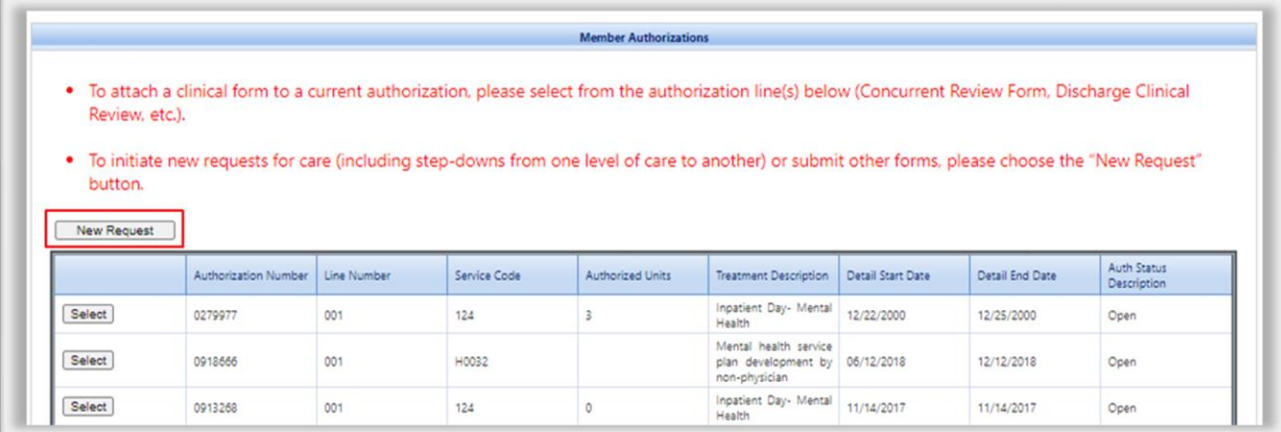
- Clinical Forms
- Care Program Forms
- Case Management Forms
- Completed Clinical Forms
- Member Authorizations Viewer
- Member Benefits Summary
- Member Programs
- Assessments
- Goals
- Member Record Upload

# 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).



The screenshot shows the 'Member Authorizations' page. At the top, there are two red bullet points: 'To attach a clinical form to a current authorization, please select from the authorization line(s) below (Concurrent Review Form, Discharge Clinical Review, etc.).' and '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.' Below this, a 'New Request' button is highlighted with a red box. Underneath is a table with columns: Authorization Number, Line Number, Service Code, Authorized Units, Treatment Description, Detail Start Date, Detail End Date, and Auth Status Description. The table contains three rows of data. Below the table, there is a section for 'Member ID: 888888888888 -1' with a 'Find a Different Member' button. Below that, a blue header bar says 'Select the address where the member is being treated: Facility TIN:832184795'. Under this header is a dropdown menu and a 'Select' button. A blue arrow points to the dropdown menu.

	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

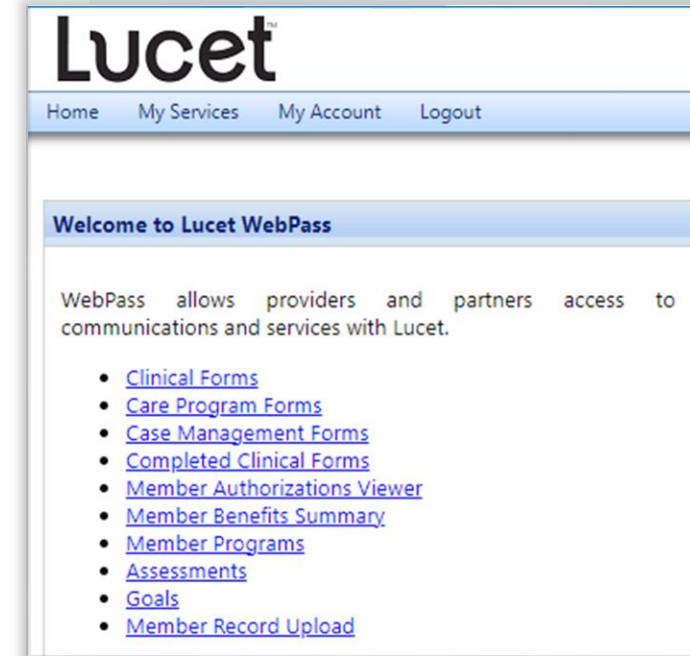
Select the address where the member is being treated: Facility TIN:832184795

Select

# 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.



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



# 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 Lucet web application interface. At the top is the Lucet logo and a navigation bar with links for Home, My Services, My Account, and Logout. Below this is a section titled "Selected Member" containing the following details: Member Name: JANE DOE, Group Name: A.H. Biló, Effective Date: 1/1/2001, Termination Date: 12/30/2030, Contract Status: ACTIVE, Product Name: Belo Corp, Date of Birth: 1/1/2000, and Member ID: 888888888888 a1. There is a button labeled "Find a Different Member". To the right of this section is a link for "Form Descriptions". Below these is a section titled "Authorization for Admission to Care Request Forms" which contains a list of request forms, each with a "New" link next to it. The "Psychological Testing" link is highlighted with a red box. The list includes: Initial Authorization Request, ABA Initial Assessment, ABA Initial Treatment, TMS, ECT Initial, Psychological Testing, and Retrospective Authorization Request Form.

Selected Member	
Member Name:	JANE DOE
Group Name:	A.H. Biló
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
<a href="#">Find a Different Member</a>	

[Form Descriptions](#)

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="#">New</a>
Retrospective 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.

### 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:** Test Name  
**Member Id:** 123456  
**Date Of Birth:** 1/1/2021  
**Member Address:** 6100 Sprint Parkway Suite 200 Overland Park Kansas 66211

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

Tax ID: \* Required

NPI Number: \* Required

Provider Service Address: \* Required

#### QUESTION JUMPLIST

- Required and not Answered
- ✓ Required and Answered
- [Date of Request](#)
- [Insurance ID Number](#)
- [Member's Name](#)
- [Date of Birth](#)
- [Member's Phone Number](#)
- [Provider's Name](#)
- [Provider's Credentials](#)
- [Tax ID](#)
- [NPI Number](#)
- [Provider Service Address](#)
- [Provider Phone Number](#)
- [Provider Fax Number](#)
- [Person Completing Form](#)
- [Contact Number](#)
- [Testing Start Date](#)
- [Testing End Date](#)
- [Current ICD-10 Behavioral Health...](#)
- [Current Medical Diagnoses](#)
- [Current Psychotropic Medications](#)
- [Please explain the therapeutic r...](#)
- [Please list testing instruments...](#)
- [PSYCHOLOGICAL TESTING](#)
- [Check one or more of the followi...](#)
- [NEUROPSYCHOLOGICAL TESTING](#)
- [Check one or more of the followi...](#)
- [Please indicate # units requeste...](#)
- [Attestation](#)

# 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

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Other \* Required

# Psychological Testing Form

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

Testing Start Date:	* Required
<input type="text"/>	
Testing End Date:	* Required
<input type="text"/>	



# 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: <b>* Required</b> 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.
<input type="text"/>
Current Medical Diagnoses: <b>* Required</b> Please note the diagnosis code submitted with the claim will determine which benefit rule will apply when the claim is submitted.
<input type="text"/>

# Psychological Testing Form

Please enter all Testing Instruments that will be administered.

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

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96116 \* Required

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96131 (add on code) \* Required

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Other \* Required

# Psychological Testing Form

## Attestation

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

Attestation \* Required

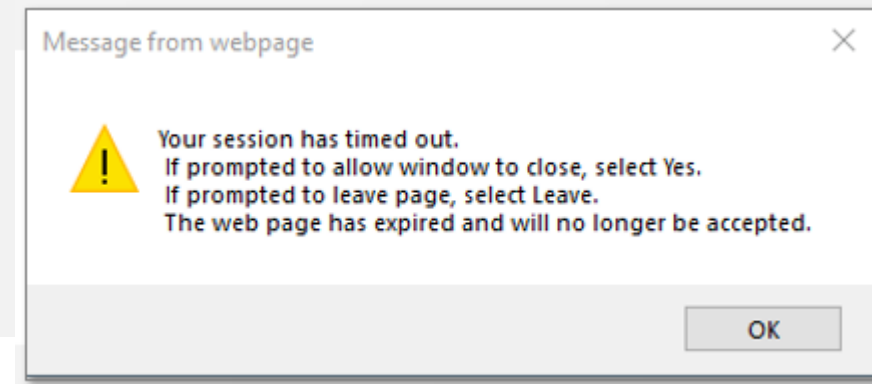
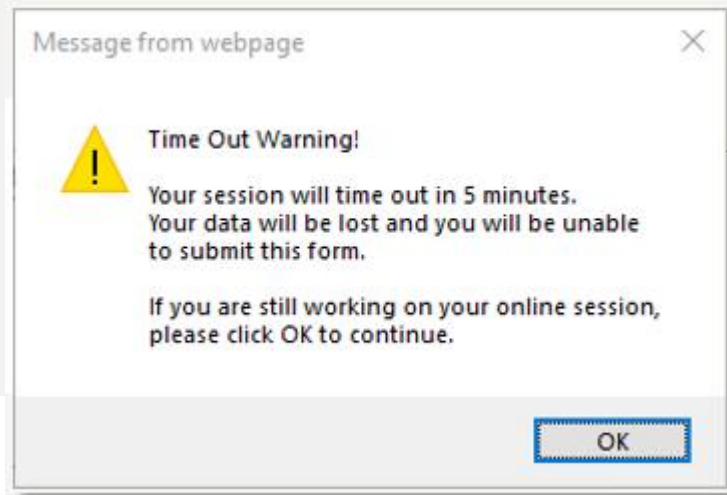
☐ PLEASE CHECK THIS BOX TO ATTEST TO THE FACT THAT ALL OF THE INFORMATION PROVIDED IS ACCURATE AND REFLECTED IN THE PATIENT'S MEDICAL RECORD.

Submit



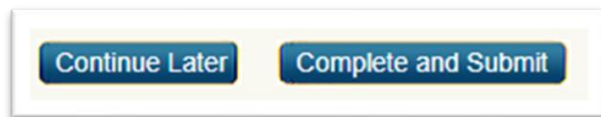
# Time-out Warning

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:



**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.

A screenshot of a WebPass interface. At the top, a green banner reads "PSYCHOLOGICAL TESTING SURVEY HAS BEEN PARTIALLY SAVED SUCCESSFULLY." Below this, a red message states "You will have 7 days to complete this form from 6/1/2022 12:47:10 PM CST". Under "USER DETAILS:", it shows "Member Name: JANE DOE" and "Member Id: 88888888888888". A table titled "Authorization for Admission to Care Request Forms" lists several forms with links to "New", "Continue", or "Remove".

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 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.