

# ADVANCED VISION CARE AND DRY EYE SPA INSURANCE GUIDE

# TABLE OF CONTENTS

<b>Click the links below to be redirected to that page</b>		
<b>General Information</b> <a href="#">Insurance Overview</a> <a href="#">Billing Tax ID's</a> <a href="#">Medical &amp; Routine Billing Overview</a> <a href="#">Labs</a> <a href="#">Balances Left In The E.H.R.</a> <a href="#">Key Terms &amp; Definitions</a>  <b>Medical Insurance</b> <a href="#">Plan ID's</a> <a href="#">Medical Billing And Insurance Verification</a> <a href="#">Invoice Example</a> <a href="#">Team Member Roles For Patient Collections</a> <a href="#">Sample Scrips &amp; Tips</a> <a href="#">TV Refund Process</a>  <b>Trizetto Overview</b> <a href="#">Login &amp; Access</a> <a href="#">Patient Eligibility</a>	<b>Routine Insurance</b> <a href="#">Plan ID's</a> <a href="#">Bill Actual Overview</a> <a href="#">Eyemed</a> <a href="#">VSP:</a> <a href="#">VSP Process</a> <a href="#">Auto-Calculations</a> <a href="#">VSP Reimbursement</a> <a href="#">Contact Lenses</a> <a href="#">Frames</a> <a href="#">Lenses</a> <a href="#">Eyezen</a> <a href="#">Varilux</a> <a href="#">Proprietary Lenses</a> <a href="#">Superior Vision</a> <a href="#">Spectera</a>	<b>Lens Resources</b> <a href="#">Lens Classifications</a> <a href="#">Lens Pricing</a> <a href="#">Reference Codes</a>  <b>Ciao! Optical Entry</b> <a href="#">Medical Insurance</a> <a href="#">Auto-Calculations Plans</a> <a href="#">Bill Actual Plans</a>  <div style="background-color: #e0e0e0; padding: 5px; text-align: center;"><a href="#">Google Doc: AZ Auto-Calc Plan ID's</a></div>
<p>On any page, click the  to return to the table of contents</p>		

# INSURANCE OVERVIEW

Prior to Appointment	At Time of Appointment	After Appointment
<p><b>1. Confirm appointment</b></p> <ul style="list-style-type: none"> <li>Confirm Appointment Scheduled</li> <li>insurance details and enter into the E.H.R. for both Medical and/or Routine plans (ID Number, carrier, primary details, etc.)</li> </ul>	<p><b>At Time of Appointment</b></p> <p><b>Medical Services</b></p> <ol style="list-style-type: none"> <li><b>Collect Exam Copays &amp; Deductibles at Check In or Check Out</b> <ul style="list-style-type: none"> <li>Review copays/deductibles . Educate patient that there may be additional fees due at Check Out (Optos, CL fittings, eyeglasses, etc.)</li> <li>Collect all fees for services</li> </ul> </li> <li><b>Complete E.H.R Invoice For All Services</b> <ul style="list-style-type: none"> <li>Insurance covered services will be bulk assigned to the carrier, apply Fee Schedule, apply Copay &amp; leave invoice in pending status           <ul style="list-style-type: none"> <li>For Medical Insurance only, there will be an insurance balance left on the patient account</li> <li>Patient responsibility, services will be bulk assigned to the patient, authorized, and payments recorded</li> </ul> </li> </ul> </li> <li><b>Enter all Services into Ciao! Optical</b> <ul style="list-style-type: none"> <li>Enter all services rendered into Ciao! Optical, including zero copay Medical Exams and patient responsibility</li> </ul> </li> </ol> <p><b>Patient must pay copay, deductibles, and any out-of-pocket fees at the time of service. We do not send balance bills!</b></p>	<p><b>1. Medical Services</b></p> <ul style="list-style-type: none"> <li>Your E.H.R is integrated into Trizetto</li> <li>Once Invoice created and patient payments recorded, medical biller will scrub claim and file with Medical Carrier</li> <li>EOB &amp; payment will be received and reconciled           <ul style="list-style-type: none"> <li>If over payment has occurred, patient will receive a refund check</li> <li>If under payment occurred, your patient will be sent a bill on the first of the month</li> <li>The team will be responsible for following up (<a href="#">Click Here</a> for additional details)</li> <li>Patients can make payments through Transaction Express or a virtual payment terminals in office</li> </ul> </li> </ul>
<p><b>2. Confirm Patient Eligibility</b></p> <p><b>Medical Insurance:</b></p> <ul style="list-style-type: none"> <li>Log into Trizetto to determine patient copay, deductible, and verify eligibility</li> <li>Print benefit summaries (or document via office process)</li> <li>Update E.H.R with eligibility details</li> </ul> <p><b>Routine:</b></p> <ul style="list-style-type: none"> <li>Log into carrier website and verify eligibility</li> <li>Pull separate authorizations for exam &amp; materials</li> <li>Print benefit summaries (or document via office process)</li> <li>Update E.H.R with eligibility details</li> </ul>	<p><b>At Time of Appointment</b></p> <p><b>Routine Services</b></p> <ol style="list-style-type: none"> <li><b>Collect Exam Copays &amp; Deductibles at Check In or Check Out</b> <ul style="list-style-type: none"> <li>Review copays/deductibles . Educate patient that there may be additional fees due at Check Out (Optos, CL fittings, eyeglasses, etc.)</li> <li>Collect all fees for services</li> </ul> </li> <li><b>Complete E.H.R Invoice For All Services</b> <ul style="list-style-type: none"> <li>Apply Fee Schedule and zero out the invoice (discount out Optos and fittings), Authorize &amp; record as paid           <ul style="list-style-type: none"> <li>Zero patient balances left in E.H.R</li> </ul> </li> </ul> </li> <li><b>Enter all Services into Ciao! Optical</b> <ul style="list-style-type: none"> <li>Enter all services rendered into Ciao! Optical, including zero copay Routine Exams and patient responsibility</li> </ul> </li> </ol> <p><b>Cash Pay</b></p> <ol style="list-style-type: none"> <li><b>Review fees at Check in or Check Out</b></li> <li><b>Complete E.H.R Invoice For All Services</b> <ul style="list-style-type: none"> <li>Authorize &amp; record payment           <ul style="list-style-type: none"> <li>Zero patient balances left in E.H.R</li> </ul> </li> </ul> </li> <li><b>Enter all Services into Ciao! Optical</b> <ul style="list-style-type: none"> <li>Enter all services rendered into Ciao! Optical</li> </ul> </li> </ol>	<p><b>2. Routine Services</b></p> <ul style="list-style-type: none"> <li>For VSP, if Exam Auto-Calculation plan selected in Ciao! Optical, the claim will be filed with VSP automatically           <ul style="list-style-type: none"> <li>If incorrect plan was selected, member details, authorization, or diagnosis missing the claim will be sent back to the practice to re-key</li> </ul> </li> <li>All Carriers-Bill Actual plans: your billing team will file the claim           <ul style="list-style-type: none"> <li>For insurance required labs-packing slip will be sent as needed)</li> </ul> </li> </ul>
<p><b>3. Not Eligible</b></p> <ul style="list-style-type: none"> <li>Confirm patient is ok paying out of pocket for services</li> <li>Reschedule patient for a later date</li> </ul>		

## BILLING TAX IDs

Your practice will file under a new Tax ID that will be listed on all insurance portals and claims. While processes will be updated with TeamVision's systems and support teams, it's important to know what TIN and Insurance portals you will be using to file claims and verify eligibility.

INSURANCE	POST INTEGRATION
Eyemed	File with Ciao! Optical.
VSP	
Superior Vision	File with your new Tax ID: 20-2146274
Spectera	

# MEDICAL AND ROUTINE BILLING PROCESS

Lake Havasu Family Eyecare DBA Advanced Vision Care and Dry Eye Spa will be the legal entity (tax ID) listed on all insurance claims. While processes will be updated with TeamVision's systems and support teams, it's important to know who will be filling claims by each carrier.

Insurance	Pre-Integration	Go-Forward Billing	Cash Posting
<b>Eyemed</b>	Site	Ciao! Optical	Back Office (AS400)
		<b>VSP Auto-Calculation Plans in Ciao! Optical</b> <b>Exams &amp; CL Fittings, Contact Lens Materials only:</b> <ul style="list-style-type: none"> <li>Auto-files claim with VSP (VSP 837 file)</li> <li>No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect</li> </ul>	
<b>VSP</b>	Site	<b>Eyeglasses:</b> <ul style="list-style-type: none"> <li>Mason Billing Department files claim</li> <li>Will send packing slip for Bartley Lab within 48 hours</li> </ul> <b>VSP Bill Actual Plans in Ciao! Optical</b> <b>Exams, Eyeglasses, &amp; Contact Lens Orders</b> <ul style="list-style-type: none"> <li>Mason Billing Department files claim</li> <li>Will send packing slip for Bartley Lab within 48 hours</li> </ul>	Back Office (AS400)
<b>Spectera</b>	Site	Eyeglasses, Exams, & Contacts Claim auto-files with Spectera (VSP 837 file)	Back Office (AS400)
<b>Superior</b>		Mason Billing Department: File all Materials & Exams	Back Office (AS400)
<b>Medical</b>	Site	Lake Havasu Medical Biller will scrub & submit claim through E.H.R & Trizetto	Medical Biller Posts in E.H.R.

# LABS

INSURANCE	LAB
Eyemed	RxO
VSP	<b>ELOA Bartley Azusa</b>
Superior Vision	RxO
Spectera	RxO

## **ELOA Bartley Azusa:**

- Only insured/claimed eyewear orders may go to Bartley
  - Your billing team will provide you a packing slip within 48 hours
  - In LPA, mark as RxSun Authentic
- 2<sup>nd</sup> Pair or private pay orders will always go to RxO.

## **Lab Address:**

ELOA Bartley Azusa  
1300 Optical Dr. Ste. 400  
Irwindale, CA 91702

PH: 800-347-4733

Acct Number: 0150-120228

# BALANCES IN THE E.H.R.

	EHR Fee Schedule	Copay in E.H.R	Balance Left in E.H.R.	Ciao! Optical
Medical Insurance	<p><b>Apply the Medical Fee Schedule</b></p> <ul style="list-style-type: none"> <li>If copay is owed, transfer copay to patient that pulls from insurance amount owed, the plan pays will be reduced.</li> <li>If deductible, transfer whatever the patient is paying to the deductible from the insurance plan pays. The plan pays may be \$0. Claim will be filed to show patient applied money towards their deductible.</li> </ul>	<ul style="list-style-type: none"> <li>Bulk assign to medical carrier &gt; Apply Fee Schedule &gt; Enter Patient Copayment</li> <li><b>Leave Insurance invoice as pending- DO NOT AUTHORIZE</b></li> <li>Create second invoice for services that are considered patient responsibility</li> </ul>	<p><b>Insurance amount owed – After Fee Schedule and Patient Payment Applied</b></p> <p><b>\$0 patient balance should be left in EHR.</b></p>	<p><b>Post in Ciao!</b></p> <ul style="list-style-type: none"> <li>If copay, make sure that's in the copay column and that the amount patient pays is correct</li> <li>If deductible, amount also goes copay. If the insurance amount from EHR is \$0, there is \$0 in plan pays.</li> </ul>
Vision Insurance	Apply Routine Fee Schedule which will zero out claim	No	\$0	<b>Post in Ciao!</b>
Private Pay Service	N/A	Apply full payment in EHR	\$0	<b>Post in Ciao!</b>
Vision with Optos	<p><b>Vision:</b> Apply Routine Fee Schedule which will zero it out</p> <ul style="list-style-type: none"> <li>Example: 92014 &amp; 92015</li> </ul> <p><b>Optos, CL Fittings will be zero'd out on invoice</b></p>	<b>Vision:</b> No (because it's zero already)	Both invoices should be \$0 – patient paid	<p><b>Post in Ciao!</b></p> <ul style="list-style-type: none"> <li>Can be done in a combined entry if the site is billing to the insurance carrier</li> </ul>

# KEY TERMS & DEFINITIONS

Terms	Definition
Allowable Amount(s)	Also known as <b>Maximum Allowable Fees</b> , the allowable amounts are directed by the individual payers (insurance companies) and represent the amount that will be reimbursed by that payer when the practice is a participating provider for the payer.
Coinsurance	<b>Coinurance</b> is the percentage of costs a member must pay after the deductible is reached. A deductible is the set amount a customer pays for medical services and prescriptions before coinsurance kicks in. Out of pocket expenses are the medical expenses that a customer must pay themselves.
Contractual Write-offs	As a participating provider for a specific payer, the provider agrees to accept the <b>Maximum Allowable Fee</b> as the reimbursement for a specific service or product and agrees that any difference between the Usual and <b>Customary Fee</b> for that service or product and the MAG cannot be collected and will be written off. This write off is known as a contractual write-off.
Copay	<p><b>Copays</b> are fixed fees that a member pays when receiving covered care. The amounts are dictated as part of the insurance plan design and are typically determined in advance when checking plan eligibility.</p> <ul style="list-style-type: none"> <li>In Ciao- a copay is considered the patient copay or any out of pocket expenses the patient must pay (i.e.- \$75 for Transitions, \$68 for Antireflective, etc.)</li> <li>These copays can not be discounted/waived for the patient</li> </ul>
Deductible	<p>The <b>Deductible</b> is the amount paid out of pocket by a member before an insurance company will pay any expenses. In general usage, the term deductible may be used to describe one of the several types of clauses that are used by insurance companies as a threshold for policy payments.</p> <ul style="list-style-type: none"> <li>These copays can not be discounted/waived for the patient</li> </ul>
Fee Schedule	The term <b>Fee Schedule</b> is a comprehensive and agreed upon list of fees or charges associated with specific products or services that a business or organization provides/receives.
Usual and Customary Fee (U&C)	The retail cost of a service or product.

# KEY TERMS & DEFINITIONS

Terms	Definition
<b>Ciao! Optical Formula</b>  (Only used with Generic/Bill Actual Plans)	<p><b>Retail Price (RP) – Plan Pays (PP) = Discount (D)</b></p> <ol style="list-style-type: none"><li>1. Copay Column = What the patient pays us<ul style="list-style-type: none"><li>• This is its own column and not part of the above formula</li></ul></li><li>2. Plan Pays = What the insurance pays us<ul style="list-style-type: none"><li>• Service Fee = Plan Pays when it's a covered item</li></ul></li><li>3. If there is a dollar amount in the copay column, the formula "RP = PP + D" applies<ul style="list-style-type: none"><li>• Example: For Crizal Rock (not covered by VSP), the patient is charged \$85 and this is input in the copay column in Ciao.</li><li>• If there is an amount in the copay column, then you need to make sure that there are numbers in the PP &amp; D columns (above formula).</li><li>• The discount would be the retail price of Crizal Rock line, and the plan pays would be \$0 because patient is paying for this add-on.</li></ul></li></ol>

# MEDICAL INSURANCE

# MEDICAL PLANS

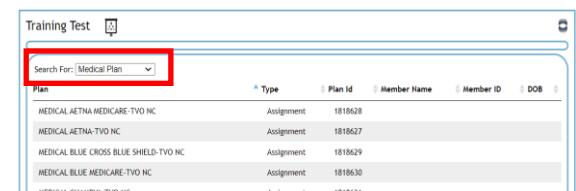
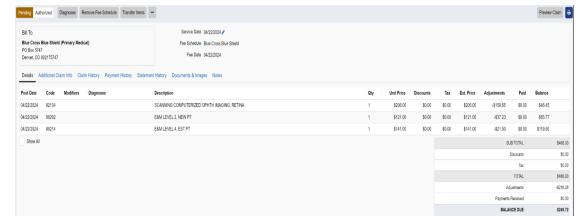
- All Medical Plans in Ciao! Optical are Bill Actual, meaning you need to **invoice in RevolutionEHR**, account for patient copay payments and then **enter into Ciao! Optical**.
- INSURANCE BALANCE (Ins. Resp.) = PLAN PAYS in Ciao! Optical.
- In RevolutionEHR, **leave the insurance balance**. Claims will be filed from here through Trizetto and adjusted when the EOB is received. Billers will manage this.
- **USE MEDICAL PLANS IN CIAO! OPTICAL INSURANCE SEARCH TO BYPASS CLAIM FORM SCREENS.**

CARRIER	PLAN NAME	PLAN ID
AETNA	MEDICAL AETNA-HAVASU	1817622
BLUE CROSS BLUE SHIELD	MEDICAL BLUE CROSS BLUE SHIELD-HAVASU	1817628
CAREMORE	MEDICAL CAREMORE-HAVASU	1836703
CIGNA	MEDICAL CIGNA	1836704
HUMANA	MEDICAL HUMANA PPI-HAVASU	1818817
MEDICARE	MEDICAL MEDICARE-HAVASU	1817640
TRICARE WEST REGION	MEDICAL TRICARE WEST REGION-HAVASU	1817650
UNITED HEALTH CARE	MEDICAL UNITED HEALTH CARE-HAVASU	1817655

[CLICK HERE](#) to for step-by-step directions for Entering Medical Plans in Ciao! Optical

# MEDICAL BILLING AND INSURANCE VERIFICATION

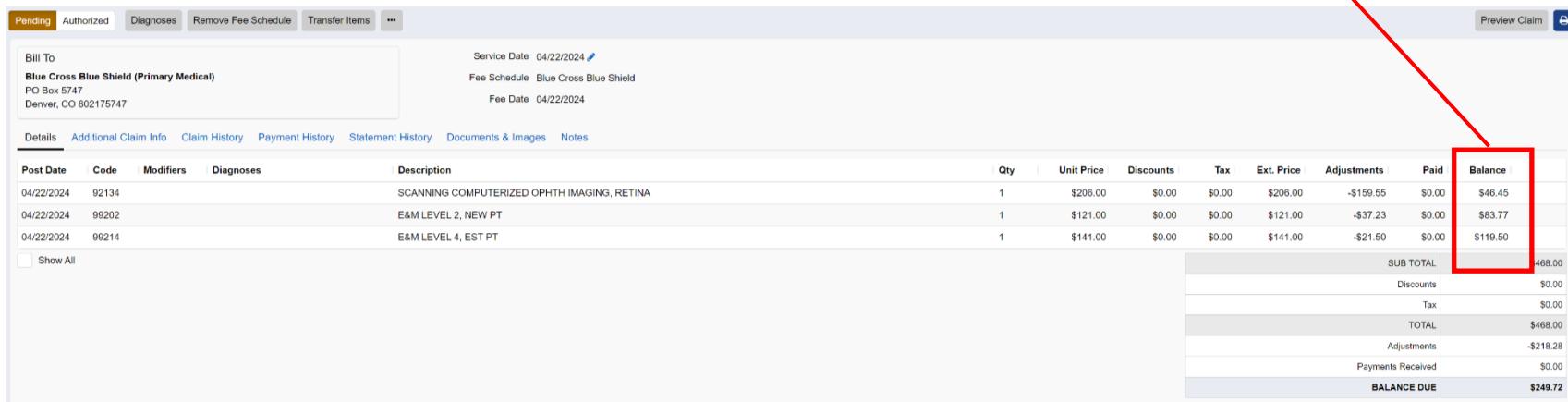
1. Prior to patient arrival, confirm patient eligibility, patient copays, and deductibles
2. Collect patient copays/deductibles at time of appointment
3. Apply insurance fee schedule in the EHR
4. Apply patient copay
  - Copay will reduce the ultimate plan pays
  - **IMPORTANT – DO THIS IN THE EHR PRIOR TO EVER ENTERING INTO CIAO! OPTICAL**
5. On the invoice screen (not the printed invoice) – take note of the Ins. Resp amount. This will be Plan Pays.
6. Take payment of copay or patient responsibility in the EHR – the only balance left should be insurance amount owed.
7. In Ciao! Optical –
  - Search for **Medical Plan**
  - Insurance Resp Amount (which you wrote down) = Plan Pays
  - Enter in Copays
  - Finish the formula where  $U\&C = \text{Plan Pays} + \text{Discounts}$  (said differently  $\text{Plan Discounts} = U\&C - \text{Plan Pays}$ )
8. Copays and deductible amounts must be verified prior to patient visit.
  - **All patient OOP fees must be collected at the time of service.**
  - **DO NOT leave any patient balances on the account in the EHR.**
  - Trizetto is a great tool to verify medical benefits.
  - Each employee will have a login for the site



[CLICK HERE](#) to for step-by-step directions for Entering Medical Plans in Ciao! Optical

# MEDICAL PLANS

Use this amount to enter in the Plan Pay fields in Ciao! Optical



Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
04/22/2024	92134			SCANNING COMPUTERIZED OPHTH IMAGING, RETINA	1	\$206.00	\$0.00	\$0.00	\$206.00	-\$159.55	\$0.00	\$46.45
04/22/2024	99202			E&M LEVEL 2, NEW PT	1	\$121.00	\$0.00	\$0.00	\$121.00	-\$37.23	\$0.00	\$83.77
04/22/2024	99214			E&M LEVEL 4, EST PT	1	\$141.00	\$0.00	\$0.00	\$141.00	-\$21.50	\$0.00	\$119.50

Show All

SUB TOTAL	\$468.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$468.00
Adjustments	-\$218.28
Payments Received	\$0.00
BALANCE DUE	<b>\$249.72</b>

**VERY IMPORTANT:** In Ciao! Optical – **DO NOT reduce Plan Pays by Copay Amount.** We do this for Routine but not for Medical, this is already covered when you apply it in the E.H.R.

Patient Balance should always be **\$0** (apply payments). Only Balance left is **Ins. Balance**.

Any **Patient Copay or Deductible** amounts should be entered into **COPAY column Ciao! Optical**

**For Medical Carriers:** Although we enter both primary and secondary insurances into Revolution patient demographics, we only invoice to the Primary medical carrier (it will automatically be sent to secondary insurance AFTER primary billed).

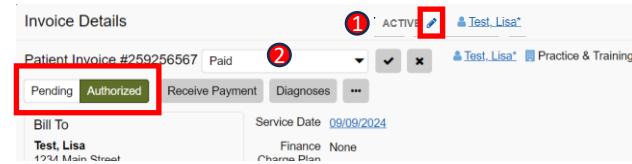
- No invoices are created at the site level for secondary insurance.

# RevolutionEHR Invoices

It is important to understand in what scenarios to mark the invoice as **authorized** vs. **pending** and when to record payment.

- Negatively doing so will result in inaccurate aging reporting and could result in your patient receiving a bill when they should not.

When **recording patient payments**, click the **pencil** to the right of the patient and select **paid** from the drop down.



Use the chart below to help guide you the proper invoicing steps:

Medical Insurance	Routine Vision	Cash Pay
<ol style="list-style-type: none"> <li>Bulk assign services to either primary insurance carrier and/or patient (in some cases two invoices created)</li> <li>For the medical invoice, <b>Apply Fee Schedule</b></li> <li>Click <b>Transfer Item</b> for any copays and enter copay details if applicable</li> <li>Leave Medical Invoice in <b>Pending</b> status</li> <li>If insurance carrier will not cover services, the patient will be <b>Bulk Assigned</b> those fees (or the patient has a copay) a second invoice will be created.</li> <li>On the patient invoice:           <ul style="list-style-type: none"> <li><b>Authorize and record as Paid</b></li> </ul> </li> <li>Enter all fees to <b>Ciao! Optical</b></li> </ol> <p><b>Note:</b> Do not create invoice to secondary medical carrier (see prev. slide)</p>	<ol style="list-style-type: none"> <li>Bulk assign services to either insurance carrier or patient (in some cases two invoices created)</li> <li>For the routine invoice, <b>Apply Fee Schedule</b> to zero out claim</li> <li><b>Authorize</b> the claim and record as <b>Paid</b></li> <li>If insurance carrier will not cover services, the patient will be bulk assigned those fees. On the patient invoice:           <ul style="list-style-type: none"> <li><b>Authorize and record as paid</b></li> </ul> </li> <li>Enter all fees to <b>Ciao! Optical</b></li> </ol>	<ol style="list-style-type: none"> <li>Bulk assign services to the patient</li> <li><b>Authorize and record as paid</b></li> <li>Enter all fees to <b>Ciao! Optical</b></li> </ol>
<b>MEDICAL INVOICE: DO NOT AUTHORIZE INVOICE</b> <b>PATIENT INVOICE: AUTHORIZE AND MARK AS PAID</b>	<b>AUTHORIZE INVOICE AND MARK AS PAID</b>	<b>AUTHORIZE INVOICE AND MARK AS PAID</b>
<ul style="list-style-type: none"> <li>Insurance balance left in the E.H.R.</li> <li>Zero patient balances left.</li> </ul>	<ul style="list-style-type: none"> <li>Zero balance in the E.H.R.</li> </ul>	<ul style="list-style-type: none"> <li>Zero balance in the E.H.R.</li> </ul>

# TEAM MEMBER ROLES FOR PATIENT COLLECTIONS

Position	Tasks
Biller	<ul style="list-style-type: none"> <li>Post All Insurance EOBs Within EHR 5 Business Days</li> <li>Move Appropriate Balances To Patient And Adjust Any Partial Balances &lt;= \$25.00 To Over/Short (Partial Pay Only)</li> <li>Post All Patient Payments Received Via Persona Pay Within 5 Business Days</li> <li>Process Patient Statements On 1<sup>st</sup> Business Day Of Each Month.</li> <li>Communicate with the PM once statements have been sent.</li> </ul>
PCC	<ul style="list-style-type: none"> <li>Verify Patient Co-Pays And Deductibles Prior To Date Of Service</li> <li>Enter Complete and Accurate Insurance Information in the EHR and Scan Ins. Card</li> <li>Collect Correct Co-pays And Deductibles At Time Of Service. No exceptions</li> <li>Do NOT file 100% to insurance to Avoid Collecting From The Patient</li> <li>Make Weekly Phone Calls To Patients With Past Due Balances (One A Week – Weeks 3 To 8)</li> <li>Record All Collection Attempts And Conversations In The EHR</li> </ul>
PM	<ul style="list-style-type: none"> <li>Verify PCCs Are Collecting The Correct Amounts At Time Of Service</li> <li>Verify There Are No "Open" or "Pending" Invoices In the EHR Each Day</li> <li>Ensure PCCs Are Making Collection Calls In Weeks 3 To 8</li> <li>Make Final Collection Calls In Weeks 9 To 12</li> <li>Record All Collection Attempts And Conversations In The EHR</li> <li>Submit Monthly List Of Balances To Be Written Off By The 10<sup>th</sup> BD Of Each Month</li> <li>Minimum Of 4 Statements &amp; 6 Weekly Phone Calls Documented</li> </ul>
MM	<ul style="list-style-type: none"> <li>Review Monthly List For Collections From Each PM For Compliance.</li> <li>Submit Approved Write-offs To Respective Biller By 15<sup>th</sup> Bd Of Each Month</li> </ul>
Biller	<ul style="list-style-type: none"> <li>Write Off Balances As Approved By MM By 20<sup>th</sup> BD Of Each Month</li> <li>Balances &gt;= \$100.00 Should Go To A Collection Agency</li> <li>Flag Chart Once Sent To Collections Or Balance Written Off So It Can Be Collected When The Patient Returns.</li> <li>Patients Should Also Be Notified When Scheduling Next Appointment There Is A Balance Due, And It Must Be Paid Before Next Appointment.</li> </ul>

# SAMPLE SCRIPTS AND TIPS & TRICKS

Scripts	Sample Script
Courtesy Call Week 3	"Hi, my name is <First Name Only>, and I am calling from ____ to inform you that we received notification from your insurance that you are responsible for \$__ from your visit on ___. We mailed you a statement on the 1 <sup>st</sup> of the month and I wanted to follow up to see if you have any questions"
Collection Call Weeks 4-8	"Hi, my name is <First Name Only>, and I am calling from ____ to review the balance due from your visit on ___. Do you have any questions regarding this balance, and could we go ahead and take care of this today?"
Collection Call Weeks 9-12	"Hi, my name is <First Name Only>, and I am the Practice Manager calling from ____ to review the balance due from your visit on ___. If payment is not received by the end of the month, your account will be turned over to collections."

## Tips & Tricks:

- Proactively Communicate To Patient That Co-pays And Deductibles Are Due At Time Of Service
- Notifications to include Appointment Center, Electronic Reminders & Counter Signage
- Enforce Collection Of Any Past Due Balances While Patient Is In Office
- The Total Patient A/R Is not to Exceed 3% Of The Total Monthly Revenue

# MEDICAL REFUND PROCESS

## Visibility of tasks, processes, timing and responsibilities for refunds

### Medical Biller

- Email refund requests to Mason Office
- Add requests to refund tracker (spreadsheet)
- Follow up on payments, on behalf of the practice



### Mason Refund Team

- Monitor refund requests from Billers
- Submit weekly requests to Accounts Payable Team
- Add submission ticket number to refund tracker
- Add check #, amount and mail date to refund cash tracker
- Follow up on status requests from Medical Billers
- Confirm checks are printed and mailed by the Accounts Payable Team

### Practice Manager

- Monitor refund progress (Assignment Refund Tracker)
  - *Tracker available 24/7*
- Monitor refund submission ticket number
  - *If not available after 7 days, reach out to Medical Biller for status*
- Inform patients of 30-day window for refund to be mailed

### Refund timing overview

- Wednesday – Mason COE submits refund request to AP team
- Accounts Payable timing:
  - Friday – processes refunds
  - Monday – obtain approval
  - Wednesday – print refund checks
  - Thursday – mail refunds and letter

# TRIZETTO VERIFICATION

# LOG IN & ACCESS

1

Access the Trizetto website via the link in Toolkit



2

Log in with your unique User ID & Password  
• These are typically not the same as your ELID credentials

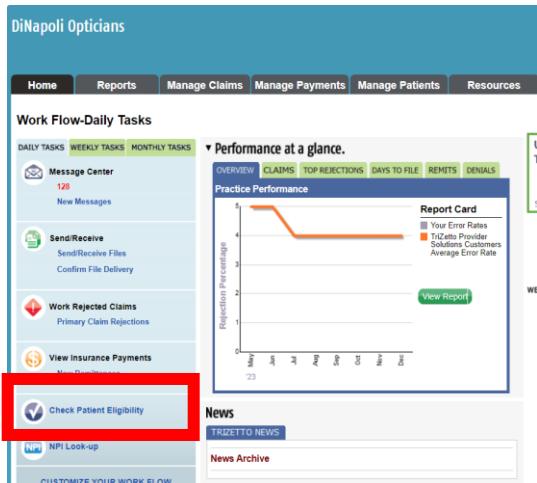


Once logged in, on the home page there are video tutorials to help you navigate the system.

A screenshot of the Trizetto home page. The top navigation bar includes 'Home', 'Reports', 'Manage Claims', 'Manage Payments', 'Manage Patients', and 'Resources'. Below the navigation is a 'Work Flow-Daily Tasks' sidebar with links like 'Message Center' (252 New Messages), 'Send/Receive' (Send-Receive Files, Confirm File Delivery), 'Work Rejected Claims' (Primary Claim Rejections), 'View Insurance Payments' (New Remittances), 'Check Patient Eligibility', 'NPI Look-up', and 'CUSTOMIZE YOUR WORK FLOW'. The main content area features a 'Performance at a glance.' section with a 'Report Card' chart showing rejection percentages for different months. A red box highlights the 'NEED HELP?' section on the right, which includes a 'TRY OUR HELP VIDEOS!' button and a 'Sign up today!' link. Logos for 'Cooperative Exchange', 'MGMA Gold Affiliate', 'EHNAC ACCREDITED', 'NATIONAL HEALTH CARE EXCHANGE', and 'EDIFICS' are also present.

# PATIENT ELIGIBILITY

1 You can check patient Eligibility from the home page or by selecting the Manage Patients Tab



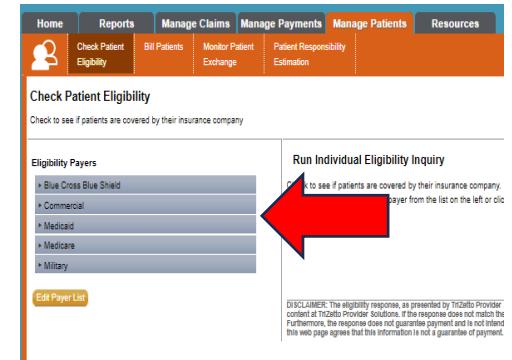
The screenshot shows the DiNapoli Opticians home page. At the top, there is a navigation bar with links for Home, Reports, Manage Claims, Manage Payments, Manage Patients, and Resources. Below this, a section titled 'Work Flow-Daily Tasks' is displayed. Under 'DAILY TASKS', there is a 'Message Center' with 128 new messages, a 'Send/Receive' section for files, and a 'Work Rejected Claims' section for primary claim rejections. A 'Check Patient Eligibility' link is highlighted with a red box. At the bottom of the page, there is a 'News' section with a 'TRIZETTO NEWS' link and a 'News Archive' input field. A 'CUSTOMIZE YOUR WORK FLOW' link is also present.

2 Select Run Individual Inquiry



The screenshot shows the 'Check Patient Eligibility' page. The title is 'Check Patient Eligibility' and the sub-instruction is 'Check to see if patients are covered by their insurance company.' Below this, there are three buttons: 'Run Individual Eligibility Inquiry' (highlighted with a red arrow), 'Search Eligibility Transaction History', and 'Run Eligibility Usage Report'.

3 Select Run Individual Inquiry



The screenshot shows the 'Check Patient Eligibility' page. The title is 'Check Patient Eligibility' and the sub-instruction is 'Check to see if patients are covered by their insurance company.' On the left, there is a 'Eligibility Payers' list with options like Blue Cross Blue Shield, Commercial, Medicaid, Medicare, and Military. On the right, there is a 'Run Individual Eligibility Inquiry' section with a 'Check to see if patients are covered by their insurance company' button. A red arrow points to the 'Run Individual Eligibility Inquiry' button. At the bottom, there is a 'DISCLAIMER' section with fine print.

# PATIENT ELIGIBILITY

4

- Select the **Carrier** from the drop downs on the left
- Select the **Date Of Service & Provider**
- Enter **Subscriber or Dependent ID Number** and **DOB**
- On the right side, under **Service Type Code**, confirm:
  - **98** is added for **Office Visit Specialist**
  - **AL** for **Vision**
  - **1** for **Medical Care**



Click to add this search feature



It's added and system will search (clicking will remove search)

# PATIENT ELIGIBILITY

4

- Once a transaction has been submitted, a response screen will be displayed containing the patient's eligibility information
- You will see a message stating **Active Coverage** or **Inactive Coverage**
- This information can be printed by using the printer icon in the upper right-hand corner
- This information will also be stored for up to 18 months under the **Search Eligibility Transaction History** link in your **Check Patient Eligibility** section.

Submitted By: FrontDeskStaff Submission Date: 5/19/2021 9:15:02 AM Submitted Type: Website  
Trace Number: 174926496

Individual Eligibility Response for: **Active Coverage**

**Judith**  
DOB: 4/

Insured ID: 418602  
Eligibility Date: 1/2/2009  
Service Date: 4/20/2009

**Patient Information** **Benefit Information**

► Patient  
► Subscriber  
► Provider  
► Payer

5

- Navigate to the **Benefit Information** Tab to view coverage details such as **Copays and Deductibles**
- If searching a medical plan, it will show you the vision carrier but not check eligibility

**Patient Information** **Benefit Information**

**Active Coverage**

Coverage Level	Service Type	Insurance Type	Description	Amount	Authorization	Network Indicator	Procedure Code
Benefit	Health Benefit Plan Coverage	OPEN ACCESS PLUS					
		8/1/2008					
	Health Benefit Plan Coverage	PHS					

► Co-Insurance  
► Deductible

# ROUTINE INSURANCE

# ROUTINE VISION PLANS ACCEPTED

[Google Doc: AZ Auto-Calc Plan ID's](#)

Insurance	Plan ID's	Plan Name	Go-Forward Billing
<b>Eyemed</b>	Auto-Calculates	Member Search	Ciao! Optical  <b>VSP Auto-Calculation Plans in Ciao! Optical</b>
<b>VSP</b>	Auto-Calculations (exams & contacts) or Bill Actual: 1817672	VSP-HAVASU	<b>Exams &amp; CL Fittings, Contact Lens Materials only:</b> <ul style="list-style-type: none"><li>Auto-files claim with VSP (VSP 837 file)<ul style="list-style-type: none"><li>No action needed by the site unless incorrect plan, patient demographics, authorization, or diagnosis missing or incorrect</li></ul></li></ul> <b>Eyeglasses:</b> <ul style="list-style-type: none"><li>Mason Billing Department files claim<ul style="list-style-type: none"><li>Will send packing slip for Bartley Lab within 48 hours</li></ul></li></ul> <b>VSP Bill Actual Plans in Ciao! Optical</b> <b>Exams, Eyeglasses, &amp; Contact Lens Orders</b> <ul style="list-style-type: none"><li>Mason Billing Department files claim<ul style="list-style-type: none"><li>Will send packing slip for Bartley Lab within 48 hours</li></ul></li></ul>
<b>Spectera</b>	Auto-Calculations (exams and all materials) Or Bill Actual: 1835353	SPECTERA-HAVASU	Eyeglasses, Exams, & Contacts Claim auto-files with Spectera (VSP 837 file)
<b>Superior</b>	Auto-Calculations (exams & contacts) or Bill Actual: 1836706	SUPERIOR-HAVASU	Mason Billing Department: File all Materials & Exams
<b>Medical</b>	Search in Ciao!	Medical Carrier	Lake Havasu Medical Biller will scrub & submit claim through E.H.R & Trizetto

# ROUTINE BILL ACTUAL PLANS – CIAO! OPTICAL FORMULARY

Retail Price  
–Plan Pays  
Discounts

Copays stand alone  
(i.e., don't put into  
your discounts  
equation)

If you have a copay  
amount, formula  
holds true.

If the patient pays  
100% for the service  
– no entry needed.  
U&C will flow  
through as patient  
responsibility.  
Discounts will  
appropriately  
reduce U&C.

Copay for services  
and materials (not  
out-of-pocket will  
need to be  
adjusted/reduced  
from Plan Pays

Plan Pays = what the insurance pays us

Discounts = use the formula, this is different than plan write-offs sometimes

Copay = what the patient pays (represents copays and out-of-pocket amounts)

If the patient pays 100% for the service – no entry needed. U&C will flow through as patient responsibility.

For exams and materials, if the patient has a true plan copay (typically on exams and materials), you will need to reduce this from PLAN PAYs (the contracted rate). This is only for routine only. Medical invoices come from Eclips and already accounted for the copay adjustment.

Note that in Ciao! Copay means both exam/focal type copay and patient responsibility. The only time you reduce Plan Pays is if there is a service or materials copay (excludes lens enhancements copays, out-of-pocket amounts).

# EYEMED (ALWAYS AUTO-CALCULATES)

**LAB:** RxO

**BILLING:** Ciao! Optical

**TYPE:** Routine Vision Professional Services & Materials

**PLAN ID:** In Ciao! Optical – varies by member

**PLAN NAME:** In Ciao! Optical – varies by member

## NOTES:

- EyeMed is integrated with Ciao! Optical.
- You can find member and check eligibility directly in Ciao! Optical using Name/DOB.
- Ciao! Optical will automatically calculate and submit claims; no additional action required.
- If you need to re-enter an order in Ciao (i.e., grey pencil on Staged screen) and the benefits are showing used, call EyeMed to cancel authorization.

Search For: EyeMed/MVC Mem: ▾

Plan Name:

Plan ID:

Member ID:

Member First Name:  Fake

Member Last Name:  Patient

Member Date of birth:  1/1/2001

Minimum required:

- First letter of First Name
- First letter of Last Name
  - DOB
  - or Plan ID
  - or at least first 3 digits of Member ID

Insurance screen will default to EyeMed. The patient's name and birthdate will pre-populate. Simply search and select the patient. Any other members on the patient's plan will also display.

ITEM	ACTION & NOTES
Exam	Routine exams and contact lens fittings are covered – member's responsibility is based on charges and plan coverage.
Frame	All frames available – member's responsibility is based on charges and plan coverage.
Lenses	All frames available – member's responsibility is based on charges and plan coverage.
Manufacturing	Order is placed with RxO (Rx Operations – Luxottica Lab Network).
Lab Processing Application (LPA)	Order as uncut, product to come, or complete.
Claims	Submit at Ready status – no additional action needed.

# VSP PROCESS

- You must pull **Separate Authorization** for exam services and materials
- Enter in **Accurate AUTH #s** for VSP in the Assignment Claim Form (This will show in the history for the billers)
- Enter the **Primary Members** details
- Enter valid **Diagnosis Code** on Exam worksheet in Ciao!

The image displays three screenshots of the Ciao! Optical software interface, illustrating the steps for a VSP exam and materials sale.

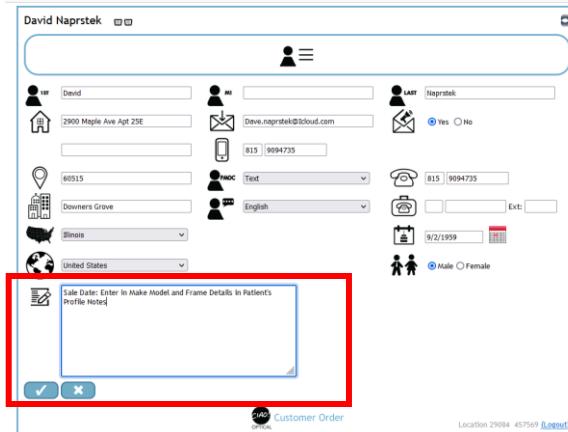
- Screenshot 1: Plan Information**  
Shows the "Plan Information" screen with fields for Plan Name (VSP-ROSH), Phone #, Open Hours, and Plan ID (1824524). A red box highlights the "Authorized" section, which includes checkboxes for Frame, Lens, Contacts, and Exam, with the "Exam" checkbox selected.
- Screenshot 2: Customer Plan Information**  
Shows the "Customer Plan Information" screen with fields for Employment Status, Employer, Student Status, Marital Status, Relation to Primary Member, and several checkboxes for medical history. A red box highlights the "Exam Auth" section, which contains a text input field for the authorization number "1824524".
- Screenshot 3: Customer Order**  
Shows the "Customer Order" screen with a "Customer Order" button. A red box highlights the "Material Auth" section, which contains the authorization number "1824524".
- Screenshot 4: Patient Test**  
Shows the "Patient Test" screen with a "Doctor Services" tab selected. A red box highlights the "Select Diagnosis" section, which shows a dropdown menu with "Myopic, uncorrected eye" and a "Select Code" dropdown with "ICD-Code H24.4" and "Diagnosis: Presbyopia".

If selling an exam and materials – for the exam sale in Ciao! Optical, you only need to select Exam and then enter the auth.

For materials, select either Frame, Lens, Frame & Lenses for a complete pair, or contacts and then enter the auth #.

# VSP PROCESS

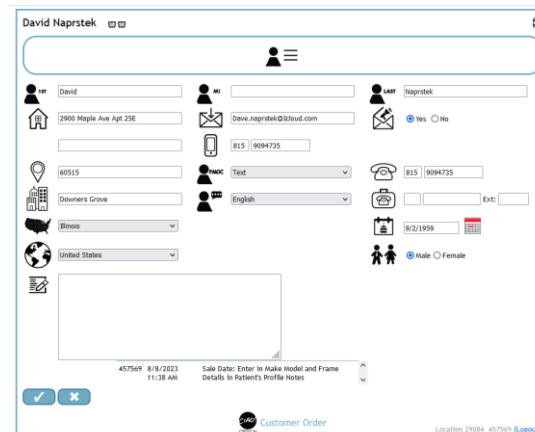
## Enter Frame Details in the Patient's Profile Notes Section.



David Naprstek

Profile Notes: Sale Date: Enter in Make Model and Frame Details in Patient's Profile Notes

Customer Order



David Naprstek

Profile Notes: Sale Date: Enter in Make Model and Frame Details in Patient's Profile Notes

Customer Order



Mohammed Ahmed Kahn

Manufacturing Notes: FRAME MAKE AND MODEL MUST BE ENTERED HERE

Customer Order

If you want, you can still put frame details here BUT then you still need to add it to profile section too. These notes transfer to LPA.

This will allow billers to easily see frame details. This is required for Blue Tags and Generic UPCs (AST, ACQ). Once you add the note, it will time stamp it so billers can see details here in Ciao! Optical.

Use the quick Reference chart below to help guide you in which plans to use:

Exams and Contact Lenses	Select this plan
Contact lenses over \$1000	Generic plan
Medically necessary contact lenses	Generic plan
Combine Fit & CL Allowance plans	Generic plan or edit plans
Plans not programmed, or unique plans	Generic plan
ALL OTHER PLANS	AUTO CALCULATION PLANS

## Additional Notes:

### Contact lenses:

- If the retail amount is over \$1000, you must use the Generic Plan.
- Medically necessary contacts must be billed with Generic Plans.
- Combine Fit & allowance plans will need to be edited via auto-calc plans OR use Generic/Bill Actual plans.

- Auto calculations may distribute copays on a different line item that you are used to.
- If you chose the correct plan, and do not edit the claim it will not be sent back to you to re-key.
- If the patient is over charged, there may be specific instances where the billing team asks the site to process an After The Fact (ATF) discount in Ciao Optical! to refund the patient.
- In other circumstances the Assignment team will refund the patient.

# VSP REIMBURSEMENTS

[Google Doc: AZ Auto-Calc Plan ID's](#)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$58.40	\$56
Intermediate Exam: New 92002   Est. 92012	\$43.40	\$34.40
Refraction: 92015	\$14.60	\$14.00
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

## \*\*PROGRESSIVE LENS DISPENSING:

For all Plans (Signature, Choice, & Advantage): You will receive your bifocal dispensing fee **PLUS** the applicable service fees for covered (paid by VSP) and non-covered (paid by patient) progressives. Service fees are subject to change and may be found in the Lens Enhancement Chart.

- If covered, both the dispensing and applicable service fee are paid by VSP (Enter Disp. Fee + Service Fee in Plan Pays Column).
- If progressives are not covered, enter Dispensing Fee in Plan Pays and the applicable patient copay in the Patient Copay column.

**LAB:** Bartley Labs, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual Plan), Auto-Calc plans for Exams and Contact Lenses

NOTE: The U&C pricing for your 92 codes do not include refraction amount. Enter the 92015 amount in the Plan Pay field.

The reimbursements for Exam fees listed on your VSP Assigned Fee Report do not include the Refraction.

Reduce Plan Pay amount if copay

Reduce EXAM PLAN PAYS if there is an Exam copay

## PATIENT CHARGES FOR NON-COVERED LENS ENHANCEMENTS:

- **Signature:** Charge patient the listed copay in the VSP Signature Plan Lens Enhancements Chart or your usual and customary fee (RETAIL), whichever is lower.
- **Choice:** Charge patient the listed copay in the VSP Choice Plan Lens Enhancements Chart or 80% of your usual and customary fee (RETAIL), whichever is lower.
- **Advantage:** Charge the patient the lesser of 80% of your usual and customary (U&C) add-on fee or the VSP Advantage Plan Lens Enhancement Chart amount. For lens enhancements not listed, charge 80% of your U&C add-on fee. For non-covered lens enhancements, the charge back amount will be deducted from your VSP payment. You will not be charged for covered lens enhancements.

# VSP-EXAM

[Google Doc: AZ Auto-Calc Plan ID's](#)

**LAB:** Bartley Lab, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual Plan), Auto-Calc plans for Exams and Contact Lenses

VSP offers additional reimbursement when you include diagnosis codes or select conditions on your VSP claims for patients with chronic conditions. For each patient, you can earn. Add applicable amount to Plan Pays – diagnosis codes must be on claim in Eyefinity if entered in Ciao! Optical

- Diabetes - \$5
- Diabetic Retinopathy - \$5
- High Cholesterol - \$2
- Hypertension - \$2

**EXAM PLAN PAYS = VSP REIMBURSEMENT – PATIENT EXAM COPAY + CHRONIC CONDITION**

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$58.40	\$56
Intermediate Exam: New 92002   Est. 92012	\$43.40	\$34.40
Refraction: 92015	\$14.60	\$14.00
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

# VSP-CONTACT LENS: COMBINED ALLOWANCE FOR MATERIALS & FIT

Patient has allowance towards CL Fit & Materials. Benefits used on different DOS will require a call to VSP.

Benefit Summary	How it works	CL Fit	Materials
If getting both on same date of service	Option 1 (Best Practice): If CLs exceed the allowance amount, use the entire allowance toward materials.	Take 15 % off U&C Remaining balance is Patient Pays/Copay Column in Ciao.	Enter entire allowance amount (i.e. \$200: \$100 per eye/line) in Plan Pays
If getting both on same date of service	Option 2: Allowance can be split between fit and materials. Maximum allowance that can be used toward the fit is \$60, remaining allowance to be used toward materials.	Take 15 % off U&C. Deduct the \$60 max allowance. The balance = Patient Pays/Copay Column in Ciao. (See Logic example below)	Remaining allowance
If just getting fit (materials on different DOS)	Option 1: Patient can decide where the allowance is applied. If they are going to get materials later, it's easier for them to pay Fit less 15% out-of-pocket and apply the whole allowance to materials.	Take 15 % off U&C Remaining balance is Patient Pays.	N/A
If just getting fit (materials on different DOS)	Option 2: They can use allowance toward fit only and use the remaining allowance towards materials when they return.	Take 15 % off U&C. Deduct the \$60 max allowance. The balance = Patient Pays/Copay Column in Ciao. (See Logic example below)	Call VSP for new authorization that reflects the remaining allowance.

[CLICK HERE FOR MEDICALLY REQUIRED CONTACT LENS DETAILS](#)

# VSP-CONTACT LENS: COMBINED ALLOWANCE FOR MATERIALS & FIT

**Example:** If patient is just getting a fit and wants to use insurance allowance (purchasing materials on separate DOS)

**Contacts** Routine eye exam covered.

**Exam And Allowance** Take 15% off CL exam services before applying \$200.00 for CL exam services and materials. If patient receives CL exam services only, patient is responsible for CL exam services over \$60.

*Contacts are instead of [lens, frame].*

Logic behind calculations:

U&C	Discounted Price (U&C less 15%)	Max Allowance for CL Fit	Copay Patient Pays
\$105.00	\$89.25	\$60.00	\$29.25

**Enter in Ciao! Optical:**

CONTACT LENS EVALUATION/FIT			
U&C	Plan Pays	Discount	Copay
\$105.00	\$60.00	\$45.00	\$29.25

CONTACT LENS MATERIALS			
U&C	Plan Pays	Discount	Copay
\$149.50	\$70.00	\$79.50	\$79.50
\$149.50	\$70.00	\$79.50	\$79.50

Enter the allowance amount in Plan Pays (\$200 - \$60 used = \$140)  
Ciao! will calculate the overage

Note this is just an example on how to enter. Your amounts will be different.

# VSP-CONTACT LENS: SEPARATE ALLOWANCE FOR MATERIALS & FIT

Patient has Separate benefits for CL Fit and Materials.

Procedure is the same if benefits are used on different DOS.

Benefit Summary	How it Works	CL Fit	Materials
If getting both on same date of service	Patient will have two separate allowances, one for the CL Fit and one for Materials.	Patient Pays the VSP Copay amount (*usually \$60).  Plan Pays = U&C less 15% - \$60* (See Logic example below)	Use the full allowance amount.  Patient Pays overage above allowance – no additional discounts.
If just getting fit or materials on a different DOS  (Call & get new authorization)	Patient will have two separate allowances, one for the CL Fit and one for Materials.	Patient Pays the VSP Copay amount (*usually \$60).  Plan Pays = U&C less 15% - \$60* (See Logic example below)	Use the full allowance amount.  Patient Pays overage above allowance – no additional discounts.

# VSP-CONTACT LENS: SEPARATE ALLOWANCE FOR MATERIALS & FIT

## Example

**Contacts** Routine eye exam covered.

CL Exam Services      Charge the lesser of \$60 copay or 85% U&C  
CL Materials            \$175

Contacts are instead of [lens, frame].

Logic behind calculations:

U&C	Discounted Price (U&C less 15%)	Patient Pays	Plan Pays
\$105.00	\$89.25	\$60.00	\$29.25

Enter in Ciao! Optical:

CONTACT LENS EVALUATION/FIT			
U&C	Plan Pays	Discount	Copay
\$105.00	\$29.25	\$75.75	\$60.00

Note this is just an example  
on how to enter. Your  
amounts will be different.

CONTACT LENS MATERIALS			
U&C	Plan Pays	Discount	Copay
\$170.99	\$87.50	\$83.49	\$83.49
\$170.99	\$87.50	\$83.49	\$83.49

Enter allowance amount in Plan Pays –  
Ciao! will calculate the overage

# VSP-FRAMES

[Google Doc: AZ Auto-Calc Plan ID's](#)

In most cases...

- **Plan Pays = Wholesale Frame Allowance (WFA) + Frame Dispensing Fee**

- If there is a frame copay, reduce Plan Pays by that amount (material copays will go on the focal type line).
- Patient Pays = Frame retail price – allowance less 20% off the overage.

If the Wholesale Frame Cost (WFC) is less than the WFA, then

- **Plan Pays = Wholesale Frame Cost (WFC) + Frame Dispensing Fee**

- **Wholesale Frame Cost (WFC) = Retail Price x 45%**
- In this case, patient pays = \$0

Using Examples : If the retail amount of the frame is \$115, the WFC is \$51.75 ( $\$115 \times 45\%$ ). The WFC of \$51.75 is *LESS* than the WFA of \$58, therefore the Plan Pays would be \$51.75 + \$34.20 (Signature Frame Dispensing Fee)

Co-payments Exam \$10.00 Material \$10.00 01/01/2023

Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:

WFAT3 \$190.00 for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame overage.

WFAT5 \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

WFAT8 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

**LAB:** Bartley Labs, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
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Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

**Wholesale Frame Allowance (WFA) is found under Frame Allowance on all Benefit Sheets.**

# VSP-LENSES

[Google Doc: AZ Auto-Calc Plan ID's](#)

## FOR LENSES

- Plan Pays the focal type line, reduce if materials copay. Materials copay goes in copay column.
- Lens out of pocket amounts for enhancement also go in copay column and are determined by the following.
- Use VSP's Lens Enhancement charts to determine the copay amount for enhancements (Patient Pays)
  - **Covered Enhancements – you will put the VSP Service Fee amount in the Plan Pays column (accounting for charge backs on front).**
  - **Non-Covered Enhancements (covered with an additional copay owed by the patient) – you will put the patient copay in the Copay column. We don't receive any extra money for these. Charge backs not applicable here.**
- Pay attention to VSP's Lens Enhancement charts – polycarbonate will have a different copay depending on the lens (e.g., \$35 for Progressives! \$31 if Standard SV | \$10 if Digital SV).

**LAB:** Bartley Labs, mark as Rx Sun Authentics in LPA

**BILLING:** Mason Billing Team

**PLAN ID:** 1817672 (Bill Actual)

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
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Trifocal Lenses	\$37.00	\$22.50
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

**You will need the VSP Lens Enhancement Charts to calculate the patient's out-of-pocket amount and enter it into Ciao! Optical. Contracted rates vary by site.**

# VSP-LENSES

## EXTRA NOTES:

- For VSP Signature plans, when tint, photochromic & polycarbonate for kids is covered – there is \$0 charge to the patient. There is also no chargeback from VSP thus we don't have Plan Pays but we will also not be charged for the product production/manufacturing (it's a wash). We do not collect the service fee in these instances. Discount 100%.
- On the VSP Choice plan, if the patient has anything that is fully covered, VSP doesn't apply a 'chargeback', but they do pay you for it, meaning they pay the 'Service Fee'. The only exclusion to this is poly for kids or any patient who has a FEDVIP plan. The items that are fully covered can vary but could include the same as the Signature plan, things like photochromic, tints, etc.
- We don't use Unity lenses

## VSP ADVANTAGE: Same posting protocol as another plans. Exceptions as follows:

- Eyezen lenses: charge the patient 80% of U&C for the add-on/upcharge above SV lens fee (\$75) | You will also charge 80% of the DST fee (upcharge for digital surfacing)
- Near Variable/Computer lenses: They are the same price as BF. Patient pays \$0.
- Polarized Lenses: Charge the patient 80% of the fee

# VSP-EYEZEN LENSES

Frame > Lens > **Order Worksheet** > Measurements > Order Completion

Order Price Calculator

Plan Name: VSP-GOLDEN WC Type: Assignment  
Group #: Plan ID: 1814833

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RX5228, Blk Grn, 53/17/140	\$200.00		\$ 101.35	\$ 89.65	32.80
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15.00	10.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170.00	75.00
DST Processing	\$145.00		\$ 0.00	\$ 145.00	65.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
EyeZen+1 Single Vision	\$75.00		\$ 23.38	\$ 136.62	15.00
Hi-Index 1.67	\$120.00		\$ 0.00	\$ 120.00	56.00

Benefit Calculation Notes

\*\*Example fees are based on VSP Signature Plan

Buttons:

**For Eyezen Start:**

On the DST Processing line, enter:

1. \$40 VSP Digital upcharge
2. \$15 Light Filter

**For Eyezen 1-4 enter:**

On the DST Processing line, enter:

1. \$40 VSP Digital upcharge
2. \$10 Technical Add-on
3. \$15 Light Filter

On the Focal Type line, enter:

1. Overall Material copay (if applicable)

On the Material line, enter:

1. Hi-Index 1.67 for a DIGITAL lens

**Example**

**PLAN DETAILS**

Co-payments Exam: \$15.00 Material: \$15.00

Frame Allowance: Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:

**WFAT3** \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame coverage.

**WFAS5** \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

**WFAST** \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

MATERIAL DISPENSING	VSP Signature PLAN PAYS
Single Vision Lenses	\$38.38
Bifocal Lenses**	\$57.00
Trifocal Lenses	\$65.36
Lenticular Lenses	\$91.50
New Frame	\$44.35

# VSP-EYEZEN LENS

**Use this chart to identify what modifiers to use on the various lines:**  
(Can also be found on VSP Enhancement Charts)

**Note-** When selling SV DST lenses, sell Eyezen Start (or Eyezen 1-4 when prescribed by O.D.)

This will allow your patient to have Crizal EasyPro AR for the same copay as Premium AR (i.e., better lens for minimal cost.)

In Addition, Eyefinity doesn't offer a regular SV DST lens so Eyezen Start is the entry level DST lens.

Digital Lens Line	
Eyezen Start	
DST Processing Line: <ul style="list-style-type: none"><li>• Eyezen Start = \$40 (Digital upgrade)</li><li>• Blue Light Lenses = \$15 (Light Filter (LF))</li></ul>	
Eyezen 1-4	
DST Processing Line: <ul style="list-style-type: none"><li>• Eyezen Plus (1 to 4) = \$40 (Digital upgrade)</li><li>• Technical Add on= \$10 (TA)</li><li>• Blue Light Lenses = \$15 (Light Filter (LF))</li></ul>	
Single Vision Line (Focal Type Line)	
Enter Patient Copay (if applicable) <ul style="list-style-type: none"><li>• Reference patient benefit summary</li><li>• Note- there are some instances where you will not enter a patient copay due to the copay being higher than the plan pay amount</li></ul>	
Lens Material Line	
Enter Material Copays <ul style="list-style-type: none"><li>• For All Digital SV lenses reference Digital Aspheric Lens Styles section</li></ul>	
For covered in full items Plan Pay amounts, reference the service fee column on the appropriate VSP Enhancement Chart found in the Toolkit.	

# VSP-VARILUX

Patient Test 

**Frame** > **Lens** > **Order Worksheet** > **Measurements** > **Order Completion**

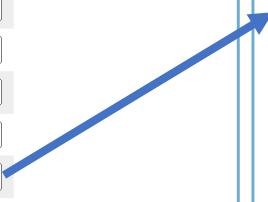
**Order Price Calculator**

Plan Name: VSP CHOICE COMPLETE WFA57 0 CPY TNC Type: Assignment  
Group #: Plan ID: 1825729

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 58 NEW WAYFARER, Trt Bld, Grn	\$168.00		\$ 75.00	\$ 93	0.00
Blue Filter	\$50.00		\$ 0.00	\$ 50	15
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15	10
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170	85
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Prog Varilux XR Track	\$535.00		\$ 19.00	\$ 516.00	195
Polycarbonate	\$45.00		\$ 0.00	\$ 45	35

On the Base Lens line, enter:

1. Overall Material copay (if applicable)
2. Progressive Lens Copay (in this example category N)
3. Custom Measurements (CM)
4. Technical Add for Varilux XR Track Fit (TA)



\*\*Example fees are based on VSP Choice Plan with zero copay

# VSP-VARILUX

Use this chart to identify what modifiers to use on the various lines: (Can also be found on VSP Enhancement Charts)

Progressive Lens Base Line (Focal Type Line)	
<b>Varilux XR Track Fit</b> (Patient Preferred)	<ul style="list-style-type: none"><li>• Progressive Category (N)</li><li>• Custom Measurements (CM)</li><li>• Technical Add on (TA = \$40)</li><li>• Overall Patient Copay (if applicable)</li></ul>
<b>Varilux XR Fit</b> (Patient Preferred Lens)	<ul style="list-style-type: none"><li>• Progressive Category (N)</li><li>• Custom Measurements (CM)</li><li>• Overall Patient Copay (if applicable)</li></ul>
<b>Varilux Comfort Max Fit</b> (Classic Lens Choice)	<ul style="list-style-type: none"><li>• Progressive Category (O)</li><li>• Custom Measurements (CM)</li><li>• Overall Patient Copay (if applicable)</li></ul>
<b>Premium Progressive</b> (Essential Lens Choice)	<ul style="list-style-type: none"><li>• Progressive Category (K)</li><li>• Overall Patient Copay (if applicable)</li></ul>
Blue Filter Line	
<ul style="list-style-type: none"><li>• Enter Light Filtering copay for all Blue Light Lenses (LF)</li></ul>	
Lens Material Line	
<ul style="list-style-type: none"><li>• Enter Material Copays<ul style="list-style-type: none"><li>• For All Progressive lenses reference the copays listed on The Progressive section of the VSP Enhancement charts</li></ul></li></ul>	
For covered in full items Plan Pay amounts, reference the service fee column on the appropriate VSP Enhancement Chart found in the Toolkit.	

# VSP-PROPRIETARY LENS & FRAME ORDERS

There are only two instances where you would process an order as Proprietary Lens & Frame:

1. Genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab.
  - **Oakley**
  - **Costa**
  - **Ray Ban Authentic lenses**
2. Frame and lens mounting that can't be fabricated at a VSP contract lab.

**Example**

Category	QTY	Item#	Description	Retail Price
Frame	1	888392269775	OO4123 55 Holbrook Metal, Blk Mat, Grn	\$211.00
Lens	1	20500002465028	SV OK OTD 1.59 Clr Stlth Pro	\$240.00
EPP:			<input checked="" type="radio"/> Yes <input type="radio"/> No	
TOTAL: \$451.00				

**PLAN DETAILS**

Co-payments Exam \$15.00 Material \$15.00

Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below.

WFAT3 \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame coverage.

WFAS6 \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

WFAS \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

MATERIAL DISPENSING	VSP Signature PLAN PAYS
Single Vision Lenses	\$38.38
Bifocal Lenses**	\$57.00
Trifocal Lenses	\$65.36
Lenticular Lenses	\$91.50
New Frame	\$44.35

## Calculating Patient Charges on Proprietary Lenses

U&C fee for lens	\$ 240.00
Deduct 20%	- \$ 48.00
Subtotal	\$ 192.00
Subtract VSP proprietary RX lens allowance [SV \$20   BF/Prog \$35   TF \$45]	- \$ 20.00
Subtract your assigned lens dispensing fee	- \$ 38.38
Add any applicable copays collected from patient	\$ 15.00
Patient's out-of-pocket expense	\$ 148.62

Calculate the patient's out-of-pocket expenses for frame as you normally would

## Calculating Patient Charges on Proprietary Frames

U&C fee for frame	\$ 211.00
Subtract VSP frame allowance	- \$ 150.00
Subtotal	\$ 61.00
Deduct 20%	- \$ 12.20
Patient's out-of-pocket expense	\$ 48.80

**Patient's total = \$197.42**

# VSP-PROPRIETARY LENS & FRAMES IN CIAO! OPTICAL

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator

PLAN PAYS - Frame: \$57 (WFA) + \$44.35 (Frame dispensing fee)

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
004123 55 Holbrook Metal, Blk Mat, Grn	\$211.00		\$ 101.35	\$ 109.65	48.80
Authentic Lens Finishing	\$30.00		\$ 0.00	\$ 30.00	30.00
Backside UV	\$0.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$23.00		\$ 0.00	\$ 23.00	23.00
Oakley Stealth Pro	\$60.00		\$ 0.00	\$ 60.00	60.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
SV Oakley True Digital	\$82.00		\$ 43.38	\$ 38.62	35.62
P1.59 Oakley Clear Stealth Pro	\$45.00		\$ 0.00	\$ 45.00	0.00

PLAN PAYS - Lenses: \$20 (proprietary RX lens allowance) + \$38.38 (SV lens dispensing fee) - \$15 copay

Benefit Calculation Notes

Buttons: Home, X, Next

**Copay Column** - The patient's total for the frame is \$48.80.

The lens total of \$148.62 (which includes the \$15 copay) will be distributed among the lines with a Retail Price.

\*\*It doesn't matter how the dollars are distributed in the copay column as long as the total is correct, and the amount does not exceed the retail price. For lens add-ons that have retail pricing, be sure to enter that amount in the Discount column.

Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC  
Plan Id: 1814833  
Current Offer:  
Deal Code:  +  
Promotion Savings: \$0.00  
Vision Care Savings: \$253.58 +  
YOU PAY: \$197.42

# VSP Choice Plan



## Lens Enhancements Chart



Effective September 1, 2024

**Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

### **Service Fee**

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	\$31	\$14	\$21	\$35
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	\$56	\$33	\$27	\$60
AH	High-index Plastic 1.66/1.67	\$48	\$35	\$83	\$58	\$40	\$98
AJ	High-index Plastic 1.70 and Above	\$68	\$43	\$111	\$78	\$40	\$118
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	\$60	\$85	\$53	\$138
DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$24	\$21	\$45	\$34	\$21	\$55
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$12	\$45 + \$28	\$16	\$12	\$55 + \$28
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$21	\$45 + \$58	\$40	\$28	\$55 + \$68
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$29	\$45 + \$86	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	\$45 + \$10	\$10	\$0	\$55 + \$10
OCCUPATIONAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--
POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	\$57	\$48	\$29	\$77
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$29	\$57 + \$76	\$59	\$36	\$77 + \$95
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$34	\$57 + \$89	\$67	\$41	\$77 + \$108
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$38	\$57 + \$108	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$18	\$57 + \$31	\$13	\$18	\$77 + \$31
DE	Polarized/Laminated Lenses - Glass	\$49	\$29	\$78	\$63	\$38	\$101
BIFOCAL LENS STYLES (MARK BI FOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	\$50
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	\$50 + \$24
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	\$50 + \$50
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	\$50 + \$60
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$13	\$50 + \$20
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$16	\$30
PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

# VSP Choice Plan

Effective September 1, 2024

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MIR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	\$42	\$22	\$20	\$42
MT	Glass Color Coatings - Gradient	\$25	\$21	\$46	\$25	\$21	\$46
PHOTOCROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	\$49	\$26	\$23	\$49
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	\$55	\$30	\$25	\$55
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	\$16	\$6	\$10	\$16
SQ	Edge Coating	\$17	\$19	\$36	\$17	\$19	\$36
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	\$66	\$41	\$25	\$66
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-On	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

## PROGRESSIVE

Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O Lenses)	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$80	\$175
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + \$47
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$30	\$175 + \$78
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$48	\$175 + \$125
NA + ND	Progressive N - Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N - Polarized	\$51	\$31	\$175 + \$82
OA	Progressive O - Plastic	\$79	\$71	\$150
OA + OB	Progressive O - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$150 + \$47
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$30	\$150 + \$78
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$48	\$150 + \$125
OA + OD	Progressive O - Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O - Polarized	\$51	\$31	\$150 + \$82
FA	Progressive F - Plastic	\$54	\$51	\$105
FA + FB	Progressive F - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + \$47
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$30	\$105 + \$78
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$48	\$105 + \$125
FA + FD	Progressive F - Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F - Polarized	\$51	\$31	\$105 + \$82
FE	Progressive F - Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J - Plastic	\$46	\$49	\$95
JA + JB	Progressive J - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + \$47
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$30	\$95 + \$78
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$48	\$95 + \$125
JA + JD	Progressive J - Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J - Polarized	\$51	\$31	\$95 + \$82
JE	Progressive J - Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K - Plastic	\$28	\$27	\$55
KA + KB	Progressive K - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + \$47
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$30	\$55 + \$78
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$48	\$55 + \$125
KA + KD	Progressive K - Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K - Polarized	\$51	\$31	\$55 + \$82
KE	Progressive K - Glass/High-index Glass (Clear)	\$53	\$27	\$80

1. The Service Fee for progressives is paid in addition to your VSP Choice Plan bifocal lens dispensing fee.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

## PROGRESSIVE CATEGORIES<sup>2</sup> AS OF 6/27/2023

<b>Custom</b>	N	Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III^, Shamir Autograph Intelligence^, Varilux X Fit Technology^, ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2^, Kodak Unique DRO, Shamir Autograph II+^, Varilux Physio W3+, Varilux X Design Technology^, ZEISS SmartLife Superb^/Plus/Pure
<b>Premium</b>	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
<b>Standard</b>	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOline at [eyefinity.com](http://eyefinity.com).

<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

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Classification: Restricted

# VSP Signature Plan



## Lens Enhancements Chart



Effective September 1, 2024

**Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or your usual and customary fee (U&C), whichever is lower.

### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

### **Service Fee**

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

# VSP Signature Plan®

Effective September 1, 2024

Charge patients the listed patient copay or your U&C fee, whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$13	\$23	\$14	\$14	\$28
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$22	\$51	\$33	\$22	\$55
AH	High-index Plastic 1.66/1.67	\$48	\$28	\$76	\$58	\$32	\$90
AJ	High-index Plastic 1.70 and Above	\$68	\$34	\$102	\$78	\$32	\$110
AD	Polycarbonate	\$19	\$14	\$33	\$19	\$14	\$33
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$20	\$55	\$85	\$42	\$127

DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$26	\$14	\$40	\$31	\$14	\$45
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$11	\$40 + \$27	\$16	\$11	\$45 + \$27
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$19	\$40 + \$56	\$40	\$25	\$45 + \$65
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$25	\$40 + \$82	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	\$40 + \$10	\$10	\$0	\$45 + \$10

OCCUPATIONAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$17	\$53	\$48	\$23	\$71
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$23	\$53 + \$70	\$59	\$29	\$71 + \$88
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$27	\$53 + \$82	\$67	\$33	\$71 + \$100
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$30	\$53 + \$100	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$14	\$53 + \$27	\$13	\$14	\$71 + \$27
DE	Polarized/Laminated Lenses - Glass	\$49	\$23	\$72	\$63	\$30	\$93

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$20	\$46
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$10	\$46 + \$21
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$18	\$46 + \$45
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$19	\$46 + \$55
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$10	\$46 + \$17
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$13	\$27

PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$8	\$13	\$5	\$8	\$13
MP	Plastic Dyes - Gradient	\$7	\$8	\$15	\$7	\$8	\$15

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA. Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no Service Fee for those lens enhancements. Additionally, for children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

# VSP Signature Plan

Effective September 1, 2024

Charge patients the listed patient copay or your U&C fee, whichever is lower.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$14	\$30	\$24	\$17	\$41
MS	Glass Color Coatings - Solid	\$22	\$16	\$38	\$22	\$16	\$38
MT	Glass Color Coatings - Gradient	\$25	\$17	\$42	\$25	\$17	\$42
PHOTOCHROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$14	\$29	\$23	\$14	\$37
PR	Photochromics - Plastic	\$47	\$23	\$70	\$47	\$23	\$70
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$16	\$37	\$21	\$16	\$37
QT	Anti-reflective Coating C	\$41	\$20	\$61	\$41	\$20	\$61
QV	Anti-reflective Coating D	\$52	\$23	\$75	\$52	\$23	\$75
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$18	\$44	\$26	\$18	\$44
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$20	\$50	\$30	\$20	\$50
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$8	\$15	\$7	\$8	\$15
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$14	\$29	\$15	\$14	\$29
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$5	\$10	\$6	\$6	\$12
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$5	\$12	\$10	\$6	\$16
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$8	\$14	\$6	\$8	\$14
SQ	Edge Coating	\$17	\$15	\$32	\$17	\$15	\$32
SR	Faceted Lenses (Includes Polishing)	\$41	\$20	\$61	\$41	\$20	\$61
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$8	\$13	\$5	\$8	\$13
IP	Plastic Dyes - Gradient	\$7	\$8	\$15	\$7	\$8	\$15
IV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14

Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no service fee for those lens enhancements.

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

# VSP Signature Plan

Effective September 1, 2024

Charge patients the listed patient copay or your U&C fee, whichever is lower.

## PROGRESSIVE

Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O Lenses)	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$65	\$160
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$160 + \$42
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$24	\$160 + \$72
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$38	\$160 + \$115
NA + ND	Progressive N - Polycarbonate	\$18	\$15	\$160 + \$33
NA + NP	Progressive N - Polarized	\$51	\$25	\$160 + \$76
OA	Progressive O - Plastic	\$75	\$45	\$120
OA + OB	Progressive O - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$120 + \$42
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$24	\$120 + \$72
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$38	\$120 + \$115
OA + OD	Progressive O - Polycarbonate	\$18	\$15	\$120 + \$33
OA + OP	Progressive O - Polarized	\$51	\$25	\$120 + \$76
FA	Progressive F - Plastic	\$54	\$36	\$90
FA + FB	Progressive F - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$90 + \$42
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$24	\$90 + \$72
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$38	\$90 + \$115
FA + FD	Progressive F - Polycarbonate	\$18	\$15	\$90 + \$33
FA + FP	Progressive F - Polarized	\$51	\$25	\$90 + \$76
FE	Progressive F - Glass/High-index Glass (Clear)	\$59	\$36	\$95
JA	Progressive J - Plastic	\$46	\$34	\$80
JA + JB	Progressive J - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$80 + \$42
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$24	\$80 + \$72
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$38	\$80 + \$115
JA + JD	Progressive J - Polycarbonate	\$18	\$15	\$80 + \$33
JA + JP	Progressive J - Polarized	\$51	\$25	\$80 + \$76
JE	Progressive J - Glass/High-index Glass (Clear)	\$56	\$34	\$90
KA	Progressive K - Plastic	\$30	\$20	\$50
KA + KB	Progressive K - High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$50 + \$42
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$24	\$50 + \$72
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$38	\$50 + \$115
KA + KD	Progressive K - Polycarbonate	\$18	\$15	\$50 + \$33
KA + KP	Progressive K - Polarized	\$51	\$25	\$50 + \$76
KE	Progressive K - Glass/High-index Glass (Clear)	\$50	\$20	\$70

1. The Service Fee for progressives is paid in addition to your VSP Signature Plan bifocal dispensing fee.  
Please note: For children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

## PROGRESSIVE CATEGORIES<sup>2</sup> AS OF 6/27/2023

<b>Custom</b>	N	Unity <sup>®</sup> Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III <sup>^</sup> , Shamir Autograph Intelligence <sup>^</sup> , Varilux X Fit Technology <sup>®</sup> , ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2 <sup>®</sup> , Kodak Unique DRO, Shamir Autograph II+ <sup>^</sup> , Varilux Physio W3+, Varilux X Design Technology <sup>^</sup> , ZEISS SmartLife Superb <sup>^</sup> /Plus/Pure
<b>Premium</b>	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos <sup>®</sup> Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
<b>Standard</b>	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at [eyefinity.com](http://eyefinity.com).

<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

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Classification: Restricted

# VSP Advantage Network



## Lens Enhancements Chart



Effective September 1, 2024

### **Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

#### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower. For lens enhancements without a copay listed, charge 80% of your U&C.

#### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

#### **Service Fee**

VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

# Advantage Network

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	80% of U&C	\$14	\$21	80% of U&C
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	80% of U&C	\$33	\$27	80% of U&C
AH	High-index Plastic 1.66/1.67	\$48	\$35	80% of U&C	\$58	\$40	80% of U&C
AJ	High-index Plastic 1.70 and Above	\$68	\$43	80% of U&C	\$78	\$40	80% of U&C
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	80% of U&C	\$85	\$53	80% of U&C

DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$24	\$21	80% of U&C	\$34	\$21	80% of U&C
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$12	80% of U&C	\$16	\$12	80% of U&C
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$21	80% of U&C	\$40	\$28	80% of U&C
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$29	80% of U&C	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	80% of U&C + \$10	\$10	\$0	80% of U&C + \$10

OCCUPATIONAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	80% of U&C	\$48	\$29	80% of U&C
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$29	80% of U&C	\$59	\$36	80% of U&C
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$34	80% of U&C	\$67	\$41	80% of U&C
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$38	80% of U&C	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$18	80% of U&C	\$13	\$18	80% of U&C
DE	Polarized/Laminated Lenses - Glass	\$49	\$29	80% of U&C	\$63	\$38	80% of U&C

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	80% of U&C
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	80% of U&C
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	80% of U&C
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$13	80% of U&C
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$16	80% of U&C

PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.  
Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

# Advantage Network

Effective Septmeber 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	80% of U&C	\$22	\$20	80% of U&C
MT	Glass Color Coatings - Gradient	\$25	\$21	80% of U&C	\$25	\$21	80% of U&C
PHOTOCROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	80% of U&C	\$26	\$23	80% of U&C
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	80% of U&C	\$30	\$25	80% of U&C
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	80% of U&C	\$6	\$10	80% of U&C
SQ	Edge Coating	\$17	\$19	80% of U&C	\$17	\$19	80% of U&C
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	80% of U&C	\$41	\$25	80% of U&C
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

# Advantage Network

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

## PROGRESSIVE

Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O Lenses)	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$80	\$175
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + 80% of U&C <sup>2</sup>
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$30	\$175 + 80% of U&C <sup>2</sup>
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$48	\$175 + 80% of U&C <sup>2</sup>
NA + ND	Progressive N - Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N - Polarized	\$51	\$31	\$175 + 80% of U&C <sup>2</sup>
OA	Progressive O - Plastic	\$79	\$71	\$150
OA + OB	Progressive O - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$150 + 80% of U&C <sup>2</sup>
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$30	\$150 + 80% of U&C <sup>2</sup>
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$48	\$150 + 80% of U&C <sup>2</sup>
OA + OD	Progressive O - Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O - Polarized	\$51	\$31	\$150 + 80% of U&C <sup>2</sup>
FA	Progressive F - Plastic	\$54	\$51	\$105
FA + FB	Progressive F - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + 80% of U&C <sup>2</sup>
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C <sup>2</sup>
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$48	\$105 + 80% of U&C <sup>2</sup>
FA + FD	Progressive F - Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F - Polarized	\$51	\$31	\$105 + 80% of U&C <sup>2</sup>
FE	Progressive F - Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J - Plastic	\$46	\$49	\$95
JA + JB	Progressive J - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + 80% of U&C <sup>2</sup>
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C <sup>2</sup>
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$48	\$95 + 80% of U&C <sup>2</sup>
JA + JD	Progressive J - Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J - Polarized	\$51	\$31	\$95 + 80% of U&C <sup>2</sup>
JE	Progressive J - Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K - Plastic	\$28	\$27	\$55
KA + KB	Progressive K - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + 80% of U&C <sup>2</sup>
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C <sup>2</sup>
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$48	\$55 + 80% of U&C <sup>2</sup>
KA + KD	Progressive K - Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K - Polarized	\$51	\$31	\$55 + 80% of U&C <sup>2</sup>
KE	Progressive K - Glass/High-index Glass (Clear)	\$53	\$27	\$80

1. The Service Fee for progressives is paid in addition to your VSP Advantage Plan<sup>SM</sup> bifocal lens dispensing fee.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

2. To determine the lens enhancement price, subtract your U&C price of the standard lens enhancement, (i.e., KA progressive), from your U&C price of the premium material lens enhancement, (i.e., KP polarized).

## PROGRESSIVE CATEGORIES<sup>3</sup> AS OF 6/27/2023

<b>Custom</b>	N	Unity <sup>®</sup> Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III <sup>^</sup> , Shamir Autograph Intelligence <sup>^</sup> , Varilux X Fit Technology <sup>^</sup> , ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2 <sup>^</sup> , Kodak Unique DRO, Shamir Autograph II+ <sup>^</sup> , Varilux Physio W3+, Varilux X Design Technology <sup>^</sup> , ZEISS SmartLife Superb <sup>^</sup> /Plus/Pure
<b>Premium</b>	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos <sup>®</sup> Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
<b>Standard</b>	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

3. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOnline at [eyefinity.com](http://eyefinity.com).

<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

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Classification: Restricted

# VSP Enhanced Advantage Plan



## Lens Enhancements Chart



Effective September 1, 2024

**Revised September 1, 2024**

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

### **Copay**

All lens enhancements are covered after a copay. Charge patients the listed copay or 80% of your usual and customary fee (U&C), whichever is lower.

### **VSP Lab Allocation**

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

### **Service Fee**

VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

**Use the following chart for what to charge your patients.**

# VSP Enhanced Advantage Plan™

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	\$31	\$14	\$21	\$35
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	\$56	\$33	\$27	\$60
AH	High-index Plastic 1.66/1.67	\$48	\$35	\$83	\$58	\$40	\$98
AJ	High-index Plastic 1.70 and Above	\$68	\$43	\$111	\$78	\$40	\$118
AD	Polycarbonate	\$14	\$21	\$35	\$14	\$21	\$35
AE	(Lab Use Only)	--	--	--	--	--	--
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$25	\$60	\$85	\$53	\$138

DIGITAL ASPHERIC LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
BA	Digital Aspheric Lenses - Plastic	\$24	\$21	\$45	\$34	\$21	\$55
BA + BB	Digital Aspheric Lenses - High-index Plastic 1.53-1.60/Trivex	\$16	\$12	\$45 + \$28	\$16	\$12	\$55 + \$28
BA + BH	Digital Aspheric Lenses - High-index Plastic 1.66/1.67	\$37	\$21	\$45 + \$58	\$40	\$28	\$55 + \$68
BA + BJ	Digital Aspheric Lenses - High-index Plastic 1.70 and Above	\$57	\$29	\$45 + \$86	--	--	--
BA + BD	Digital Aspheric Lenses - Polycarbonate	\$10	\$0	\$45 + \$10	\$10	\$0	\$55 + \$10

OCCUPATIONAL LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
DA	Polarized Lenses - Plastic A	\$36	\$21	\$57	\$48	\$29	\$77
DA + DB	Polarized Lenses - High-index Plastic 1.53-1.60/Trivex	\$47	\$29	\$57 + \$76	\$59	\$36	\$77 + \$95
DA + DH	Polarized Lenses - High-index Plastic 1.66/1.67	\$55	\$34	\$57 + \$89	\$67	\$41	\$77 + \$108
DA + DJ	Polarized Lenses - High-index Plastic 1.70 and Above	\$70	\$38	\$57 + \$108	--	--	--
DA + DD	Polarized Lenses - Polycarbonate	\$13	\$18	\$57 + \$31	\$13	\$18	\$77 + \$31
DE	Polarized/Laminated Lenses - Glass	\$49	\$29	\$78	\$63	\$38	\$101

BIFOCAL LENS STYLES (MARK BIFOCAL BOX)		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	\$50
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60/Trivex	--	--	--	\$11	\$13	\$50 + \$24
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	\$50 + \$50
IA + IJ	Near Variable Focus - High-index Plastic 1.70 and Above	--	--	--	\$36	\$24	\$50 + \$60
IA + ID	Near Variable Focus - Polycarbonate	--	--	--	\$7	\$13	\$50 + \$20
GA	Blended Bifocal - Plastic	--	--	--	\$14	\$16	\$30

PLASTIC DYES		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g. IB is charged with IA.  
Please note: For children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

The VSP Enhanced Advantage Plan Lens Enhancement Chart only applies to the VSP Enhanced Advantage Plan, including VSP Enhanced Advantage Supplemental Additional Pair and VSP Computer VisionCare™ Plan.

# VSP Enhanced Advantage Plan

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

GLASS TINTS AND COLOR COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I and II and Yellow)	\$16	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings - Solid	\$22	\$20	\$42	\$22	\$20	\$42
MT	Glass Color Coatings - Gradient	\$25	\$21	\$46	\$25	\$21	\$46
PHOTOCHROMICS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
PM	Photochromics - Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics - Plastic	\$45	\$30	\$75	\$45	\$30	\$75
OTHER COATINGS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QT	Anti-reflective Coating C	\$41	\$27	\$68	\$41	\$27	\$68
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid and Single Gradient (Includes Base Color)	\$26	\$23	\$49	\$26	\$23	\$49
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	\$55	\$30	\$25	\$55
QQ	Scratch-resistant Coating A - Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B - Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33
OVERSIZE		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater - Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18
MISCELLANEOUS		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
SP	High Luster Edge Polish	\$6	\$10	\$16	\$6	\$10	\$16
SQ	Edge Coating	\$17	\$19	\$36	\$17	\$19	\$36
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	\$66	\$41	\$25	\$66
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
LF	Light Filter	\$11	\$4	\$15	\$11	\$4	\$15
TA	Technical Add-on	\$8	\$2	\$10	\$28	\$12	\$40
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
DOCTOR SUPPLIED*		SINGLE VISION			MULTIFOCAL		
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	Patient Copay	VSP Lab Allocation	Service Fee	Patient Copay
IM	Plastic Dyes - Solid Color (Pink I and II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes - Solid Color (Except Pink I and II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes - Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

\*In-office Lab: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

# VSP Enhanced Advantage Plan

Effective September 1, 2024

Charge patients the listed patient copay or 80% of your U&C fee, whichever is lower.

## PROGRESSIVE

Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee <sup>1</sup>	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O Lenses)	\$2	\$8	\$10
NA	Progressive N - Plastic	\$95	\$80	\$175
NA + NB	Progressive N - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + \$47
NA + NH	Progressive N - High-index Plastic 1.66/1.67	\$48	\$30	\$175 + \$78
NA + NJ	Progressive N - High-index Plastic 1.70 and Above	\$77	\$48	\$175 + \$125
NA + ND	Progressive N - Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N - Polarized	\$51	\$31	\$175 + \$82
OA	Progressive O - Plastic	\$79	\$71	\$150
OA + OB	Progressive O - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$150 + \$47
OA + OH	Progressive O - High-index Plastic 1.66/1.67	\$48	\$30	\$150 + \$78
OA + OJ	Progressive O - High-index Plastic 1.70 and Above	\$77	\$48	\$150 + \$125
OA + OD	Progressive O - Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O - Polarized	\$51	\$31	\$150 + \$82
FA	Progressive F - Plastic	\$54	\$51	\$105
FA + FB	Progressive F - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + \$47
FA + FH	Progressive F - High-index Plastic 1.66/1.67	\$48	\$30	\$105 + \$78
FA + FJ	Progressive F - High-index Plastic 1.70 and Above	\$77	\$48	\$105 + \$125
FA + FD	Progressive F - Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F - Polarized	\$51	\$31	\$105 + \$82
FE	Progressive F - Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J - Plastic	\$46	\$49	\$95
JA + JB	Progressive J - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + \$47
JA + JH	Progressive J - High-index Plastic 1.66/1.67	\$48	\$30	\$95 + \$78
JA + JJ	Progressive J - High-index Plastic 1.70 and Above	\$77	\$48	\$95 + \$125
JA + JD	Progressive J - Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J - Polarized	\$51	\$31	\$95 + \$82
JE	Progressive J - Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K - Plastic	\$28	\$27	\$55
KA + KB	Progressive K - High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + \$47
KA + KH	Progressive K - High-index Plastic 1.66/1.67	\$48	\$30	\$55 + \$78
KA + KJ	Progressive K - High-index Plastic 1.70 and Above	\$77	\$48	\$55 + \$125
KA + KD	Progressive K - Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K - Polarized	\$51	\$31	\$55 + \$82
KE	Progressive K - Glass/High-index Glass (Clear)	\$53	\$27	\$80

1. The Service Fee for progressives is paid in addition to your VSP Enhanced Advantage Plan bifocal lens dispensing fee.

## PROGRESSIVE CATEGORIES<sup>2</sup> AS OF 6/27/2023

<b>Custom</b>	N	Unity® Via Elite II, Hoyalux iDMyStyle 2, Hoyalux iD LifeStyle 3, Maui Jim Passport 2.0, Shamir Autograph III^, Shamir Autograph Intelligence^, Varilux X Fit Technology^, ZEISS SmartLife Individual
	O	Unity Via Plus II/Mobile II/Wrap II, Array 2^, Kodak Unique DRO, Shamir Autograph II+^, Varilux Physio W3+, Varilux X Design Technology^, ZEISS SmartLife Superb^/Plus/Pure
<b>Premium</b>	F	Unity Via II, Hoyalux Summit, Shamir Spectrum+, Varilux Comfort Max, Varilux Physio DRx, ZEISS Progressive Light V
	J	Ethos® Plus, Amplitude BKS, Kodak Precise, Shamir Element, Varilux Comfort 2, ZEISS Progressive Light H
<b>Standard</b>	K	Ethos, Accolade, Hoyalux GP Wide, Image, Ovation, Shamir Genesis HD, synchrony Easy View HD, ZEISS Progressive Light D

2. For a full list of progressives, please refer to the Product Index in the Manuals on VSPOne at [eyefinity.com](http://eyefinity.com).

<sup>^</sup>This progressive lens is customizable for the most precise prescription.

The VSP formulary is administered by Plexus Optix, Inc. and Plexus reserves the right to make any modifications or adjustments to any or all of the fees in this chart at any time.

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Classification: Restricted

**LAB:** RxO

**BILLING:** Mason Billing Team

**PLAN ID:** 1836706 (Bill Actual) or Auto-Calculate

\*See member benefit summary and attached fee schedules for additional details

	<b>PATIENT PAYS</b>	<b>PLAN PAYS</b>
Exam (92004, 92014, 92015)	Copay listed on Service Record Form	Comprehensive \$55 (reduce if copay) Intermediate \$45 (reduce if copay) *If Retinal Image covered in full, plan pays is \$39
CL Fit (92071, 92310, 92317, S0592)	Copay listed on Service Record Form  *Specialty Contact Lens Fit = U/C- CL Fit allowance + patient copay	Standard Contact Lens Fit* \$30 (reduce if copay)  *Up to \$40 and \$50 allowance on specialty CL Fits. See Authorization sheet for member specific details.
Frames (V2020, V2025)	Allowance listed on Service Record Form	Up to 45% of the frame allowance
Lenses	Copay & Allowances listed on Service Record Form  Additional lens options please see patient benefit form	Single Vision \$20 Bifocals \$35 Trifocals \$50 Progressives \$50  *See fee schedules for covered in full items
Contact Lenses	Allowance listed on Service Record Form	Up to 80% of the members allowance

# SUPERIOR VISION

Maximum allowable for  
Medically Necessary  
Contacts:

Condition	Max Allowable charge
Dry eye syndrome	Up to \$1,200
Keratitis	Up to \$700
Keratoconus (Unstable)	Up to \$2,500
Keratoconus (Stable)	Up to \$1,200
Pediatric Corneal Disorder & Post Traumatic Disorder	Up to \$700
Erosion	Up to \$700
Pediatric Aphakia	Up to \$700
Pediatric Pathological Myopia	Up to \$700
High Ametropia	Up to \$700
Hypermetropia	Up to \$700
Myopia	Up to \$700
Irregular Astigmatism	Up to \$1,000
Anisometropia	Up to \$700
Sjögren syndrome	Up to \$700
Vision Improvement	Up to \$700
Congenital malformations of anterior segment of eye	Up to \$700
Pediatric Aniridia	Up to \$3,700
Injury of conjunctiva and corneal abrasion w/out foreign body	Up to \$700
Foreign body in cornea	Up to \$700

**LAB:** RxO**BILLING:** Mason Billing Team**PLAN ID:** 1835353 (Bill Actual) or Auto-Calculate

\*See member benefit summary and attached fee schedules for additional details

	PATIENT PAYS	PLAN PAYS			
Exam	Copay listed on Service Record Form	92002 92004 92012 92014	\$46 \$55 \$40 \$49	92015 Optomap *images only if stated covered	
CL Fit	Copay listed on Service Record Form	<ul style="list-style-type: none"> <li>92071, 92310-92317 = \$29 if covered in full by the plan</li> <li>92071, 92310-92317 (ND modifier) = Lesser of 80% Customer Charge or 80% of allowance</li> <li>92071, 92310-92317 (XC modifier) = Lesser of Customary Charge or \$500</li> </ul>			
Frames (V2020, V2025)	Allowance listed on Service Record Form • 30% discount on frame overage	45% of the customary charge			
Lenses	Copay & Allowances listed on Service Record Form	Single Vision Bifocals Trifocals <u>Progressives:</u> Tier I Tier II Tier III Tier IV Tier V	\$25 \$35 \$45  \$70 \$85 \$120 \$140 \$190	Photochromic Tint only UV Coating Roll & Polish Polycarbonate High Index 1.54-1.73 High Index 1.74 = 39% of Customary Charge	Anti-Reflective: Tier I Tier II Tier III Tier IV  *All other lens options 68% of Customary Charge
Contact Lenses	Allowance listed on Service Record Form	<ul style="list-style-type: none"> <li>Contact Lenses-Non Formulary, Elective = 80% of Customary Charge</li> <li>Contact Lenses-Formulary, Elective = 68% of Customary Charge or \$50.00 per box for Daily or Bi-weekly Replacements, or \$70 per box for Monthly Replacements</li> <li>Contact Lenses-Necessary = Lesser of 80% of Customary Charge or \$1,500.00</li> </ul>			

**EXHIBIT C**  
**FEE SCHEDULE**

Unless another fee schedule to this Agreement applies specifically to a particular Vision Plan as it covers a particular Enrollee, the provisions of this fee schedule apply to Covered Services rendered by Provider to Enrollees covered by Vision Plans administered by SPECTERA EYECARE NETWORKS.

Any co-payment, deductible or coinsurance that the Enrollee is responsible to pay under the Enrollee's Vision Plan will be subtracted from the listed amount in determining the amount to be paid by SPECTERA EYECARE NETWORKS. Any amounts collected from the Enrollee in excess of those listed below for Ophthalmic Lens Options and Frames shall be owed to SPECTERA EYECARE NETWORKS and will be withheld from the applicable remittances. The actual payment is also subject to matters described in this agreement, such as the Protocols.

As described in the NAM, all balance due amounts owed to SPECTERA EYECARE NETWORKS by Provider must be submitted to SPECTERA EYECARE NETWORKS no later than thirty (30) days after receipt of such monies.

In accordance with Article 1.1 of this Agreement, once an Enrollee reaches his/her maximum allowable amount of frequency of Covered Services under the Vision Plan, those additional services shall not be considered Covered Services, and Enrollee shall be responsible for payment to the Provider for all such services.

**Section 1**  
**Additional Definitions**

Allowance is the covered amount as defined in the Enrollee's Vision Plan.

Customary Charge is the fee for vision care services or supplies charged by the Provider that does not exceed the fee that the Provider would ordinarily charge another person regardless of whether the person is an Enrollee of a Vision Plan administered by SPECTERA EYECARE NETWORKS.

**Section 2**  
**Reimbursement for Covered Services**

Provider Reimbursement Rates for Covered Services are the lesser of Provider's Customary Charge or the amounts outlined below.

## Fee Schedule

PROFESSIONAL SERVICES			
CODE RANGE	MODIFIER	DESCRIPTION	REIMBURSEMENT AMOUNT
<b>EYE EXAMINATIONS</b>			
92002		Medical exam and evaluation; intermediate, new patient	\$46.00
92004		Medical exam and evaluation; comprehensive, new patient	\$55.00
92012		Medical exam and evaluation; intermediate, established patient	\$40.00
92014		Medical exam and evaluation; comprehensive, established patient	\$49.00
S0620		Routine ophthalmological examination including refraction; new patient	\$52.00
S0621		Routine ophthalmological examination including refraction; established patient	\$50.00
92015		Refraction determination	\$ 9.00
S9986		Retinal screening photography	\$39.00
<b>CONTACT LENS FITTING &amp; FOLLOW UP</b>			
92071, 92310- 92317, S0592		Contact Lens Fitting and Evaluation - Elective	\$29.00 if covered in full by the Enrollee's Vision Plan
92071, 92310- 92317, S0592	ND	Contact Lens Fitting and Evaluation - Elective	Lesser of 80% Customary Charge or 80% of the Allowance
92071, 92310- 92317, S0592	XC	Contact Lens Fitting and Evaluation – Necessary	Lesser of 80% of Customary Charge or \$500.00

MATERIALS			
CODE RANGE	MODIFIER	DESCRIPTION	REIMBURSEMENT AMOUNT
<b>FRAMES</b>			
S0516		Safety frame	45% of Customary Charge (provider must supply a 30% discount on frame overage)
V2020, V2025		Frame	45% of Customary Charge (provider must supply a 30% discount on frame overage)
<b>OPHTHALMIC LENSES/PER PAIR</b>			
V2100-V2115, V2118, V2121, V2199		Single Vision Lens – Plastic	\$25.00
V2200-V2215, V2218-V2221, V2299		Bifocal Vision Lens – Plastic	\$35.00
V2300-V2315, V2318-V2321, V2399		Trifocal Vision Lens – Plastic	\$45.00
V2781	P1	Tier I Progressive Ophthalmic Lens	\$70.00
V2781	P2	Tier II Progressive Ophthalmic Lens	\$85.00
V2781	P3	Tier III Progressive Ophthalmic Lens	\$120.00
V2781	P4	Tier IV Progressive Ophthalmic Lens	\$140.00
V2781	P5	Tier V Progressive Ophthalmic Lens	\$190.00
<b>OPHTHALMIC LENS OPTIONS/PER PAIR</b>			
V2744		Photochromic	\$58.00
V2745		Tint (not including Photochromic)	\$10.00
V2750	R1	Tier I Anti-reflective coating	\$29.00
V2750	R2	Tier II Anti- reflective coating	\$32.00
V2750	R3	Tier III Anti- reflective coating	\$55.00
V2750	R4	Tier IV Anti- reflective coating	\$70.00
V2755		UV coating	\$13.00
V2760		Standard scratch coating	Included
V2782, V2783		High Index 1.54-1.73 plastic	\$40.00
V2783	HI	High index $\geq$ 1.74 plastic	39% of Customary Charge
V2784, S0580		Polycarbonate	\$23.00
V2799	PP	Roll and Polish	\$ 8.00

<b>MATERIALS</b>			
<b>V2799</b>	<b>SW</b>	Scratch warranty	\$ 7.00
<b>ALL OTHER OPHTHALMIC LENS OPTIONS</b>			68% of Customary Charge
<b>CONTACT LENSES</b>			
<b>CODE RANGE</b>	<b>MODIFIER</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT AMOUNT</b>
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599</b>	CD CM	Contact Lenses - Formulary, Elective	68% of Customary Charge, or \$50.00 per box for Daily or Bi-weekly Replacements, or \$70.00 per box for Monthly Replacements
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599</b>	ND	Contact Lenses – Non-Formulary, Elective	80% of Customary Charge
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2599</b>	XC	Contact Lenses - Necessary	Lesser of 80% of Customary Charge or \$1,500.00

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# LENS RESOURCES

# LENS REFERENCE CHART

ITEM	VCODE	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
<b>Crizal Easy Pro</b>	V2750 V2755 EM/VSP	Tier 2 + BS UV	Cat C + BS UV	Tier 3	Ultra	Prem AR 1
<b>Crizal Sapphire HR</b>	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
<b>Crizal Prevencia</b>	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Ultra
<b>Crizal Rock</b>	V2750 V2755 EM/VSP	Tier 3 + BS UV	Cat D + BS UV	Tier 4	Ultimate	Prem AR 2
<b>Crizal Sunshield UV</b>	V2750 V2755 EM	Tier 2 + BS UV	Cat D	Tier 4	Premium	Not Covered
<b>Crizal Sunshield Mirrors UV</b>	V2750 V2755 EM	Tier 3 + BS UV	Cat D (QP+QV)	Tier 4	Premium	Not Covered
<b>Premium AR   Premium BS AR</b>	V2750	Tier 2	Cat C (Lab Choice)	Tier 3	Ultra	Prem AR 1
<b>Varilux Comfort Max Fit</b>	V2781 V2702 CM for VSP	Tier 3	Cat O + CM	Tier 3	Ultra	Prem Prog 3
<b>Varilux XR Fit</b> (Varilux XR Design)	V2781 V2702 CM for VSP	Tier 4	Cat N + CM	Tier 5	Ultimate	Prem Prog 4
<b>Varilux XR Track Fit</b> (Varilux XR Track)	V2781 V2702 CM for VSP	Tier 5	Cat N + CM + TA	Non-Formulary	Not Covered	Not Covered
<b>Wrap Plus</b> (Private label design) Similar to Attitude III Fashion	V2781	Tier 4	Cat O	Not Covered	Ultimate	Prem Prog 2
<b>Premium PG Design</b> Accolade	V2781	Tier 1	Cat K	Tier 2	Premium	Prem Prog 1
<b>Standard PG Design</b> (Value & MVC: Ovation Digital)	V2781	Standard	Cat K	Tier 1	Premium	Prem Prog 1
<b>PG Computer*</b> 5' no Distance (Similar to Shamir Computer)	V2781 V2799 for VSP	Tier 3	Near Variable Focus	Tier 1	Not Covered	Near Variable Focus

\*Typically – Computer PGs are purchased as a secondary pair – leverage 40% Off Additional Pairs when applicable.

# LENS RETAIL PRICING

Code	Lens Materials	Price
	Plastic	\$ -
V2784	Poly	\$ 45.00
V2783	High Index 1.67	\$ 140.00
V2783	High Index 1.74	\$ 235.00

Code	Lens Designs	Price
V2410	Aspheric	\$ -
V2100 - V2114	Single Vision	\$ 100.00
	SV DST (SV \$100 + DST \$60)	\$ 160.00
V2100 - V2114	SV Eyezen Start (SV \$100 + DST \$140)	\$ 240.00
V2100 - V2114	SV Eyezen 1 - 4 (SV \$100 + DST \$150)	\$ 250.00
V2200- V2299	Bifocal (Base Lens Fee)	\$ 165.00
V2300- V2399	Trifocal (Base Lens Fee)	\$ 165.00
V2781	Varilux Comfort Max Fit	\$ 295.00
V2781	Varilux XR Fit	\$ 470.00
V2781	Varilux XR Track Fit	\$ 530.00
V2781	Progressive Wrap Plus (Shamir Attitude III)	\$ 400.00
V2781	Premium PG Design (Accolade)	\$ 210.00
V2781	Standard PG Design (MVC = Ovation Digital)	\$ 165.00
	PG Computer (5' no distance   Ideal computer)	\$ 295.00

When billing VSP, enter the difference between the progressive retail and the base BF lens

Example: V X Fit = \$450  
V2200: \$165  
V2781: \$285 (\$450 - \$165)

Code	ARs	Price
V2750	Premium AR   Premium BS AR	\$ 110.00
V2755	Backside UV (add to Crizal ARs)	\$ 15.00
V2750	Crizal SunShield UV	110+15= \$ 125.00
V2750	Crizal Easy Pro	110+15= \$ 125.00
V2750	Crizal Rock	160+15= \$ 175.00
V2750	Crizal Sapphire HR	170+15= \$ 185.00
V2750	Crizal Prevencia	170+15= \$ 185.00

Code	Tints	Price
V2799	Blue Light (VSP: LF)	\$ 45.00
V2762	Polarized	\$ 85.00
V2745	Solid tint	\$ 25.00
V2745	Gradient tint	\$ 30.00
V2761	Mirror	\$ 90.00
V2744	Transitions GEN 8	\$ 130.00
V2744	Transitions GEN S	\$ 142.00
V2744	Transition Xtractive	\$ 155.00
V2744	Transition Xtractive Polarized	155+85= \$ 240.00

Code	Add-on/Custom measurement	Price	Notes
	Polish	\$ 25.00	VSP = High Luster Edge Polish
	Roll & Polish	\$ 40.00	
	Rimless Drill (Only GA Poly Hi Index)	\$ 70.00	
V2780	Oversize Frame	\$ 15.00	VSP = 61 eye size or greater
	<b>VSP ONLY</b>		
	Custom Measurements (VX X Fit & Comfort Max Fit)	\$ 10.00	
	Technical Add On, (Eyezen 1-4 only)	\$ 10.00	

# REFERENCE CODES

## Diagnosis Codes

### Hyperopia

H52.00	Unspecified Eye
H52.01	Right Eye
H52.02	Left Eye
H52.03	Bilateral

### Regular Astigmatism

H52.229	Unspecified Eye
H52.221	Right Eye
H52.222	Left Eye
H52.223	Bilateral

### Myopia

H52.10	Unspecified Eye
H52.11	Right Eye
H52.12	Left Eye
H52.13	Bilateral

### Irregular Astigmatism

H52.219	Unspecified Eye
H52.211	Right Eye
H52.212	Left Eye
H52.213	Bilateral

## Exam Codes

92014, 92004	Comprehensive Exam
92012, 92002	Intermediate Exam
92015	Refraction

## Vision Codes

V2020	Frame	V2745	Addition to lens, tint
V2025	Deluxe Frame	V2750	Anti-reflective Coating
V2100-V2199	SV Lens	V2755	UV, per lens
V2200-V2299	Bifocal Lens	V2760	Scratch Resistant Coating
V2300-V2399	Trifocal Lens	V2761	Mirror Coating
V2410	Aspheric	V2762	Polarized Lens
V2700	Balance Lens	V2781	Progressive Lens
V2702	Deluxe Lens Feature	V2782	Plastic Lens
V2710	Slab Off Prism	V2783	High Index Lens
V2715	Prism, per lens	V2784	Polycarbonate Lens
V2744	Tint, Photochromic	V2799	Vision item or service, miscellaneous

# CIAO! OPTICAL ENTRY

# CIAO! OPTICAL ENTRY-MEDICAL PLANS

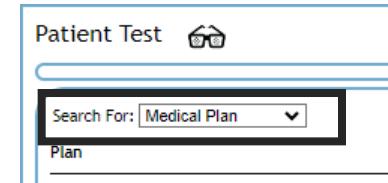
1 Click the Checkmark to indicate you'd like to apply insurance



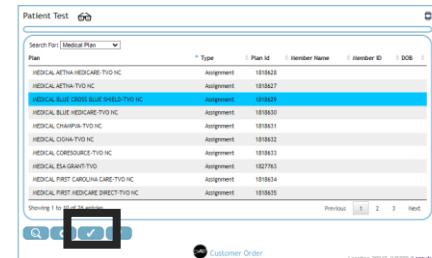
2 Click the blue the Search button



3 On the Search For pulldown bar, change it to Medical



- Select the carrier you need to enter
- Note there are multiple pages



# CIAO! OPTICAL ENTRY-MEDICAL PLANS

## 5 Bypass the Plan Details screen

Plan Name: HEDICAL BLUE CROSS BLUE SHIELD-TCO NC

Plan ID: 1818629

Plan Type: Assignment

Effective Date: 01/01/2024

Termination Date: 12/31/2024

This is an assignment plan that requires authorization. Use the following method to contact the plan.

Phone #: [\(800\) 555-1234](#)

Phone #: [\(800\) 555-1234](#)

Web: [www.hedical.com](#)

- 6 Use the E.H.R Invoice to transfer the services into Ciao! Optical

7 Enter the patient diagnosis and hit continue

Select Diagnosis

- Myopia, unspecified eye
- Presbyopia
- Unspec amblyopia OD
- Unspec amblyopia OS
- Unspec amblyopia, both
- Unspec amblyopia, unspec eye
- Unspec astig. OD
- Unspec astig. OS
- Unspec astig, unspec eye
- Unspec astigmatism, OU

Select Code

ICD Code:

Diagnosis:

Selected Diagnosis

Diagnosis	Code
No Diagnoses Selected.	

# CIAO! OPTICAL ENTRY-MEDICAL PLANS

5

Enter the Plan Pays, Discounts, and Patient Copays from the E.H.R. Invoice

- On the discount column, this is the % key to change it to a \$ or your Ciao! Equations will be off
- Retail Price- Plan Pays= Discounts**
- Hit the continue arrow once finished

The image shows a split-screen view of a medical software interface. On the left, a patient invoice is displayed for 'Blue Cross Blue Shield (Primary Medical)' with service dates of 04/22/2024. The invoice details include a list of medical services with their descriptions, unit prices, and balance amounts. On the right, a 'Patient Test' window titled 'Doctor Services' is open, showing an 'Order Price Calculator' for a 'MEDICAL BLUE CROSS BLUE SHIELD-TVO' plan. The calculator table includes columns for Services, Retail Price, You Pay, Plan Pays, Discount, and Copay. A red box highlights the 'Plan Pays' column, and a red arrow points to the 'Discount' column, indicating where to enter the discount amount. Below the table is a 'Benefit Calculation Notes' section and a set of navigation buttons.

**Note: In REV apply fee schedule, then enter patient copay, and the system will automatically update the balance that you will transfer into Ciao!**

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

Use the quick Reference chart below to help guide you in which plans to use:

Patient Benefits	Select this plan
Covered in full items other than poly (AR, Progressives, etc.)	Generic plan
Contact lenses over \$1000	Generic plan
Medically necessary contact lenses	Generic plan
Copay is different from the VSP ENH chart	Generic plan
Easy options plan	Generic plan
Patient allowed to choose an upgrade	Generic plan
Plans not programmed	Generic plan
ALL OTHER PLANS	AUTO CALCULATION PLANS

Use this chart to help you identify which lens to select in Ciao!

	VSP	Spectera	Versant
Preferred	Varilux X Fit	Varilux X Fit	Varilux X Fit
Classic	Varilux Comfort Max Fit	Varilux Comfort Max Fit	Varilux Comfort Max Fit
Essential	Premium Progressive	Premium Progressives	Premium Progressive

[Google Doc: AZ Auto-Calc Plan ID's](#)

**Note-** When selling SV DST lenses, sell Eyezen Start or Eyezen 1-4 when prescribed by OD.

This will allow your patient to have Crizal EasyPro AR for the same copay as Premium AR (i.e., better lens for minimal cost.)

In Addition, Eyefinity doesn't offer a regular SV DST lens.

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

Additional things to note:

## Contact lenses:

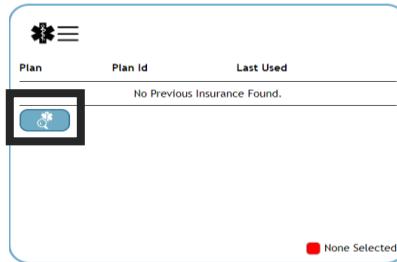
- If the retail amount is over \$1000, you must use the Generic Plan
- Medically necessary contacts must be billed with Generic Plans
- Auto calculations may distribute copays on a different line item that you are used to
- Do not edit an auto-calculation plan- either use a Generic plan or discount in Xstore
- If you chose the correct plan, and do not edit the claim it will not be sent back to you to re-key
- If the patient is over charged, there may be specific instances where the billing team asks the site to process an After The Fact (ATF) discount in Ciao Optical! to refund the patient
- In other circumstances the Assignment team will refund the patient
- At this time, if we under charge a patient we will not collect a balance

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

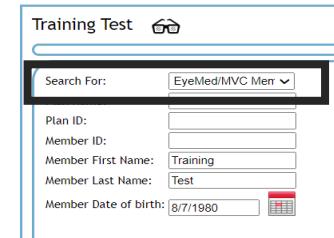
1 Click the Checkmark to indicate you'd like to apply insurance



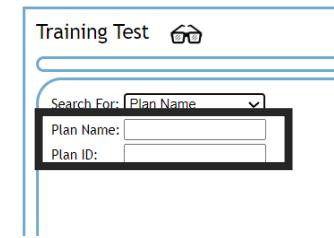
2 Click the blue the Search button



3 On the Search For pulldown bar, change it to Plan Name



- Fill in the Plan Name or Plan ID from your Google Doc
- Click the Search button (Magnifier)



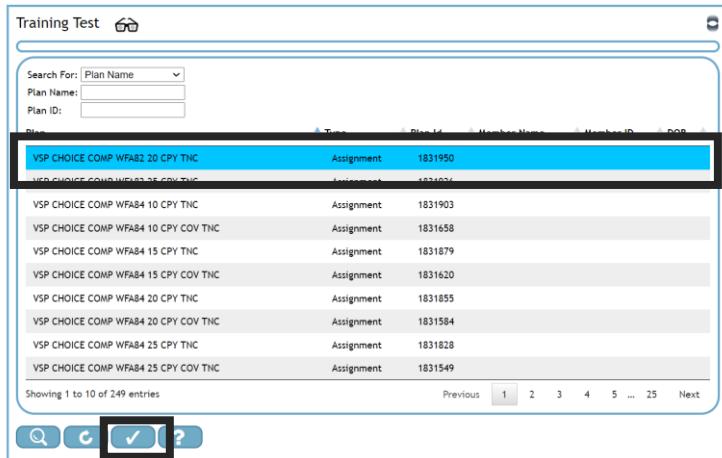
Enter this Cadence when searching via Plan Name:

- Exams: VSP > Choice or Sig > Exam > \$XX (Copay)
- Contacts: VSP Contacts \$XXX (CL Allowance)

See Auto-Calculations Guide for additional details

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

5 Select the plan from the listing and click the Checkmark



Training Test

Search For: Plan Name

Plan Name:

Plan ID:

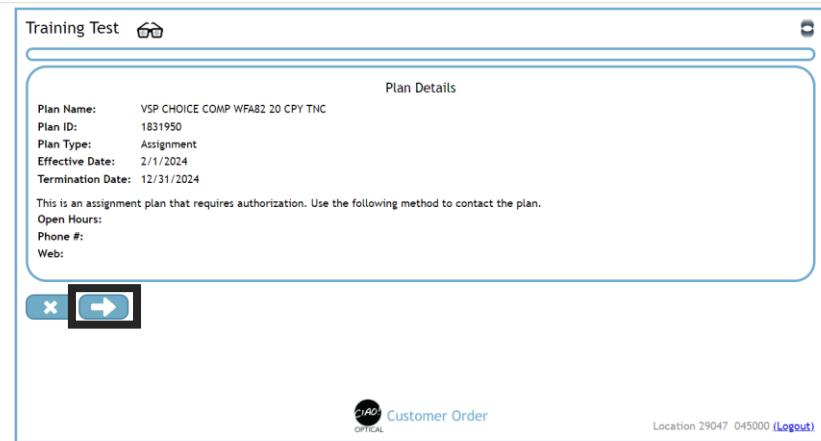
Plan	Type	Plan ID	Member Name	Member ID	DOB
VSP CHOICE COMP WFA82 20 CPY TNC	Assignment	1831950			
VSP CHOICE COMP WFA84 25 CPY TNC	Assignment	1831402			
VSP CHOICE COMP WFA84 10 CPY TNC	Assignment	1831903			
VSP CHOICE COMP WFA84 10 CPY COV TNC	Assignment	1831658			
VSP CHOICE COMP WFA84 15 CPY TNC	Assignment	1831879			
VSP CHOICE COMP WFA84 15 CPY COV TNC	Assignment	1831620			
VSP CHOICE COMP WFA84 20 CPY TNC	Assignment	1831855			
VSP CHOICE COMP WFA84 20 CPY COV TNC	Assignment	1831584			
VSP CHOICE COMP WFA84 25 CPY TNC	Assignment	1831828			
VSP CHOICE COMP WFA84 25 CPY COV TNC	Assignment	1831549			

Showing 1 to 10 of 249 entries

Previous 1 2 3 4 5 ... 25 Next

🔍 c ✓ ?

6 Review you've selected the correct plan and click the Checkmark



Training Test

Plan Details

Plan Name: VSP CHOICE COMP WFA82 20 CPY TNC

Plan ID: 1831950

Plan Type: Assignment

Effective Date: 2/1/2024

Termination Date: 12/31/2024

This is an assignment plan that requires authorization. Use the following method to contact the plan.

Open Hours:

Phone #:

Web:

✖ ➡

Customer Order

Logout

# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

## 7 Complete the Insurance Demographics Screen

**A** Checkmark the service you are currently entering and enter Material Authorization number

- If carrier does not issue authorizations, enter 1234

**B** Enter the Member ID number

**C** Complete all fields for Customer Plan Information

- For Primary Member indicate Self
- For Dependents, complete the Primary Member Plan Information for your billing team

Training Test

Plan Information

Plan Name:: VSP-ROBIN

Phone #:

Open Hours:

Plan ID: 1824524

Plan Type: Assignment

Authorized:  Frame  Lens  
 Contacts  Exam

Materials Auth: 6783424

Benefit Calculation Notes:

Member ID: 12345678

SSN:

DOB: 8/7/1980

Customer Plan Information

Employment Status: Full-Time Employer: Target

Student Status: Not a Student Marital Status: Married

Relation to Primary Member: Self

Is condition related to employment?  Yes  No  Unknown

Is customer's need accident related?  Yes  No

Is there a secondary plan?  Yes  No

Primary Member Plan Information

First Name: Last Name: MI:

Address:

ZIP Code: City: State:

Member ID: SSN: Phone:

Gender:  Male  Female Employment Status:

Employer: Marital Status:

DOB: MM/DD/YYYY Student Status:

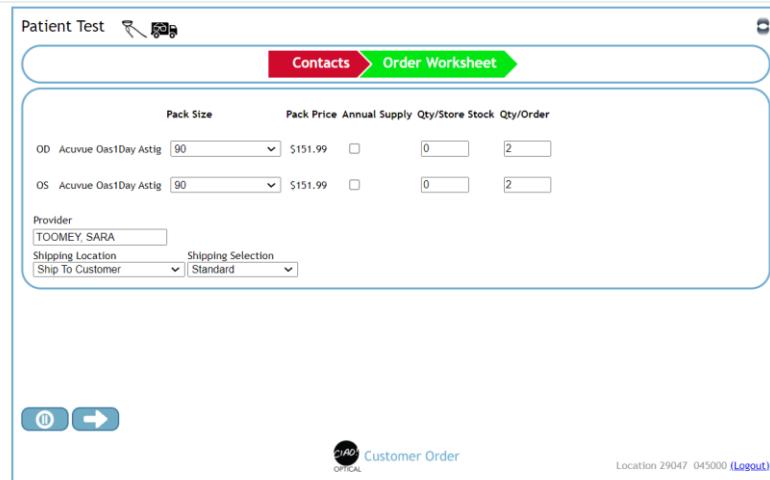
CIAO! Customer Order  
OPTICAL

Location 29103 045000 (Logout)

60

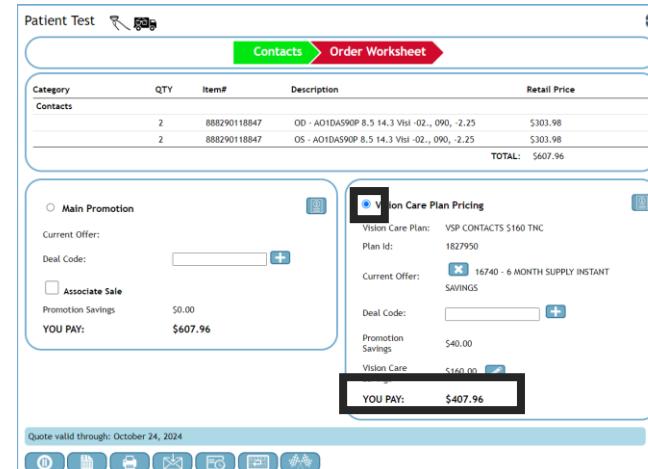
# CIAO! OPTICAL ENTRY-AUTO CALCULATION PLANS

8 Enter Exam and Contact Lens Materials (must have separate auth entered)



Pack Size	Pack Price	Annual Supply	Qty/Store Stock	Qty/Order
OD Acuvue Oas1Day Astig	\$151.99	0	2	
OS Acuvue Oas1Day Astig	\$151.99	0	2	

9 Ciao! will calculate the patient out of pocket expenses. Select the Radio Button and continue



Category	QTY	Item#	Description	Retail Price
Contacts	2	888290118847	OD - AO1DA590P 8.5 14.3 Vsl -02, .090, -2.25	\$103.98
	2	888290118847	OS - AO1DA590P 8.5 14.3 Vsl -02, .090, -2.25	\$103.98
				<b>TOTAL: \$607.96</b>

Main Promotion

Current Offer:

Deal Code:

Associate Sale

Promotion Savings: \$0.00

YOU PAY: \$607.96

Vision Care Plan Pricing

Vision Care Plan: VSP CONTACTS \$160 TNC

Plan Id: 1827950

Current Offer:  16740 - 6 MONTH SUPPLY INSTANT SAVINGS

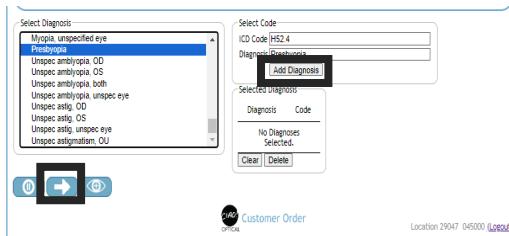
Deal Code:

Promotion Savings: \$40.00

Vision Care: \$160.00

YOU PAY: \$407.96

**Note:** For all eye exams a medical diagnosis must be entered



Select Diagnosis

- Myopia, unspecified eye
- Presbyopia
- Unspec amblyopia, OD
- Unspec amblyopia, OS
- Unspec amblyopia, both
- Unspec amblyopia, unspc eye
- Unspec astig, OD
- Unspec astig, OS
- Unspec ambig, unspc eye
- Unspec astigmatism, OU

Select Code

ICD Code: H52.4

Diagnosis:

**Add Diagnosis**

Selected Diagnosis

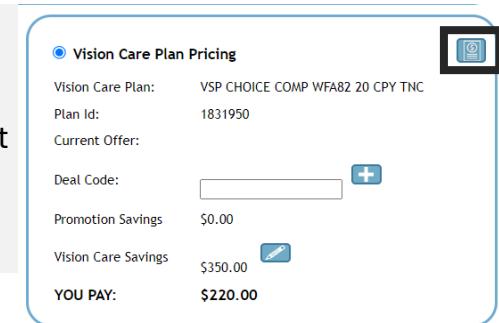
Diagnosis Code:

No Diagnoses Selected

**Customer Order**

Logout

**Note:** Patients find insurance confusing, so a best practice is to Celebrate The Total Savings and share the out-of-pocket costs, but If a patient requests to see how it was broken out by line item, click the dollar bill for fees



Vision Care Plan Pricing

Vision Care Plan: VSP CHOICE COMP WFA82 20 CPY TNC

Plan Id: 1831950

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$350.00

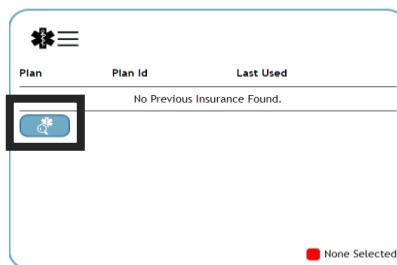
YOU PAY: \$220.00

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

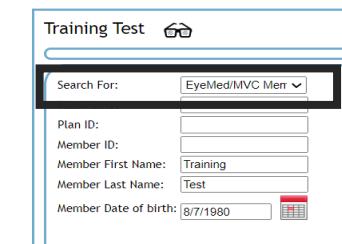
1 Click the Checkmark to indicate you'd like to apply insurance



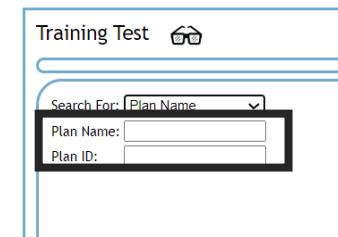
2 Click the blue the Search button



3 On the Search For pulldown bar, change it to Plan Name

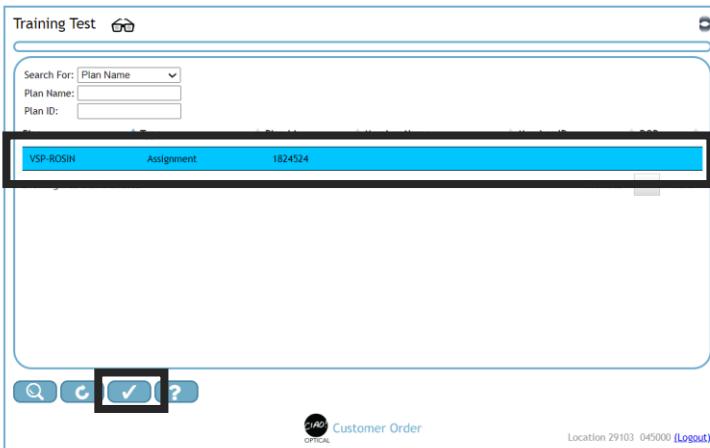


4 • Fill in the Plan Name or Plan ID  
• Click the Search button (Magnifier)



# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

5 Select the plan from the listing and click the Checkmark



Training Test

Search For: Plan Name

Plan Name:

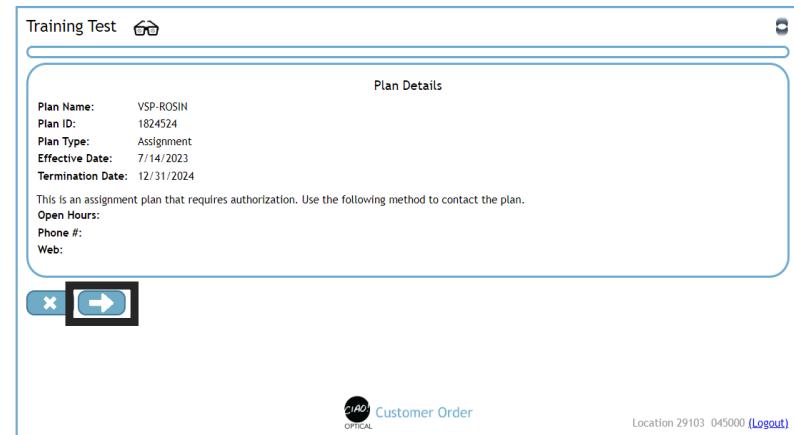
Plan ID:

VSP-ROSN Assignment 1824524

Customer Order

Logout

6 Review you've selected the correct plan and click the Checkmark



Training Test

Plan Details

Plan Name: VSP-ROSN  
Plan ID: 1824524  
Plan Type: Assignment  
Effective Date: 7/14/2023  
Termination Date: 12/31/2024

This is an assignment plan that requires authorization. Use the following method to contact the plan.  
Open Hours:  
Phone #:  
Web:

Customer Order

Logout

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

## 7 Complete the Insurance Demographics Screen

Checkmark the service you are currently entering and enter Material Authorization number

- Enter 1234 if not applicable

Enter the Member ID number

- Enter 1234 if not applicable

Complete all fields for Customer Plan Information

- For Primary Member indicate Self
- Selecting Self will bypass the Primary Member details

Training Test

**Plan Information**

Plan Name:: VSP-ROBIN  
Phone #:   
Open Hours:   
Plan ID: 1824524

Plan Type: Assignment

Authorized:  Frame  Lens  
 Contacts  Exam

Materials Auth: 6783424

**Customer Plan Information**

Employment Status: Full-Time Employer: Target  
Student Status: Not a Student Marital Status: Married

Relation to Primary Member: Self

Is condition related to employment?  Yes  No  Unknown  
Is customer's need accident related?  Yes  No  
Is there a secondary plan?  Yes  No

**Primary Member Plan Information**

First Name:  MI:  Last Name:   
Address:   
ZIP Code:  City:  State:   
Member ID:  SSN:  Phone:   
Gender:  Male  Female Employment Status:   
Employer:  Marital Status:   
DOB:  MM/DD/YYYY  Student Status:

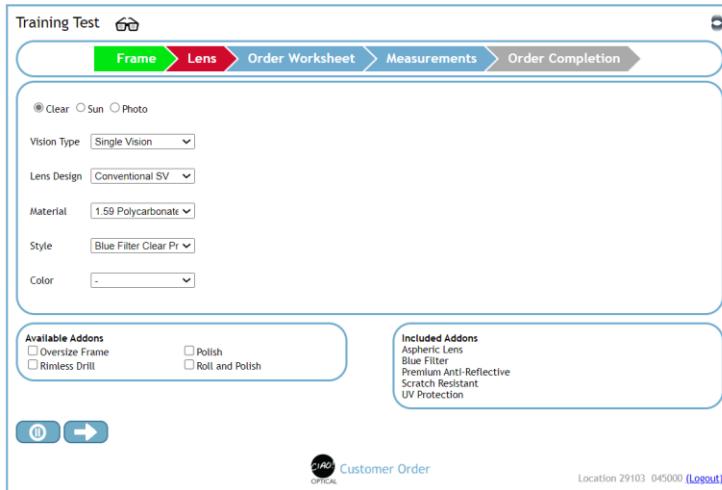
**CIAO! OPTICAL Customer Order**

Location 29103 045000 (Logout)

# CIAO! OPTICAL ENTRY—BILL ACTUAL PLANS

8

Enter Frame and Lens Selection



Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Clear Sun Photo

Vision Type: Single Vision

Lens Design: Conventional SV

Material: 1.59 Polycarbonate

Style: Blue Filter Clear Pr

Color: -

Available Addons: Oversize Frame, Polish, Rimless Drill

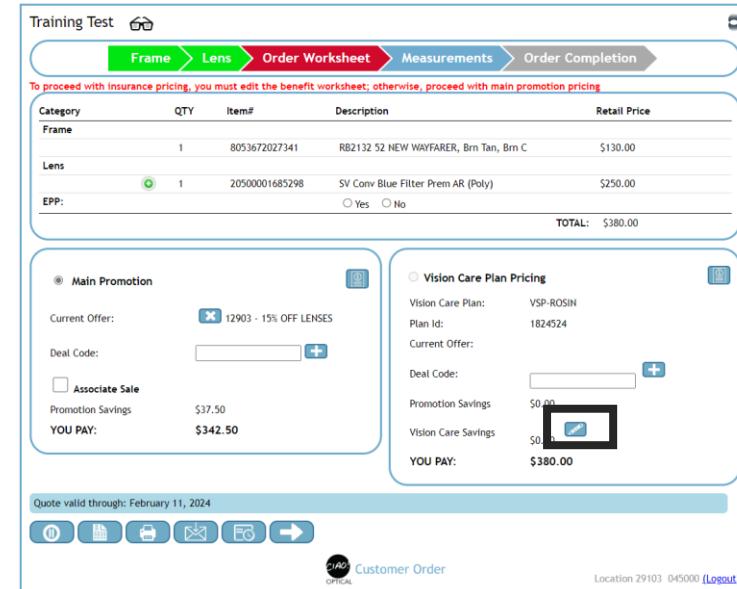
Included Addons: Aspheric Lens, Blue Filter, Premium Anti-Reflective, Scratch Resistant, UV Protection

Customer Order

Location 29103 045000 (Logout)

9

On the Order Worksheet, click the Pencil to apply allowances



Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

To proceed with insurance pricing, you must edit the benefit worksheet; otherwise, proceed with main promotion pricing

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00

EPP: Yes No

**Main Promotion**

Current Offer: 12903 - 15% OFF LENSES

Deal Code:  +

Associate Sale

Promotion Savings: \$37.50

YOU PAY: \$342.50

**Vision Care Plan Pricing**

Vision Care Plan: VSP-ROGIN

Plan Id: 1824524

Current Offer:

Deal Code:  +

Promotion Savings: \$0.00

Vision Care Savings: \$0.00

YOU PAY: \$380.00

Quote valid through: February 11, 2024

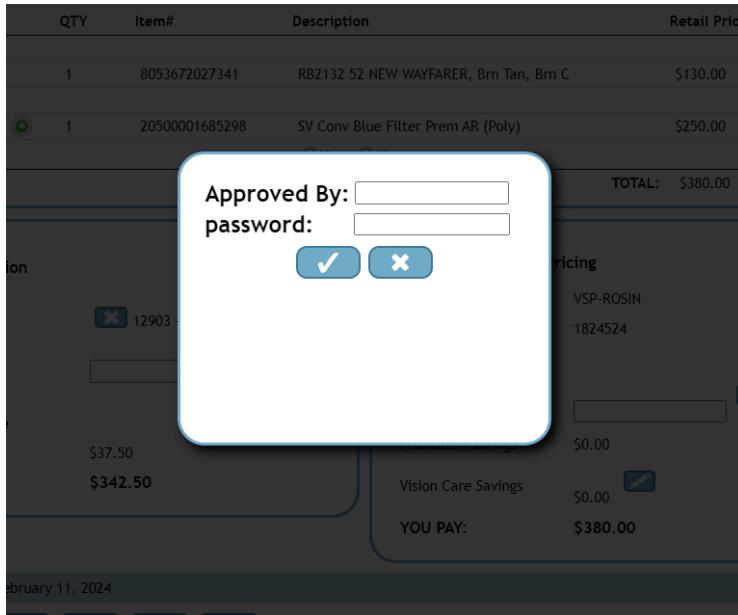
Customer Order

Location 29103 045000 (Logout)

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

10

Enter your EssilorLuxottica Network Credentials



QTY	Item#	Description	Retail Price
1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00

**Approved By:**   
**password:**

**TOTAL:** \$380.00

12903

\$37.50

\$342.50

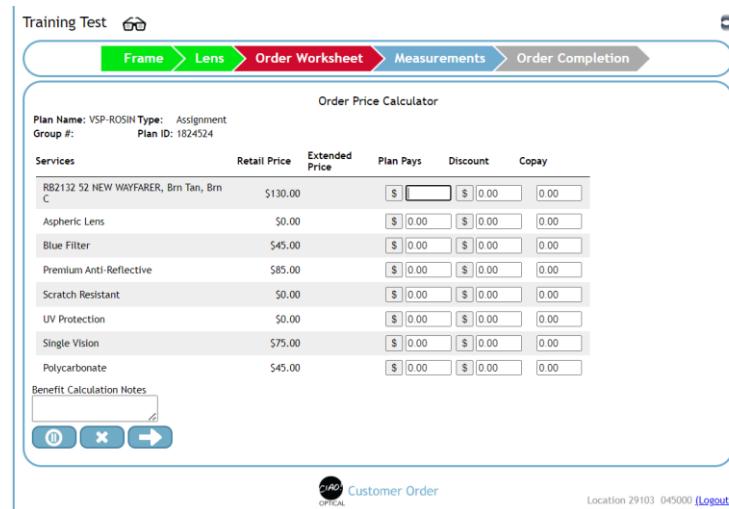
Vision Care Savings \$0.00

YOU PAY: \$380.00

February 11, 2024

11

On the Order Worksheet, click the Pencil to edit the benefits



Training Test

Frame > Lens > **Order Worksheet** > Measurements > Order Completion

Order Price Calculator

Plan Name: VSP-ROBIN Type: Assignment  
Group #: 1824524  
Plan ID: 1824524

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00	\$130.00	\$0.00	\$0.00	\$0.00
Aspheric Lens	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Blue Filter	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00
Premium Anti-Reflective	\$85.00	\$85.00	\$0.00	\$0.00	\$0.00
Scratch Resistant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UV Protection	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Single Vision	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00
Polycarbonate	\$45.00	\$45.00	\$0.00	\$0.00	\$0.00

Benefit Calculation Notes

Customer Order  
Location 29103 045000 (Logout)

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

A

**Plan Pays column:** These amounts will be found in your insurance book

- Will also include WFA allowance from patient benefit summary
- Covered in full items- add the service fee column from the VSP Enhancement charts

	SIGNATURE PLAN	CHOICE PLAN
<b>EYE EXAMINATIONS</b>		
Comprehensive Exam New 92004   Ext. 92054	\$164.40	\$264.00
Intermediate Exam New 92002   Ext. 92012	\$121.40	\$221.60
Examination Only		
<b>MATERIAL DISPENSING</b>		
Single Vision Lenses	\$130	\$171
Bi-Focal Lenses**	\$139	\$211.20
Trifocal Lenses	\$148	\$214.20
Lenticular Lenses	\$182.78	\$234.30
New Frame	\$134	\$200.00

ASPHERICAL AND SPHERICAL LENS STYLES		SINGLE VISION		MULTIFOCAL	
Code	Lens Enhancement Description	VSP Lab Allocation	Service Fee	VSP Lab Allocation	Service Fee
AA	Acrylic Plastic 1.50	\$10	\$21	\$10	\$21
AB	High-Index Plastic 1.55/1.60/1.67	\$29	\$57	\$29	\$57
AH	High-Index Plastic 1.66/1.77	\$49	\$93	\$58	\$104
AJ	High-Index Plastic 1.70 and Above	\$68	\$143	\$78	\$118
AD	Polyarbonate	\$14	\$21	\$35	\$14
AE	(Lab Use Only)	--	--	--	--
AF	High-Index Glass 1.65-1.80 (Other)	\$35	\$60	\$85	\$158

B

**Discount column:** Retail Price- Plan Pays column = the amount you list in the Discount column

C

Patient copays and/or any out-of-pocket(OOP) expenses owed by the patient

Training Test 

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price	A	B	C
Plan Name: VSP GENERIC PLAN-TVO NC Type: Assignment Plan Group #: Plan ID: 1818653			
Services	Retail Price	Extended Price	Plan Pays Discount Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$ 0.00 \$ 0.00 0.00
Blue Filter	50.00		\$ 0.00 \$ 0.00 0.00
Crizal Backside UV	\$15.00		\$ 0.00 \$ 0.00 0.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00 \$ 0.00 0.00
DST Processing	\$135.00		\$ 0.00 \$ 0.00 0.00
Scratch Resistant	50.00		\$ 0.00 \$ 0.00 0.00
UV Protection	50.00		\$ 0.00 \$ 0.00 0.00
EZ Start Single Vision	\$75.00		\$ 0.00 \$ 0.00 0.00
Polycarbonate	\$45.00		\$ 0.00 \$ 0.00 0.00
Benefit Calculation Notes			

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

To proceed with insurance pricing, you must edit the benefit worksheet; otherwise, proceed with main promotion pricing

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFltr Crzl Sapph HR (Poly)	\$440.00
EPP:	<input type="radio"/> Yes <input type="radio"/> No			
TOTAL: \$570.00				

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$0.00

YOU PAY: \$570.00

Quote valid through: May 11, 2024

**Prior to Allowance**



13

Confirm allowance amount is correct and select Vision Care Plan Pricing Radio Button

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500002658406	SV EZ Start BluFltr Crzl Sapph HR (Poly)	\$440.00
EPP:	<input type="radio"/> Yes <input type="radio"/> No			
TOTAL: \$570.00				

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings \$0.00

YOU PAY: \$215.00

Quote valid through: May 12, 2024

**Post Allowance**

Location 29047 045000 [Logout](#)

# CIAO! OPTICAL ENTRY-BILL ACTUAL PLANS

1  
2

For all Blue Tag frames document:

- Frame brand
- Model number
- Color
- Eyesize, Bridge, Temple Length

\*Manufacturing Notes can be viewed from LPA by searching the order and viewing Order Notes (See Order Management Guide for more details)

Test, Training - 10005007029083

Complete Order	Breakage/Defects	Edit Processing Type	Edit Order Ticket	Order Notes
Date	Associate Name	Store #	Note	
11/10/2023	045000	T083	Rayban 1234. Blue Plastic. 54/18	

New Lab Note

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

**Special Processing Type**  
This order will be set to Outside Processing - Remote Staged.  
The lenses for this order were found at your Remote Lab #T103 and will be staged for approval.

**Estimated Delivery Date** Friday, January 26, 2024

**Assign Tray ID** RxO

**Manufacturing Notes**

Prada 3145  
Black and Pink  
52/18/135

Indicate which lab will produce the eyewear

Complete Order Breakage/Defects Edit Processing Type Edit Order Ticket Order Notes

**CIAO! OPTICAL** Customer Order

Location 29103 045000 [Logout](#)