

DiNapoli Insurance Guide

Accepted Plans & Labs

Plan Name	Type	Plan ID	Billing
MEDICAL MEDICARE DINAPOLI	Medical	1824390	
MEDICAL MVP DINAPOLI	Medical	1824391	
MEDICAL CDPHP DINAPOLI	Medical	1824392	
EyeMed	Routine	NA	Integrated/Site
MVP DINAPOLI	Routine	1823393	Site
CDPHP DINAPOLI	Routine	1824394	Site
SVS SAFETY	Routine-Safety	1824395	Site
SURPASS CHEMICAL SAFETY	Routine-Safety	1824396	Site
CRYSTAL IS SAFETY	Routine-Safety	1824397	Site
LUCIDEON	Routine-Specialty	1824398	Site

DiNapoli locations will use TeamVision labs through RxO. The only exception will be Hoya Safety program which will use the Hoya Plan.

BALANCES IN EHR

	EHR Fee Schedule	Copay in EHR	Balance Left in EHR	Ciao! Optical
Medical	<p>Apply the Medical Fee Schedule</p> <ul style="list-style-type: none"> - If copay is owed, transfer copay to patient that pulls from insurance amount owed, the plan pays will be reduced. - 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. 	Apply payment in EHR	Insurance amount owed – After Fee Schedule and Patient Payment Applied	<p>Post in Ciao!</p> <ul style="list-style-type: none"> - If copay, make sure that's in the copay column and that the amount patient pays is correct - If deductible, amount also goes copay. If the insurance amount from EHR is \$0, there is \$0 in plan pays.
Vision	Apply Routine Fee Schedule which will zero out claim	No	\$0	Post in Ciao!
Private Pay Service	N/A	Apply full payment in EHR	\$0	Post in Ciao!
Vision with Optos	<p>Vision: Apply Routine Fee Schedule which will zero it out Example: 92014 & 92015</p> <p>Optos: Apply to new invoice (patient invoice) – can't be on insurance invoice</p>	<p>Vision: No (because it's zero already) Optos: Apply payment in EHR</p>	Both invoices should be \$0 – patient paid	Post in Ciao! – <i>can be done in a combined entry if the site is billing to the insurance carrier</i>
Medical and Routine Vision which will go to vision plan + Optos	<p>Medical: Apply the Medical Fee Schedule</p> <p>Vision: Apply CPT codes to new invoice and apply Routine Fee Schedule which will zero itself out</p> <p>Optos: Apply to new invoice (patient invoice) – can't be on insurance invoice</p> <p>You will have 3 invoices in this example.</p>	<p>Medical: Apply copay to Medical invoice</p> <p>Vision: No (because it's zero already)</p> <p>Optos: Apply payment in EHR</p>	<p>Medical: Insurance amount owed – After Fee Schedule and Patient Payment Applied</p> <p>Vision: \$0</p> <p>Optos: \$0</p>	Post in Ciao! – <i>can be done in a combined entry if the site is billing to the insurance carrier</i>

MEDICAL FEE SCHEDULES

MEDICAL PLANS

1. Apply insurance fee schedule in Eclips
2. Apply patient copay
 - Copay will reduce the ultimate plan pays
 - IMPORTANT – DO THIS PRIOR TO EVER ENTERING INTO CIAO! OPTICAL
3. On the invoice screen (not the printed invoice) – take note of the Ins. Resp amount. This will be Plan Pays.
4. Take payment of copay or patient responsibility In Eclips – the only balance left should be insurance amount owed.
5. In Ciao! Optical –
 - Insurance Resp Amount (which you wrote down) = Plan Pays
 - Enter in Copays
 - Finish the formula where $U\&C = Plan\ Pays + Discounts$ (said differently $Plan\ Discounts = U\&C - Plan\ Pays$)

MEDICAL PLANS

=PLAN PAYS in Ciao! Optical – take note of it. This doesn't print on an invoice.

IN1147 Posted
Location: T047 - Triangle Visions - Gastonia
Date of Service: 02/08/2023
Posted Date: 02/08/2023 03:21:55 PM EST

ICD Codes - Click letter button to toggle on/off for all line items. Select the drop down to add additional ICD codes.

A H40.051 B C D E F

(+)	Item ID Qty	ICD Code(s) Modifier(s)	Procedure/Product Code Provider	Insurance Staff Member	Usual/Cust Fee	Allowable	Ins. Res.	Ins. Adjust	Pt. Disc	Co-Pay	Pt. Res.	Total Pt. Tax	Pt. Balance Ins. Balance
		A	99214 - 99214- E&M Level 4 Est	Blue Cross Blue Shield Of NC	\$200.00	\$74.29	\$34.29	\$125.71	\$0.00	\$40.00	\$0.00	\$40.00	\$0.00
1			Smith				46.16%				53.84%	\$0.00	\$34.29
(+)		A	92134 - 92134 Retina OCT	Blue Cross Blue Shield Of NC	\$120.00	\$39.59	\$39.59	\$80.41	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
1			Smith				100%				0%	\$0.00	\$39.59
(+)													
Totals							\$320.00	\$113.88	\$73.88	\$206.12	\$0.00	\$40.00	\$0.00

MEDICAL PLANS

<u>PLAN NAME</u>	<u>Ciao! Optical Plan ID</u>
MEDICAL MEDICARE DINAPOLI	1824390
MEDICAL MVP DINAPOLI	1824391
MEDICAL CDPHP DINAPOLI	1824392

All Medical Plans in Ciao! Optical are Bill Actual, meaning you need to invoice in Eclips, account for patient copay payments and then enter into Ciao! Optical.

INSURANCE BALANCE = PLAN PAYS in Ciao! Optical.

In Eclips, 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 TO BYPASS CLAIM FORM SCREENS.

MATERIALS IN EHR – Medicare DME

- In Eclips, V Codes with no price can be entered in for frames and lenses.
- Medicare DME – site will post the charges in Eclips for the biller to file the claim.
 - In Ciao! Optical – allowance/reimbursement amount is the plan pays. The claim will be sent from Eclips to Trizetto. Orders will go to RxO in LPA.

ROUTINE FEE SCHEDULES

ROUTINE Bill Actual Plans – Ciao! Optical Formulary

Plan Pays + Discounts = Retail Price

Copays stand alone

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)

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:

Plan Name:

Plan ID:

Member ID:

Member First Name:

Member Last Name:

Member Date of birth:

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.

MVP Routine Services/Materials

- Most MVP Plans are administered through EyeMed- **CHECK EYEMED FIRST**
- Use the bill actual plan **MVP-DINAPOLI 1823393** for all materials and services
- All PLAN PAYS amounts are TOTAL allowed reimbursement between patient and insurance. Subtract patient copay from listed PLAN PAYS amount prior to entering in Ciao.
 - i.e. Patient with \$15 copay has 92004 NON-Medicare exam, Plan pays \$149-\$15=\$134

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Varies Per Plan	92004 \$149 92014 \$79.29 92015 \$0
CL Fit	Varies Per Plan	100% of allowance
Frames (V2020, V2025)	\$0 for covered materials 100% of overage beyond covered materials/allowance	Frame \$71.63 max SV \$59.67 Lined BF \$78.10 Lined TF \$96.32 PG - only base BF is covered Poly (only covered under 19) \$52.93
Lenses		
Contact Lenses	\$0 up to allowance 100% of overage beyond allowance Allowance varies per plan	100% of allowance

LAB: RxO

BILLING: SITE

CDPHP Routine Services/Materials

- Use the bill actual plan **CDPHP-DINAPOLI 1824394** for all materials and services
- All PLAN PAYS amounts are TOTAL allowed reimbursement between patient and insurance. Subtract patient copay from listed PLAN PAYS amount prior to entering in Ciao.
 - i.e. Patient with \$15 copay has 92004 NON-Medicare exam, Plan pays \$124.04-\$15=\$109.04

	PATIENT PAYS	PLAN PAYS	
Exam (92004, 92014, 92015)	Varies Per Plan	MEDICARE 92004 \$124.04 92014 \$104.63 92015 \$0	OTHER 92004 \$94 92014 \$79.29 92015 \$0
CL Fit (92071, 92310, 92317, S0592)	Varies Per Plan	100% of allowance over copay	
Frames (V2020, V2025)	\$0 for covered materials 100% of overage beyond covered materials/allowance	100% of covered materials/allowance	
Lenses			
Contact Lenses	\$0 up to allowance 100% of overage beyond allowance Allowance varies per plan	100% of allowance with MAX benefit of \$600	

SVS SAFETY VISION (HOYA)

- Plan ID **SVS SAFETY-DINAPOLI 1824395**.
- Use HOYA 3M Safety Frames only \$0 (UPC 20500002485149).
- Patient must present form.
- Patients can pay for upgrades, varies by plan.
 - Not paid to clinic – credit card is noted on form and payment is direct to Hoya.
 - Enter correct/comparable lens ordered in Ciao
 - Enter dispensing fee as plan pays
 - Discount remaining retail in “discount” column
- Plan Pays is \$25. Patient should pay clinic \$0 out-of-pocket.
- In LPA, use Rx Sun Authentics and bypass RxO. Send to Hoya via fax.
- Hoya sends EFT and list of patients for the reimbursements.
 - Reimbursements should be applied by biller- NOT entered into Ciao

SURPASS CHEMICAL SAFETY VISION

- Plan ID **SURPASS CHEMICAL SAFETY-DINAPOLI 1824396**.
- Use TeamVision Safety Frames only (each frame has unique UPC).
- Patient must present form.
- Plan Pays 100% of covered materials. (Listed on form)
- Patients can pay for upgrades, varies by plan.
 - Enter lens ordered in Ciao
 - Enter full retail of covered materials in “Plan Pays”
 - Enter full retail of upgrades in “Discounts” and “Copay” column
 - Charge patient amount owed during tendering.
- Send order to RxO.

CRYSTAL IS CHEMICAL SAFETY VISION

- Plan ID **CRYSTAL IS SAFETY-DINAPOLI 1824397**.
- Use TeamVision Safety Frames only (each frame has unique UPC).
- Patient must present form.
- Plan Pays 100% of covered materials. (Listed on form)
- Patients can pay for upgrades, varies by plan.
 - Enter lens ordered in Ciao
 - Enter full retail of covered materials in “Plan Pays”
 - Enter full retail of upgrades in “Discounts” and “Copay” column
 - Charge patient amount owed during tendering.
- Send order to RxO.

LUCIDEON

- Annually, an OD will go offsite to perform services.
- Company will pay \$650-\$700 for services provided.
- Upon receipt of payment – a single entry into Ciao! Optical will be made using the Lucideon Professional Add-On Service (U&C \$700) and Lucideon Insurance Plan Id **LUCIDEON-DINAPOLI 1824398**. Plan Pays will be the check amount (i.e., \$650 or \$700 and any remaining balance will be written off in the discounts column).
- **Reimbursement should go into the insurance bank account (not collected with daily cash register bank deposit).**

Lens Classification

ITEM	VCODE	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
Crizal Easy Pro	V2750 V2755 EM/VSP	Tier 2	Cat C + BS UV	Tier 3	Ultra	Prem AR 1
Crizal Sapphire HR	V2750 V2755 EM/VSP	Tier 3	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Prevencia	V2750 V2755 EM/VSP	Tier 3	Cat D + BS UV	Tier 4	Ultimate	Ultra
Crizal Rock	V2750 V2755 EM/VSP	Tier 3	Cat D + BS UV	Tier 4	Ultimate	Prem AR 2
Premium AR	V2750 V2755 EM/VSP	Tier 2	Cat C	Tier 3	Ultra	Prem AR 1
Varilux Comfort Max Fit	V2781	Tier 3	Cat O + CM	Tier 3	Ultra	Cat D
Varilux X	V2781	Tier 4	Cat O	Tier 5	Ultimate	Cat D
Varilux X Fit	V2781 V2799 CM for VSP	Tier 4	Cat N + CM	Tier 5	Ultimate	Cat D
Premium Accolade	V2781	Tier 1	Cat K	Tier 2	Premium	Cat A
MVC - Ovation Digital	V2781	Standard	Cat K	Tier 1	Premium	Cat D
Lux Workspace PG 5' no Distance	V2781 V2799 for VSP	Tier 3	Near Variable Focus	Tier 1	N/A	Cat C
Computer PG* 11 mm above - full distance	V2781	N/A	N/A	N/A	Standard	N/A

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

Lens Classification

Code	Material Lines	Price
	Plastic	\$ -
V2784	Poly	\$ 45.00
V2783	High Index 1.67	\$ 120.00
V2783	High Index 1.74	\$ 195.00

	Design Lines	Price
V2419	Aspheric	\$ -
	Digital	\$ 60.00
V2100 - V2114	Single Vision	\$ 75.00
V2100 - V2114	Single Vision Eyezen Start	\$ 150.00
V2100 - V2114	Single Vision Eyezen 1 - 4	\$ 160.00
V2781	Varilux Comfort Max	\$ 295.00
V2781	Varilux X	\$ 400.00
V2781	Varilux X Fit	\$ 450.00
V2781	Elite Ideal Adv IV Fit	\$ 285.00
V2781	Premium Accolade	\$ 210.00
V2781	MVC - Ovation Digital	\$ 165.00
V2781	Lux Workspace 5' no distance (Shamir computer)	\$ 295.00
V2781	Ideal Computer (11 mm above full distance)	\$ 295.00

	Add-on/Custom measurement lines	Price
	Polish	\$ 25.00
	Roll&Polish	\$ 40.00
V2702UB	Rimless Drill (Only GA Poly Hi Index)	\$ 70.00
V2780	Oversize Frame	\$ 15.00
V2799	Custom Measurements (VX X Fit)	\$ 10.00
V2799	Technical Add On, (Eyezen 1-4 only)	\$ 10.00

Code	AR Lines	Price
V2750	Standard AR	\$ 50.00
V2750	Backside AR	\$ 50.00
V2750	Premium AR	\$ 85.00

V2755	Backside UV (only on Crizal)	\$ 15.00
V2750	Crizal SunShield	\$ 85.00
V2750	Crizal Easy Pro	\$ 110.00
V2750	Crizal Sapphire HR	\$ 170.00
V2750	Crizal Prevencia	\$ 170.00
V2750	Crizal Rock	\$ 150.00

	Tint Lines	Price
	Blue Light (Not Eyezen)	\$ 45.00
V2762	Polar	\$ 85.00
V2745	Solid tint	\$ 25.00
V2745	Gradient tint	\$ 30.00
V2761	Mirror	\$ 90.00
V2744	Transition GEN8	\$ 125.00
V2744	Transition Xtractive	\$ 150.00

REFERENCE - CODES

EXAM CODES

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

VISION CODES

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

HYPEROPIA

REGULAR ASTIGMATISM

H52.00	Unspecified Eye	H52.229	Unspecified Eye
H52.01	Right Eye	H52.221	Right Eye
H52.02	Left Eye	H52.222	Left Eye
H52.03	Bilateral	H52.223	Bilateral

MYOPIA

IRREGULAR ASTIGMATISM

H52.10	Unspecified Eye	H52.219	Unspecified Eye
H52.11	Right Eye	H52.211	Right Eye
H52.12	Left Eye	H52.212	Left Eye
H52.13	Bilateral	H52.213	Bilateral