

# Triangle Insurance Guide North Carolina

# Insurance Billing & Order Placement

## CURRENT STATE:

	Claim Submission	Order Placement
Exam Only (R/M)	Mexico	N/A
Exam (R/M)/Contacts	Mexico	System does it automatically w/ CLX
Exam (R)/Eyewear	Raleigh Support Center (2)	Raleigh Support Center (2)
Exam (M)/Eyewear	Mexico (E), Raleigh Support Center (2, EW)	Raleigh Support Center (2,EW)
Contacts Only (disposables)	Mexico	System does it automatically w/ CLX
Eyewear Only	Raleigh Support Center (2, EW)	Raleigh Support Center (2, EW)

## FUTURE STATE:

	Claim Submission	Eyewear Order Placement
Medical Exams	Mexico	N/A
Routine Claims (Exam Only, Exam/Materials) - EYEMED	Ciao! (site)	Ciao! (Site)
Routine Claims (Exam Only, Exam/Materials) – VSP/SPECTERA/SUPERIOR (LM)	Raleigh Support Center (3)	Raleigh Support Center (3) w/ Pech
Routine Claims (Exam Only, Exam/Materials) – CEC (RxO)	Raleigh Support Center (3)	Site/System w/ RxO

**Medicaid is no longer accepted.**

**Eyewear as private pay or discount plans is managed by location/auto system to lab.**

**Other insurances not on lab contracts, support center will support claims.**

**Daily file will be sent to support center US billers.**

## Insurance Process– VSP, Spectera, Superior

Eclips	Ciao! Optical	RxO	Claim	Eyewear Orders	Order Completion
Invoice should be \$0	Office Staff post order (services and materials)	Office Staff in LPA, mark as Rx Sun Authentics	Billers will file claim	Billers will send packing slip – pack/ship to Pech	Office staff completes in LPA and notify patient in Order Tracker

These lab jobs will go to PECH.

# Spectera Eyewear

For Spectera eyewear, the billers will send you the packing slip the V#. When you receive the glasses back from PECH, you will only see the V#.

When you get the packing slip – make a copy and place in Tray. Also note the V# on the Tray ID or top of RxO Lab Ticket.

**Patient Information:**  
SHANNON MERRELL  
(093671435)  
11904 DENEb CT  
RALEIGH, NC 27614  
DOB: 03/29/1971

**Provider/Location Information:**  
DOYLE BEDSOLE  
TRIANGLE VISION OPTOMETRY  
OF SIX FORKS  
101 SAWMILL RD  
RALEIGH, NC 27615

**Optical Lab Information:**  
Pech Optical  
2717 Murray Street  
Sioux City, IA 51111

Item	Qty.	Qty. Supplied by Supplier	Qty. Supplied by Provider	Billed Charges	Patient Price
Lenses (Pair)					
1. > Single Vision (SV)	1	1	0	\$80.00	\$25.00
1. > Polycarbonate (1.59)	1	1	0	\$85.00	\$33.00
1. > Photochromic	1	1	0	\$155.00	\$67.00
1. > AR (Crizal Easy )	1	1	0	\$125.00	\$50.00
1. > Edge Treatment (1/3-2/3 Bevel)	1	1	0	\$0.00	\$0.00

**Prescription Information:**

Eye	Sphere	Cylinder	Axis	Distance PD
R	-3.25	-0.75	177	29.5
L	-2.50	-1.50	140	31.0

Totals	5	5	0	\$445.00	\$175.00
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Tracking Number **V0230113000187** can be edited for the next 90 minutes. Submitted orders can be edited from the Order Dashboard or by searching for the patient.

# Spectera Formulary Contact Lenses

For Spectera Formulary Contact Lenses: Designate 1 person to manages these (manager)

- **Sell in Ciao! Optical**
- **Use Specialty Contact Lens Rx Type – this is a free-form Rx option – note brand in Note Section**
- **On the Order Screen – enter in price and QTY (# of boxes) into STORE STOCK. This will ensure it doesn't go to Premium Vision.**
- **Order will be placed with claim –WILL SHIP TO PATIENT**
- **If additional lenses need to be ordered outside of covered lenses, place a 2<sup>nd</sup> unique order and leverage Premium Vision (patient will pay).**

## Insurance Process– EYEMED

Eclips	Ciao! Optical	RxO	Claim	Eyewear Orders	Order Completion
Invoice should be \$0	Office Staff post order (services and materials)	Office Staff in LPA, send job to RxO (complete, Uncut, etc.)	Ciao Manages the claim	Same as private pay process with RxO and LPA – Staff Office manages	Office Staff complete in LPA and notify patient in Order Tracker

## Insurance Process– Community Eye Care (CEC)

Eclips	Ciao! Optical	RxO	Claim	Eyewear Orders	Order Completion
Invoice should be \$0	Office Staff post order (services and materials)	Office Staff in LPA, send job to RxO (complete, Uncut, etc.)	Billers will file claim	Same as private pay process with RxO and LPA – Office Staff manages	Office Staff complete in LPA and notify patient in Order Tracker

# TVO LABS

TVO will leverage RxO Network (Columbus (Merge), Atlanta, North Creek – some outsource to Bell Optical (Essilor Branded). **Always check Order Tracker for which RxO lab to send to.**

Insurances that require a contracted lab, we will continue to use Pech. In LPA, will bypass RxO with tagging order with Rx Sun Authentics which indicates a 3<sup>rd</sup> party lab.

Carrier	Current	Contracted?	Future	Rational
Eyemed	Pech	N/A	RxO	Ciao! Optical processes EyeMed, shifts to different model
Spectera/UHC	Pech	Y	Pech	Were allowed to choose a lab in their network, Pech was in that network.
VSP	Pech/VSP One Columbus	Y	Pech	Pech is on VSP Essilor's List. We will no longer hold Premier status which required VSP One Lab for select orders.
Superior	Pech	Y	Pech	Pech is on the lab network.
Community Eye Care (CEC)	Pech	N/A	RxO	Ciao! Optical's network is RxO



# BALANCES IN EHR

	EHR Fee Schedule	Copay in EHR	Balance Left in EHR	Ciao! Optical
Medical	Apply the Medical Fee Schedule <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>	Apply payment in EHR	Insurance amount owed – After Fee Schedule and Patient Payment Applied	Post in Ciao! <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	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	<b>Vision:</b> Apply Routine Fee Schedule which will zero it out Example: 92014 & 92015 <b>Optos:</b> Apply to new invoice (patient invoice) – can't be on insurance invoice	<b>Vision:</b> No (because it's zero already) <b>Optos:</b> Apply payment in EHR	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	<b>Medical:</b> Apply the Medical Fee Schedule <b>Vision:</b> Apply CPT codes to new invoice and apply Routine Fee Schedule which will zero itself out <b>Optos:</b> Apply to new invoice (patient invoice) – can't be on insurance invoice You will have 3 invoices in this example.	<b>Medical:</b> Apply copay to Medical invoice <b>Vision:</b> No (because it's zero already) <b>Optos:</b> Apply payment in EHR	<b>Medical:</b> Insurance amount owed – After Fee Schedule and Patient Payment Applied <b>Vision:</b> \$0 <b>Optos:</b> \$0	Post in Ciao! – <i>can be done in a combined entry if the site is billing to the insurance carrier</i>

# MATERIALS IN EHR – SELECT MOMENT ONLY

- In Eclips, V Codes with no price are entered in for frames, lenses, and contacts.
- For BCBS/Aetna Medical/UHC – these medical carriers will cover materials in some cases. If covered through Medical (typically an allowance plan) – site will post the charges in Eclips for the biller to file the claim.
- In Ciao! Optical – allowance is the plan pays. The claim will be sent from Eclips to Trizetto. Orders will go to RxO in LPA.

# 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  $U\&C = \text{Plan Pays} + \text{Discounts}$  (said differently  $\text{Plan Discounts} = U\&C - \text{Plan Pays}$ )

# MEDICAL PLANS

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

IN1147		Posted	ICD Codes - Click letter button to toggle on/off for all line items. Select the drop down to add additional ICD codes.										
Location:		T047 - Triangle Visions - Gastonia											
Date of Service:		02/08/2023											
Posted Date:		02/08/2023 03:21:55 PM EST											
(+)	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
1	A		99214 - 99214- E&M Level 4 Est	Blue Cross Blue Shield Of NC	\$200.00	\$74.29	\$34.29 46.16%	\$125.71	\$0.00	\$40.00	\$0.00 53.84%	\$40.00	\$0.00 \$34.29
1	A		92134 - 92134 Retina OCT	Blue Cross Blue Shield Of NC	\$120.00	\$39.59	\$39.59 100%	\$80.41	\$0.00	\$0.00	\$0.00 0%	\$0.00	\$0.00 \$39.59
Totals					\$320.00	\$113.88	\$73.88	\$206.12	\$0.00	\$40.00	\$0.00 Tax: Total:	\$40.00 \$0.00 \$40.00	Account Balance \$0.00 Unappl. Pmts \$0.00 Pt. Balance \$0.00 Ins. Balance \$73.88

=Patient Resp or Copays should be entered into COPAY column Ciao! Optical

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

**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 Eclips.**

# MEDICAL PLANS

<b>NC LOC PLAN NAME</b>	<b>NC Ciao! Optical Plan ID</b>
MEDICAL AETNA-TVO NC	1818627
MEDICAL AETNA MEDICARE-TVO NC	1818628
MEDICAL BLUE CROSS BLUE SHIELD-TVO NC	1818629
MEDICAL BLUE MEDICARE-TVO NC	1818630
MEDICAL CHAMPVA-TVO NC	1818631
MEDICAL CIGNA-TVO NC	1818632
MEDICAL CORESOURCE-TVO NC	1818633
MEDICAL FIRST CAROLINA CARE-TVO NC	1818634
MEDICAL FIRST MEDICARE DIRECT-TVO NC	1818635
MEDICAL HUMANA-TVO NC	1818636
MEDICAL HUMANA GOLD CHOICE-TVO NC	1818637
MEDICAL HUMANA MEDICARE-TVO NC	1818638
MEDICAL MEDCOST-TVO NC	1818639
MEDICAL MEDICAID OF SO CAROLINA-TVO NC	1818640
MEDICAL MEDICARE-TVO NC	1818641
MEDICAL MEDICO INSURANCE COMPANY-TVO NC	1818642
MEDICAL PAI-TVO NC	1818643
MEDICAL TRICARE EAST-TVO NC	1818644
MEDICAL UMR-TVO NC	1818645
MEDICAL UHC STUDENT RESOURCES-TVO NC	1818646
MEDICAL UNITED HEALTHCARE-TVO NC	1818647
MEDICAL UHC MEDICARE-TVO NC	1818648
MEDICAL WELLCARE MEDICARE-TVO NC	1818649

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 BLANCE = 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.**

# 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-pockets 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.

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.

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.

# VSP REIMBURSEMENT RATES – TVO

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004   Est. 92014	\$54.80	\$54.40
Intermediate Exam: New 92002   Est. 92012	\$44.30	\$33.40
Refraction: 92015	\$13.70	\$13.60
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$38.38	\$15.00
Bifocal Lenses**	\$57.00	\$19.00
Trifocal Lenses	\$65.36	\$22.00
Lenticular Lenses	\$91.50	\$30.80
New Frame	\$44.35	\$18.00

NOTE: The reimbursements for Exam fees listed on your VSP Assigned Fee Report include the Refraction. For Exam Plan Pays in this chart, the refraction has been deducted and listed separately.

Reduce if copay

**\*\*PROGRESSIVE LENS DISPENSING:**

For all Plans (Signature, Choice, & Advantage): You will receive your bifocal dispensing fee PLUS the applicable service fees for covered and non-covered 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.

**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 and CL Fit

- Most popular plans are setup to auto-calculate pricing for Exams & CL Fits.
- Use the BILL ACTUAL PLAN 1818653 for any exam/cl material plans where the option is not one of the auto-calculating plans.
- 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
  - NOTE ON NIGHTLY INSURANCE SHEET SENT TO BILLERS

## Signature- Exam & CL Fit Auto-calculating Plans

NC PLAN ID	NC PLAN NAME
1818656	VSP SIGNATURE EXAM \$0 COPAY A-TVO NC
1818657	VSP SIGNATURE EXAM \$0 COPAY B-TVO NC
1818658	VSP SIGNATURE EXAM \$0 COPAY C-TVO NC
1818659	VSP SIGNATURE EXAM \$5 COPAY A-TVO NC
1818660	VSP SIGNATURE EXAM \$5 COPAY B-TVO NC
1818661	VSP SIGNATURE EXAM \$5 COPAY C-TVO NC
1818662	VSP SIGNATURE EXAM \$10 COPAY A-TVO NC
1818663	VSP SIGNATURE EXAM \$10 COPAY B-TVO NC
1818664	VSP SIGNATURE EXAM \$10 COPAY C-TVO NC
1818665	VSP SIGNATURE EXAM \$15 COPAY A-TVO NC
1818666	VSP SIGNATURE EXAM \$15 COPAY B-TVO NC
1818667	VSP SIGNATURE EXAM \$15 COPAY C-TVO NC
1818668	VSP SIGNATURE EXAM \$20 COPAY A-TVO NC
1818669	VSP SIGNATURE EXAM \$20 COPAY B-TVO NC
1818670	VSP SIGNATURE EXAM \$20 COPAY C-TVO NC
1818671	VSP SIGNATURE EXAM \$25 COPAY A-TVO NC
1818672	VSP SIGNATURE EXAM \$25 COPAY B-TVO NC
1818673	VSP SIGNATURE EXAM \$25 COPAY C-TVO NC
1818674	VSP SIGNATURE EXAM \$30 COPAY A-TVO NC
1818675	VSP SIGNATURE EXAM \$30 COPAY B-TVO NC
1818676	VSP SIGNATURE EXAM \$30 COPAY C-TVO NC
1818677	VSP SIGNATURE EXAM \$35 COPAY A-TVO NC
1818678	VSP SIGNATURE EXAM \$35 COPAY B-TVO NC
1818679	VSP SIGNATURE EXAM \$35 COPAY C-TVO NC

## Choice/Advantage - Exam & CL Fit Auto-calculating Plans

NC PLAN ID	NC PLAN NAME
1818680	VSP CHOICE EXAM \$0 COPAY A-TVO NC
1818681	VSP CHOICE EXAM \$0 COPAY B-TVO NC
1818682	VSP CHOICE EXAM \$0 COPAY C-TVO NC
1818683	VSP CHOICE EXAM \$5 COPAY A-TVO NC
1818684	VSP CHOICE EXAM \$5 COPAY B-TVO NC
1818685	VSP CHOICE EXAM \$5 COPAY C-TVO NC
1818686	VSP CHOICE EXAM \$10 COPAY A-TVO NC
1818687	VSP CHOICE EXAM \$10 COPAY B-TVO NC
1818688	VSP CHOICE EXAM \$10 COPAY C-TVO NC
1818689	VSP CHOICE EXAM \$15 COPAY A-TVO NC
1818690	VSP CHOICE EXAM \$15 COPAY B-TVO NC
1818691	VSP CHOICE EXAM \$15 COPAY C-TVO NC
1818692	VSP CHOICE EXAM \$20 COPAY A-TVO NC
1818693	VSP CHOICE EXAM \$20 COPAY B-TVO NC
1818694	VSP CHOICE EXAM \$20 COPAY C-TVO NC
1818695	VSP CHOICE EXAM \$25 COPAY A-TVO NC
1818696	VSP CHOICE EXAM \$25 COPAY B-TVO NC
1818697	VSP CHOICE EXAM \$25 COPAY C-TVO NC
1818698	VSP CHOICE EXAM \$30 COPAY A-TVO NC
1818699	VSP CHOICE EXAM \$30 COPAY B-TVO NC
1818700	VSP CHOICE EXAM \$30 COPAY C-TVO NC
1818701	VSP CHOICE EXAM \$35 COPAY A-TVO NC
1818702	VSP CHOICE EXAM \$35 COPAY B-TVO NC
1818703	VSP CHOICE EXAM \$35 COPAY C-TVO NC

# VSP CONTACT LENS FITS

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 Plan Pays	Materials Plan Pays
If getting both on same date of service	Allowance needs to be split. Take 15 % off U&C Remaining balance is Plan Pays (not to exceed the allowance). If more than the allowance, patient pays overage.	Take 15 % off U&C Remaining balance is Plan Pays (not to exceed the allowance). Typical this will be \$68 when U&C is \$80. If U&C is different, Plan Pays is U&C less 15% (not to exceed allowance which varies by member).	Remaining allowance if any (no additional discounts).
If just getting fit (materials on different DOS)	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 Plan Pays (not to exceed the allowance).	Call VSP for new auth and allowance amount remaining.

**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 \$60.00.*

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

# VSP CONTACT LENS FITS

Patient has CL Fit benefit different from materials benefit. Benefits used on different DOS is the same.

Benefit Summary	How it works	CL Fit Plan Pays	Materials Plan Pays
If getting both on same date of service	Benefits are separate. Take 15 % off U&C And charge lesser value of that amount of copay which is usually \$60	U&C less 15% less Copay. The remaining full amount is Plan Pays.	Use the allowance amount. Plan Pays is the full allowance amount. Patient pays overage above allowance – no additional discounts.
If just getting fit (materials on different DOS)	Benefits are separate. Take 15 % off U&C And charge lesser value of that amount of copay which is usually \$60	U&C less 15% less Copay. The remaining full amount is Plan Pays.	Use the allowance amount. Plan Pays is the full allowance amount. Patient pays overage above allowance – no additional discounts.

**Contacts** *Routine eye exam covered*

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

CL Materials *\$175.00*

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

# VSP –CL Fit Copay Options – A, B, C

- For the auto-calculated exam plans, there are 3 CL copay options. If your patient has something else – use the generic Bill Actual VSP Plan.

Plan Name	Patient Pays
COPAY A	\$60.00
COPAY B	\$0.00
COPAY C	15% Discount

# VSP CONTACT LENS MATERIALS

- Most popular plans are setup to auto-calculate pricing for CL Material Allowances.
- Use the BILL ACTUAL PLAN 1818653 for any plan where the option is not one of the auto-calculating plans. \$130 or \$150 allowance with a \$0/\$10/\$25 copay.
- Use these plans for CL materials. If the allowance is covering the fit – you will reduce the plan pays allowance amount by what was posted on the fit (will have to call VSP to get new auth and remaining allowance amount). In most cases, when a patient is getting fit and materials, apply the full allowance to materials. For the fit, patient pays what's noted on their benefit sheet - \$60 copay or 85% of U&C, which ever is lower.

## CL Material Auto-calculating Plans

NC Plan ID	NC PLAN NAME
1818704	VSP CONTACTS \$130 ALLOW \$0 CPY-TVO NC
1818705	VSP CONTACTS \$130 ALLOW \$10 CPY-TVO NC
1818706	VSP CONTACTS \$130 ALLOW \$25 CPY-TVO NC
1818707	VSP CONTACTS \$150 ALLOW \$0 CPY-TVO NC
1818708	VSP CONTACTS \$150 ALLOW \$10 CPY-TVO NC
1818709	VSP CONTACTS \$150 ALLOW \$25 CPY-TVO NC
1818653	VSP GENERIC PLAN-TVO NC

**1818563 is manual for allowance  
plans not noted here**

# VSP – FRAMES

- **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.
- **In order to claim the full WFA amount, the Wholesale Frame Cost (WFC) = Retail Price x 45% -** must be greater than the WFA amount. If less, patient pays \$0 and we bill the lower amount which is WFC.
- Note:
  - For patients with fully covered frames (i.e., pediatrics), the patient pays \$0, and we get WFC + Frame Dispensing Fee
  - For plans that just have a total allowance (no signature, choice, advantage WFA, etc.). We collect the overage above the allowance amount (that will be in the copay column) + dispensing fee for frames and lenses.

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
EYE EXAMINATIONS		
Comprehensive Exam: New 92004   Est 92014	\$54.80	\$54.40
Intermediate Exam: New 92002   Est 92012	\$44.30	\$33.40
Refraction: 92015	\$13.70	\$13.60
MATERIAL DISPENSING		
Single Vision Lenses	\$38.38	\$15.00
Bifocal Lenses**	\$57.00	\$19.00
Trifocal Lenses	\$65.36	\$22.00
Lenticular Lenses	\$91.50	\$30.80
New Frame	\$44.35	\$18.00

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

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:

WFA73 \$190.00 for Columbia, Longchamp, McAllister, Nike or Pure brand frames through 01/31/2023. Patient receives 20% savings on frame overage.

WFA65 \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

WFA58 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

- 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

- 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.
- 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 Reimbursements	SIGNATURE PLAN	CHOICE PLAN
	PLAN PAYS	PLAN PAYS
EYE EXAMINATIONS		
Comprehensive Exam: New 92004   Est 92014	\$54.80	\$54.40
Intermediate Exam: New 92002   Est 92012	\$44.30	\$33.40
Refraction: 92015	\$13.70	\$13.60
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$38.38	\$15.00
Bifocal Lenses**	\$57.00	\$19.00
Trifocal Lenses	\$65.36	\$22.00
Lenticular Lenses	\$91.50	\$30.80
New Frame	\$44.35	\$18.00

# VSP-LENSES, Eyezen – Varilux – Add Ons

Frame

Lens

Order Worksheet

Measurements

Order Compl

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	\$191.00		\$ 0.00	\$ 0.00	0.00
Blue Filter	\$0.00		\$ 0.00	\$ 0.00	0.00
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15	10
Crizal Rock Anti-Reflective	\$150.00		\$ 0.00	\$ 150	75
DST Processing	\$60.00		\$ 0.00	\$ 60	40
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
EyeZen+2 Single Vision	\$160.00		\$ 0.00	\$ 160	0
Hi-Index 1.67	\$120.00		\$ 0.00	\$ 120	66

VSP Digital upcharge

Base lens line, enter material copays if applicable

- For Eyezen, place the Eyezen/Digital Copay on the DST lint.
- Add the Technical Ad-On \$10 copay to this as well.
- Place the focal type, base lens copay on the Eyezen, Single Vision line (which is the focal type).

For Varilux – add the custom measurements for X Fit (\$10 CM copay) to the PG line.

There are add-on options for Oversize Frame, and Rimless.

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	Charge Back	Service Fee	Patient Copay	Charge Back	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	--	--	--
AD	Polycarbonate	\$10	\$21	\$31	\$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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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 + 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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$24	\$50
IA + IB	Near Variable Focus - High-index Plastic 1.53 - 1.60	--	--	--	\$11	\$13	\$50 + \$24
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	\$50 + \$50
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	Charge Back	Service Fee	Patient Copay	Charge Back	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 March 1, 2021

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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QN	Anti-reflective Coating B	\$34	\$24	\$58	\$34	\$24	\$58
QT	Anti-reflective Coating C	\$41	\$28	\$69	\$41	\$28	\$69
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror - Solid & 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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
TA	Technical Add On	\$8	\$2	\$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30

DOCTOR SUPPLIED <sup>1</sup>			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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

1. 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 Choice Plan

Effective March 1, 2021

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

PROGRESSIVE				
Code	Lens Enhancement Description	Charge Back	Service Fee <sup>2</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

2. 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>3</sup> AS OF 8/1/2022

Custom	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
Premium	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, synchrony Easy Adapt, Varilux Comfort 2, ZEISS Progressive Light H
Standard	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).  
^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®

Effective March 1, 2021

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	Charge Back	Service Fee	Patient Copay	Charge Back	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 & Above	\$68	\$34	\$102	--	--	--
AD	Polycarbonate	\$10	\$13	\$23	\$14	\$14	\$28
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	Charge Back	Service Fee	Patient Copay	Charge Back	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 & 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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

POLARIZED LENS STYLES			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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 + 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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IA	Near Variable Focus - Plastic	--	--	--	\$26	\$20	\$46
IA + IB	Near Variable Focus - High-index Plastic 1.53-1.60	--	--	--	\$11	\$10	\$46 + \$21
IA + II	Near Variable Focus - High-index Plastic 1.66/1.67	--	--	--	\$27	\$18	\$46 + \$45
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	Charge Back	Service Fee	Patient Copay	Charge Back	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 March 1, 2021

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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$16	\$37	\$21	\$16	\$37
QN	Anti-reflective Coating B	\$34	\$17	\$51	\$34	\$17	\$51
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 & 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	Charge Back	Service Fee	Patient Copay	Charge Back	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	Charge Back	Service Fee	Patient Copay	Charge Back	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
SV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14
BV	UV Protection - Backside	\$7	\$3	\$10	\$7	\$3	\$10
TA	Technical Add-on	\$8	\$2	\$10	--	--	--
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	Rimless Drill	\$25	\$5	\$30	\$25	\$5	\$30

DOCTOR SUPPLIED <sup>1</sup>			SINGLE VISION			MULTIFOCAL	
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	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.

1. 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 March 1, 2021

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

PROGRESSIVE				
Code	Lens Enhancement Description	Charge Back	Service Fee <sup>2</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 & Above	\$77	\$38	\$160 + \$115
NA + ND	Progressive N - Polycarbonate	\$15	\$15	\$160 + \$30
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 & Above	\$77	\$38	\$120 + \$115
OA + OD	Progressive O - Polycarbonate	\$15	\$15	\$120 + \$30
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 & Above	\$77	\$38	\$90 + \$115
FA + FD	Progressive F - Polycarbonate	\$15	\$15	\$90 + \$30
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 & Above	\$77	\$38	\$80 + \$115
JA + JD	Progressive J - Polycarbonate	\$15	\$15	\$80 + \$30
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 & Above	\$77	\$38	\$50 + \$115
KA + KD	Progressive K - Polycarbonate	\$15	\$15	\$50 + \$30
KA + KP	Progressive K - Polarized	\$51	\$25	\$50 + \$76
KE	Progressive K - Glass/High-index Glass (Clear)	\$50	\$20	\$70

+This lens enhancement code is always charged in conjunction with its base lens enhancement code [shaded], e.g., KD is charged with KA.

2. 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>3</sup> AS OF 8/1/2022		
Custom	N	Unity® 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
Premium	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, synchrony Easy Adapt, Varilux Comfort 2, ZEISS Progressive Light H
Standard	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



# CEC – Community Eye Care

- Most popular plans are setup to auto-calculate pricing for Exams & CL Fits.
- Use the BILL ACTUAL PLAN 1818650 for all materials (Contact Lenses, Eyewear) and an exam plan where the copay is not one of the auto-calculated plans.
- For materials, most plans have allowances.

Plan ID	NC PLAN NAME	PRICING
1818754	CEC EXAM \$0 CPY-TVO NC	Auto-calcs
1818755	CEC EXAM \$5 CPY-TVO NC	Auto-calcs
1818756	CEC EXAM \$10 CPY-TVO NC	Auto-calcs
1818757	CEC EXAM \$15 CPY-TVO NC	Auto-calcs
1818758	CEC EXAM \$20 CPY-TVO NC	Auto-calcs
1818759	CEC EXAM \$25 CPY-TVO NC	Auto-calcs
1818760	CEC BLUE MEDICARE EXAM \$0 CPY-TVO NC	Auto-calcs
1818761	CEC BLUE MEDICARE EXAM \$5 CPY-TVO NC	Auto-calcs
1818762	CEC BLUE MEDICARE EXAM \$10 CPY-TVO NC	Auto-calcs
1818763	CEC BLUE MEDICARE EXAM \$15 CPY-TVO NC	Auto-calcs
1818764	CEC BLUE MEDICARE EXAM \$20 CPY-TVO NC	Auto-calcs
1818765	CEC BLUE MEDICARE EXAM \$25 CPY-TVO NC	Auto-calcs
1818650	CEC GENERIC PLAN-TVO NC	MANUAL

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Check plan details for exam copay	92004: \$61 92014: \$61 92015: \$0 - Reduced if copay on 04/14 lines
CL Fit (92071, 92310, 92317, S0592)	Check plan details for copay/out-of-pocket.	\$30.00 if covered by plan. Reduce if copay.  Some plans just offer 15% off services, patient pays 85% of U&C and there is no plan pays (patient is paying).
Frames (V2020, V2025)	Frame + Lenses less allowance less 20%. Patient is paying 80% of overage above combined allowance amount.	Plan pays 50% of combined allowance amount. Take 50% of allowance , this equals total plans pays. Place ½ of that on the frame, the other ½ will go on the lenses.  <i>For example - \$150 allowance means we get back \$75 (50% of allowance amount), \$37.50 on frame and \$37.50 on the lens. 50% of allowance split across frame/lenses.</i>
Lenses		
Contact Lenses	Price of product less allowance less 10% discount. Patient pays 90% of overage above allowance. They also may have a eyewear copay which is for materials.  Patient Pays = 90% above overage + materials copay	We get 85% of allowance amount.

## Routine Fee Schedule

The CEC fee schedule for BCBSNC routine eye exams and vision hardware is as follows:

Routine Exams: \$61, inclusive of any co-payment

Hardware: The fee schedule for pediatric hardware benefits under ACA plans is summarized in the following table:

<b>Pediatric Vision Hardware Benefits</b>		
	<b>Lenses and/or Contact Lenses</b>	<b>Frames</b>
Retail Cost up to \$100	Plan Pays 100%	Plan Pays 100%
Retail Cost \$100 to \$300	\$50 Co-Pay Plan Pays Balance	\$50 Co-Pay Plan Pays Balance
Retail Cost Over \$300	Member Pays 50% Plan Pays 50%	Member Pays 50% Plan Pays 50%

For non-pediatric hardware (frames, lenses and contact lenses), fees are based on the following hierarchy:

- 100% of provider's reasonable billed charges
- 100% of NC Medicare DMEPOS fee schedule
- 100% of *OptumInsight* fees
- 103% of invoice cost

## Routine Vision Claims

There are two types of diagnoses associated with eye examinations performed in Blue Medicare members. Claims for these two types of diagnoses are filed differently.

1. Examinations with a *routine* diagnosis are filed with, processed by, and paid by Community Eye Care (CEC).
2. Examinations with a *medical* diagnosis are filed with Blue Medicare. Information on how to file these claims begins on page 11 of this manual.

## Routine Vision Exams

The following procedure codes will identify an eye examination as routine: 92012, 92002, 92004, 92014, S0620, S0621. To be valid, the exam code must be supported by a routine diagnosis code. Note that providers are required to use ICD-10 diagnosis codes when submitting claims to CEC. Routine vision exams are reimbursed at \$52, inclusive of any co-payment.

## Eyewear

Some Blue Medicare members have vision plans that include a provision for eyewear. For those that do, providers must obtain an authorization from Community Eye Care for the eyewear.

Eyewear codes include:

Frame	V2020, V2025, V2035
Single Vision Lens	V2100 – V2118
Bifocal Lens	V2200 – V2220
Trifocal Lens	V2300 – V2320
Contact Lens	V2500 – V2503, V2510 – V2513, V2520 – V2523, V2530 – V2531, V2599, S0500

# SPECTERA

- Most popular plans are setup to auto-calculate pricing for Exams & CL Fits.
- Use the BILL ACTUAL PLAN 1818651 for all materials (Contact Lenses, Eyewear) and an exam plan where the copay is not one of the auto-calculating plans.
- Formulary CL orders need to be in Ciao! Optical as Specialty Rx to avoid an actual order. Order to be placed with Spectera and the claim by billing team. Billers will always ship to patient's address in their profile (alt. addresses will not be known).

	PATIENT PAYS	PLAN PAYS
Exam (92004, 92014, 92015)	Check plan details for exam copay	92004: \$64 92014: \$60 92015: \$10 - Reduced if copay on 04/14 lines
CL Fit (92071, 92310, 92317, S0592)	<ul style="list-style-type: none"> <li>• Non-covered lenses, patient pays full U&amp;C of fit. No discount.</li> <li>• Covered lenses, patient pays copays (could be \$0).</li> </ul>	<ul style="list-style-type: none"> <li>• Non-covered lenses, plan pays is \$0 – patient pays full.</li> <li>• Covered lenses, we get \$30 for fit. Reduce if copay.</li> </ul>
Frames (V2020, V2025)	Patient pays 70% over allowance (Price – allowance – 30%)	50% of allowance amount
Lenses	<p>Check plan detail for out-of-pocket amounts for material and enhancements.</p> <p>Patient pays lens copay if present + upgrade amounts noted on plan summary/benefit sheet.</p>	<p>SV: \$11   BF: \$13   TF: \$15</p> <p>Progressive – Tier 1: \$30</p> <p>Progressive – Tier 2: \$50</p> <p>Progressive – Tier 3: \$65</p> <p>Progressive – Tier 4: \$90</p> <p>Progressive – Tier 5: \$111</p> <p>- Reduce if there is a materials copay</p> <p>Check Fee Schedule – Spectera pays us extra even when patient pays</p>
Contact Lenses	<ul style="list-style-type: none"> <li>• Non-covered lens, patient pays overage above allowance, no additional discount.</li> <li>• Covered lenses are covered up to the amount listed on benefit sheet. Patient pays for copay if present.</li> </ul>	<ul style="list-style-type: none"> <li>• Non-Covered, plan pays is 90% of allowance amount.</li> <li>• Covered, we get 10% of U&amp;C since they are providing materials. Reduce if copay.</li> </ul>

Plan ID	NC PLAN NAME	PRICING
1818710	SPECTERA EX \$0 CPY COV FIT-TVO NC	Auto-calcs
1818711	SPECTERA EX \$5 CPY COV FIT-TVO NC	Auto-calcs
1818712	SPECTERA EX \$10 CPY COV FIT-TVO NC	Auto-calcs
1818713	SPECTERA EX \$15 CPY COV FIT-TVO NC	Auto-calcs
1818714	SPECTERA EX \$20 CPY COV FIT-TVO NC	Auto-calcs
1818715	SPECTERA EX \$25 CPY COV FIT-TVO NC	Auto-calcs
1818716	SPECTERA EX \$30 CPY COV FIT-TVO NC	Auto-calcs
1818717	SPECTERA EX \$0 CPY NON COV FIT-TVO NC	Auto-calcs
1818718	SPECTERA EX \$5 CPY NON COV FIT-TVO NC	Auto-calcs
1818719	SPECTERA EX \$10 CPY NON COV FIT-TVO NC	Auto-calcs
1818720	SPECTERA EX \$15 CPY NON COV FIT-TVO NC	Auto-calcs
1818721	SPECTERA EX \$20 CPY NON COV FIT-TVO NC	Auto-calcs
1818722	SPECTERA EX \$25 CPY NON COV FIT-TVO NC	Auto-calcs
1818723	SPECTERA EX \$30 CPY NON COV FIT-TVO NC	Auto-calcs
1818651	SPECTERA GENERIC PLAN-TVO NC	MANUAL

### Fee Schedule

<b>PROFESSIONAL SERVICES</b>			
<b>CODE RANGE</b>	<b>MODIFIER</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT AMOUNT</b>
<b>EYE EXAMINATIONS</b>			
<b>92002</b>		Medical exam and evaluation; intermediate, new patient	\$53.00
<b>92004</b>		Medical exam and evaluation; comprehensive, new patient	\$64.00
<b>92012</b>		Medical exam and evaluation; intermediate, established patient	\$47.00
<b>92014</b>		Medical exam and evaluation; comprehensive, established patient	\$60.00
<b>S0620</b>		Routine ophthalmological examination including refraction; new patient	\$70.00
<b>S0621</b>		Routine ophthalmological examination including refraction; established patient	\$70.00
<b>92015</b>		Refraction determination	\$10.00
<b>S9986</b>		Retinal screening photography	\$39.00

<b>CONTACT LENS FITTING &amp; FOLLOW UP</b>			
<b>92071, 92310-92317, S0592</b>		Contact Lens Fitting and Evaluation - Elective	\$30.00 if covered in full by the Enrollee's Vision Plan
<b>92071, 92310-92317, S0592</b>	ND	Contact Lens Fitting and Evaluation - Elective	Lesser of 85% Customary Charge or 85% of the Allowance
<b>92071, 92310-92317, S0592</b>	XC	Contact Lens Fitting and Evaluation – Necessary	Lesser of 80% of Customary Charge or \$500.00

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<b>MATERIALS</b>			
<b>CODE RANGE</b>	<b>MODIFIER</b>	<b>DESCRIPTION</b>	<b>REIMBURSEMENT AMOUNT</b>
<b>FRAMES</b>			
<b>S0516</b>		Safety frame, Provider supplied	50% of Customary Charge (provider must supply a 30% discount on frame overage)
<b>V2020, V2025</b>		Frame, Provider supplied	50% of Customary Charge (provider must supply a 30% discount on frame overage)
<b>OPHTHALMIC LENSES/PER PAIR</b>			
<b>V2100-V2115, V2118, V2121, V2199</b>		Single Vision Lens – Plastic	\$11.00
<b>V2200-V2215, V2218-V2221, V2299</b>		Bifocal Vision Lens – Plastic	\$13.00
<b>V2300-V2315, V2318-V2321, V2399</b>		Trifocal Vision Lens – Plastic	\$15.00
<b>V2781</b>	P1	Tier I Progressive Ophthalmic Lens	\$30.00
<b>V2781</b>	P2	Tier II Progressive Ophthalmic Lens	\$50.00
<b>V2781</b>	P3	Tier III Progressive Ophthalmic Lens	\$65.00
<b>V2781</b>	P4	Tier IV Progressive Ophthalmic Lens	\$90.00
<b>V2781</b>	P5	Tier V Progressive Ophthalmic Lens	\$111.00
<b>OPHTHALMIC LENS OPTIONS/PER PAIR</b>			
<b>V2744</b>		Photochromic	\$10.00
<b>V2745</b>		Tint (not including Photochromic)	\$ 4.00
<b>V2750</b>	R1	Tier I Anti-reflective coating	\$10.00
<b>V2750</b>	R2	Tier II Anti-reflective coating	\$15.00
<b>V2750</b>	R3	Tier III Anti-reflective coating	\$22.00
<b>V2750</b>	R4	Tier IV Anti-reflective coating	\$32.00
<b>V2755</b>		UV coating	\$ 4.00
<b>V2760</b>		Standard scratch coating	Included

<b>OPHTHALMIC LENS OPTIONS/PER PAIR</b>			
<b>V2782, V2783</b>		High Index 1.54-1.73 plastic	\$19.00
<b>V2783</b>	HI	High Index $\geq 1.74$ plastic	30% of Customary Charge
<b>V2784, S0580</b>		Polycarbonate	\$ 5.00
<b>V2799</b>	PP	Roll and Polish	\$ 3.00
<b>V2799</b>	SW	Scratch Warranty	\$ 3.00
<b>ALL OTHER OPHTHALMIC LENS OPTIONS</b>			30% of Customary Charge
<b>CONTACT LENSES</b>			
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599</b>	CD CM	Contact Lenses - Formulary, Elective	10% of Customary Charge
<b>V2500-V2503, V2510-V2513, V2520-V2523, V2530-V2531, V2599</b>	ND	Contact Lenses – Non-Formulary, Elective	90% 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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**LAB:** Pech, mark as Rx Sun Authentics in LPA

**BILLING:** US ROUTINE BILLERS

# SUPERIOR

- Most popular plans are setup to auto-calculate pricing for Exams & CL Fits.
- Use the BILL ACTUAL PLAN 1818652 for all materials (Contact Lenses, Eyewear) and an exam plan where the copay is not one of the auto-calculating plans.

	PATIENT PAYS	PLAN PAYS
Exam	Check plan details for exam copay	\$47 (includes refraction), reduce if copay
CL Fit	<ul style="list-style-type: none"> <li>• Standard Fit: copay</li> <li>• Specialty Fit (up to \$40/\$50 allow): copay + overage above allowance</li> <li>• If Specialty Fit covered: Patient pays \$0</li> <li>• Non-elective or Medically Necessary Contact Lens Fit up to a</li> <li>• \$250 retail allowance **</li> </ul>	<ul style="list-style-type: none"> <li>• Standard Fit: \$28, reduced if copay</li> <li>• Specialty Fit (up to \$40/\$50 allow): \$28, reduce if copay</li> <li>• If Specialty Fit covered: \$60</li> <li>• Non-elective/Med Nec: \$200</li> </ul>
Frames	Patient pays amount over allowance, no additional discount.	50% of allowance. If 50% of U&C is less, we get the lower amount.
Lenses	<p>Check plan detail for out-of-pocket amounts for material and enhancements.</p> <p>Patient pays lens copay if present + upgrade amounts noted on plan summary/benefit sheet.</p> <p>Progressive – Tier 4: Patient pays retail less \$120 or \$165 allowance, no additional discounts.</p>	<p>SV: \$30   BF: \$40   TF: \$50   Lenticular: \$90</p> <p>Progressive – Standard: \$85</p> <p>Progressive – Tier 1: \$120</p> <p>Progressive – Tier 2: \$135</p> <p>Progressive – Tier 3: \$160</p> <p>Progressive – Tier 4: \$50</p> <ul style="list-style-type: none"> <li>• \$120 Allowance: \$50</li> <li>• \$165 Allowance: \$85</li> </ul>
Contact Lenses	<p>Elective CTL Allowance: Patient pays amount over allowance</p> <p>Non-elective or Medically Necessary Contact Lens **</p>	<p>Elective: 80% of allowance. If ordering less than allowance amount, it's 80% of price.</p> <p>Non-elective/Med Nec: \$220, pre-auth needed</p>

Plan ID	NC PLAN NAME	PRICING
1818724	SUP \$0 EXAM \$0 CL FIT-TVO NC	Auto-calcs
1818725	SUP \$0 EXAM \$10 CL FIT-TVO NC	Auto-calcs
1818726	SUP \$0 EXAM \$15 CL FIT-TVO NC	Auto-calcs
1818727	SUP \$0 EXAM \$20 CL FIT-TVO NC	Auto-calcs
1818728	SUP \$0 EXAM \$25 CL FIT-TVO NC	Auto-calcs
1818729	SUP \$5 EXAM \$0 CL FIT-TVO NC	Auto-calcs
1818730	SUP \$5 EXAM \$10 CL FIT-TVO NC	Auto-calcs
1818731	SUP \$5 EXAM \$15 CL FIT-TVO NC	Auto-calcs
1818732	SUP \$5 EXAM \$20 CL FIT-TVO NC	Auto-calcs
1818733	SUP \$5 EXAM \$25 CL FIT-TVO NC	Auto-calcs
1818734	SUP \$10 EXAM \$0 CL FIT-TVO NC	Auto-calcs
1818735	SUP \$10 EXAM \$10 CL FIT-TVO NC	Auto-calcs
1818736	SUP \$10 EXAM \$15 CL FIT-TVO NC	Auto-calcs
1818737	SUP \$10 EXAM \$20 CL FIT-TVO NC	Auto-calcs
1818738	SUP \$10 EXAM \$25 CL FIT-TVO NC	Auto-calcs
1818739	SUP \$15 EXAM \$0 CL FIT-TVO NC	Auto-calcs
1818740	SUP \$15 EXAM \$10 CL FIT-TVO NC	Auto-calcs
1818741	SUP \$15 EXAM \$15 CL FIT-TVO NC	Auto-calcs
1818742	SUP \$15 EXAM \$20 CL FIT-TVO NC	Auto-calcs
1818743	SUP \$15 EXAM \$25 CL FIT-TVO NC	Auto-calcs
1818744	SUP \$20 EXAM \$0 CL FIT-TVO NC	Auto-calcs
1818745	SUP \$20 EXAM \$10 CL FIT-TVO NC	Auto-calcs
1818746	SUP \$20 EXAM \$15 CL FIT-TVO NC	Auto-calcs
1818747	SUP \$20 EXAM \$20 CL FIT-TVO NC	Auto-calcs
1818748	SUP \$20 EXAM \$25 CL FIT-TVO NC	Auto-calcs
1818749	SUP \$25 EXAM \$0 CL FIT-TVO NC	Auto-calcs
1818750	SUP \$25 EXAM \$10 CL FIT-TVO NC	Auto-calcs
1818751	SUP \$25 EXAM \$15 CL FIT-TVO NC	Auto-calcs
1818752	SUP \$25 EXAM \$20 CL FIT-TVO NC	Auto-calcs
1818753	SUP \$25 EXAM \$25 CL FIT-TVO NC	Auto-calcs
1818652	SUPERIOR VIS GENERIC PLAN-TVO NC	MANUAL



## ATTACHMENT 4

### Superior Vision National Discount Features

#### **Discounts on Covered Materials**

Discounts are provided on options and overages on the first covered pair of frame and lenses. Discounts are off retail.

Frames	20% off amount over allowance
Lens Options	20% off retail
Progressive Upgrade	20% off amount over retail lined trifocal lens, Including lens options
Progressive – Tier 4	20% off retail then apply allowance
Specialty Contact Lens Fit	10% off retail then apply allowance

The following options have out-of-pocket maximums on standard plastic single vision lenses and select options are available on standard bifocal and trifocal lenses. The out-of-pocket maximums do not apply to progressive lenses; the 20% discount applies.

#### **Maximum Member Out-of-Pocket**

	<u>Single Vision</u>	<u>Bifocal &amp; Trifocal</u>
Scratch coat	\$13	\$13
Ultraviolet coat	\$15	\$15
Tints, solid or gradients	\$25	\$25
Anti-reflective coat	\$50	\$50
Polycarbonate	\$40	20% off retail
High-index 1.6	\$55	20% off retail
Photochromic	\$80	20% off retail

#### **Discounts on Non-Covered Exam and Materials**

Discounts are applied on additional pairs after utilization of the covered benefit. Discounts are applied on non-covered exams and/or materials. Check the member's covered benefits to determine the appropriate discount features. Discounts are off retail and can be applied to an unlimited number of glasses, contacts, etc.

Exam	30% off retail
Frames, prescription lenses	30% off retail
Lens options, contacts, miscellaneous options	20% off retail
Disposable Contacts	10% off retail
Retinal Imaging	\$39 maximum out-of-pocket

Note: Discounts do not apply when prohibited by manufacturer. Discounts are subject to change.

**ATTACHMENT 5**
**North Carolina Fee Schedule**

<b>Exam, Contact Lens Fit/Exam and Contacts</b>	<b>Provider Reimbursement</b>	<b>Special Notes</b>
Comprehensive/Intermediate Eye Exam (includes refraction component 92015)	\$47	Covered in full to member.
Standard Contact Lens Fit (For an existing contact lens user who wears disposable, daily wear or extended wear. Includes 2 follow up visits within 3 months.)	\$28	Covered in full to member.
Specialty Contact Lens Fit up to a \$40 retail allowance (For a new contact lens wearer and/or a patient who wears toric, gas permeable or multi-focal lenses. Includes 2 follow up visits within 3 months.)	\$28	Covered up to the allowance. Member responsible for any amount over the \$40 allowance. Use modifier 22.
Specialty Contact Lens Fit up to a \$50 retail allowance (For a new contact lens wearer and/or a patient who wears toric, gas permeable or multi-focal lenses. Includes 2 follow up visits within 3 months.)	\$28	Covered up to the allowance. Member responsible for any amount over the \$50 allowance. Use modifier 22.
Specialty Contact Lens Fit (For a new contact lens wearer and/or a patient who wears toric, gas permeable or multi-focal lenses. Includes 2 follow up visits within 3 months.)	\$60	Covered in full to member. Use modifier 22.
Elective Contact Lens Allowance	80%	Lesser of 80% of billed or 80% of retail allowance.
Non-elective or Medically Necessary Contact Lens	\$220	Pre-authorization needed.
Non-elective or Medically Necessary Contact Lens Fit up to a \$250 retail allowance	\$200	Pre-authorization needed.
Retinal Imaging – covered in full	\$39	Routine screening

<b>Base Lenses</b> (uncoated glass or plastic lenses)	<b>Provider Reimbursement (per pair)</b>	<b>Special Notes</b>
Single Vision Lens	\$30	Covered in full to member.
Bifocal Lens	\$40	Covered in full to member.
Trifocal Lens	\$50	Covered in full to member.
Lenticular	\$90	Covered in full to member.

<b>Progressive Lenses</b>	<b>Provider Reimbursement (per pair)</b>	<b>Special Notes</b>
Progressive - when it is non-covered under plan design	\$50	Member pays the difference between retail trifocal and retail progressive.
Standard Progressive	\$85	Covered in full. Use modifier L1.
Premium Progressive Tier 1*	\$120	Covered in full. Use modifier T1.
Premium Progressive Tier 2*	\$135	Covered in full. Use modifier T2.
Premium Progressive Tier 3*	\$160	Covered in full. Use modifier T3.
Premium Progressive Tier 4* - \$120 retail allowance	\$50	Use modifier T4. Member responsible for any amount over the \$120 retail allowance.
\$120 Progressive Allowance	\$50	Member pays any amount over the allowance.
\$165 Progressive Allowance	\$85	Member pays any amount over the allowance.

\*Refer to the current Superior Vision Progressive Lens Chart. Note, the listing is subject to change.

**ATTACHMENT 5**
**North Carolina Fee Schedule**

<b>Frames</b> (member pays any amount over allowance)	<b>Provider Reimbursement</b>	<b>Special Notes</b>
Frame Retail Allowance	50%	Lesser of 50% of billed or 50% of frame allowance.

<b>Specialty Lens Options **</b>	<b>Provider Reimbursement (per pair)</b>	<b>Special Notes</b>
Factory Scratch Coat (single sided only)	\$3	Covered in full to member.
Polycarbonate Single Vision Lens	\$15	Covered in full to member.
Polycarbonate Multifocal Vision Lens	\$22	Covered in full to member.
\$80 Photochromic Allowance	\$57	Member pays any amount over allowance.
Photochromic covered in full	\$57	Covered in full to member.
UV	\$8	Covered in full to member.
Standard Anti Reflective	\$38	Member is responsible for the difference between the standard AR and the brand name AR.
Tints solid or gradient (plastic or glass)	\$10	Covered in full to member.
\$60 High Index Allowance	\$37	Member pays any amount over allowance.

**\*\*Amount paid for lens add-ons or upgrades are in addition to base lens reimbursement.**

1. Network Providers agree that fees billed for covered Persons shall in no event be greater than the Network Provider's usual and customary charges for the services rendered.
2. Check member's plan for benefit coverage.
3. Benefits shall be paid only according to the applicable Plan as determined by Payor. If there is any discrepancy between the terms of the Plan or the terms of the Payor Agreement and this Fee Schedule, the terms of the Plan or the Payor Agreement, as applicable, shall control over this Fee Schedule.

# Superior Vision Progressive Lens Chart



For progressive lenses not listed on the chart below, select the tier most similar to the lens.  
This includes private label or house brands.

TIER	PROGRESSIVE STYLE
STANDARD	ADAPTAR • ESSILOR COMPUTER • ESSILOR INTERVIEW/ NATURAL • NAVIGATOR • NAVIGATOR SHORT • FREEDOM 5 • FREEDOM FIT • FREEDOM ID • OVATION • SHOREVIEW • SHOREVIEW MINI • AMPLITUDE • AMPLITUDE MINI • GP • HOYALUX TACT • NAVIGATOR • NAVIGATOR SHORT • UNIQUE SOFTWARE • FIRST PAL • RELAX • STANDARD PROGRESSIVE • OUTLOOK • IMAGE • IMAGE SHORT CORRIDOR • SYNCHRONY ACCESS • SYNCHRONY EASY M • ACCESS • AO COMPACT • INSTINCTIVE • SOLA MAX • GRADAL RD • SYNCHRONY EASY VIEW • ZEISS BUSINESS • KIRKLAND SIGNATURE • SEIKO AF • SEIKO AF MINI • SHAMIR OFFICE
PREMIUM TIER 1	ADAPTAR DIGITAL • ADAPTAR DIGITAL SHORT • NATURAL DIGITAL • OVATION DIGITAL • SMALL FIT DIGITAL • SMALL FIT • EOS WRAP • XPLOER • AMPLITUDE BKS • AMPLITUDE BKS MINI • AMPLITUDE IQ • AMPLITUDE IQ MINI • GP WIDE • TACT BKS • CONCISE • NAVIGATOR FBS • NAVIGATOR FSHORT FBS • PRECISE • PRECISE SHORT • ELEMENT • ATTITUDE • PROCEED II • PROCEED III • NOVEL • NOVELLA • IMAGE WRAP • EOS • SYNCHRONY • SYNCHRONY EASY S • MVP • PREMIUM PROGRESSIVE • RAY BAN ROX • SHORT FIT • EOS • FUSION I • FUSION II • PROCEED II • PROCEED III • AO EASY • MVP
PREMIUM TIER 2	IDEAL • IDEAL SHORT • VARILUX COMFORT 2 • VARILUX COMFORT 2 SHORT • VARILUX COMFORT DRX • VARILUX COMFORT DRX SHORT • NIKON PRESIO I DIGITAL • SUMMIT CD • SUMMIT ECP • EVERYDAY • PRECISE PB • KODAK PRECISE PB SHORT • OFFICE • SPECTRUM • PC WIDE COMPUTER • SUCCEED • SUCCEED WS • TRUCLEAR • DST CUSTOM PLUS • NARRATIVE • EVERYWHERE • SYNCHRONY EASY VIEW S HD • ZEISS PROGRESSIVE CHOICE • ZEISS DIGITAL • ZEISS DIGITAL WRAP • SYNCHRONY EASY VIEW HD • SYNCHRONY EASY VIEW M HD • SYNCHRONY EASY VIEW S HD • GT2
PREMIUM TIER 3	DEFINITY • DEFINITY SHORT • IDEAL ADVANCED • IDEAL ADVANCED WRAP • VARILUX COMFORT W2+ • VARILUX COMFORT W2+ FIT • VARILUX ELLIPSE • VARILUX PANAMIC • NIKON DIGI LIFE • VARILUX PHYSIO • VARILUX PHYSIO SHORT • VARILUX PHYSIO DRX • VARILUX PHYSIO DRX SHORT • VARILUX STYLISTIC WRAP • DST CUSTOM PLUS HD • DST CUSTOM PLUS HD SUN WRAP • TRUCLEAR SD • ARRAY FIXED • ARRAY VL • SUMMIT ECP IQ • SUMMIT CD IQ • ULTIMATE • UNIVERSAL • CONCISE DIGITAL • PRECISE DIGITAL • PRECISE DIGITAL SHORT • UNIQUE SPECTRUM + • HD WORKSPACE • AUTOGRAPH II ATTITUDE WRAP • AUTOGRAPH II FIXED • AUTOGRAPH II OFFICE • AUTOGRAPH II VARIABLE • SHAMIR COMPUTER • SHAMIR GOLF PROGRESSIVE • INTOUCH • SUPERNAL • SURMOUNT • SUPERCEDE II / EVERYWHERE + • SPORTS WRAP PAL • VISION EASE OFFICE, COMPUTER • GT2 3D • GT2 3D SHORT • SOLA ONE HD • ZEISS CHOICE PLUS • ZEISS OFFILENS • CONCISE DIGITAL
PREMIUM TIER 4	All Other Premium Progressives

September 2017

## Attachment 6

### Discount Only Plan

The Discount Only Plan is applicable to all eligible Plan Members and family members. The Plan offers discounts off of exams and materials. Discounts are taken off of retail and can be applied to an unlimited number of glasses, contacts, etc. All amounts due are collected by the Provider from the Member and/or family member. No form filing is required.

<b>Discount Only Plan</b>	<b>Maximum Member Out of Pocket, or Associated Discount</b>
<b>Comprehensive Vision Exam</b>	30% Off Normal Fee not to Exceed \$75
<b>Frames</b>	30% Off Retail
<b>Standard Lenses</b> Single Vision Bifocal (FT 25 & 28) Trifocal (FT 7x25, 7x28)	\$40 \$55 \$70
<b>Progressive Lens</b> Standard Progressives Non-Standard Progressives	\$120 30% Off Normal Fee for All Non-Standard Progressives
<b>Standard Lens Options</b> UV Coat Plastic Tints, Solid or Gradient Scratch Resistant Coating (Standard) Polycarbonate (Standard) Anti-Reflective Coat (Standard) High Index 1.6 Polarized Photochromics (Standard) Other Lens Options	\$12 \$12 \$15 \$35 \$45 \$55 \$75 \$70 20% off Retail
<b>Contact Lenses</b> (Conventional)	20% Off Retail
<b>Disposable Contact Lenses</b>	10% Off Retail
<b>Contact Lens Fitting and Follow Up</b>	10% Off Retail
<b>Sunwear</b>	10% Off Retail

- Discounts do not apply when prohibited by the manufacturer, nor do they not need to be combined with other in-store discounts
- The Provider agrees not to charge any Member or family members covered under the plan more than the discounted rate for any items or services provided under this plan
- The Provider maintains the option of participating in the Discount Only Plan network. Provider may opt out of the Discount Only Plan network by submitting a written request to Superior Vision
- No limits on use
- This is not an insured product

# Lens Classification

ITEM	VCODE	EyeMed	VSP	UHC/Spectera	Versant (Superior/Davis)	VBA
Crizal Easy Pro	V2750 V2755 EM/VSP	Tier 2	Cat C	Tier 3	Ultra	Prem AR 1
Crizal Sapphire HR	V2750 V2755 EM/VSP	Tier 3	Cat D	Tier 4	Ultimate	Ultra
Crizal Previncia	V2750 V2755 EM/VSP	Tier 3	Cat D	Tier 4	Ultimate	Ultra
Crizal Rock	V2750 V2755 EM/VSP	Tier 3	Cat D	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	V2781	Tier 3	Cat F	Tier 3	Ultra	Cat D
Varilux X	V2781	Tier 4	Cat 0	Tier 5	Ultimate	Cat D
Varilux X Fit	V2781 V2799 CM for VSP	Tier 4	Cat N	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 Worksapce 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 Previncia	\$ 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

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