

OPTICIAN INSURANCE GUIDE

MATERIALS INVOICING

RevolutionEHR

MATERIALS INVOICING

RevolutionEHR



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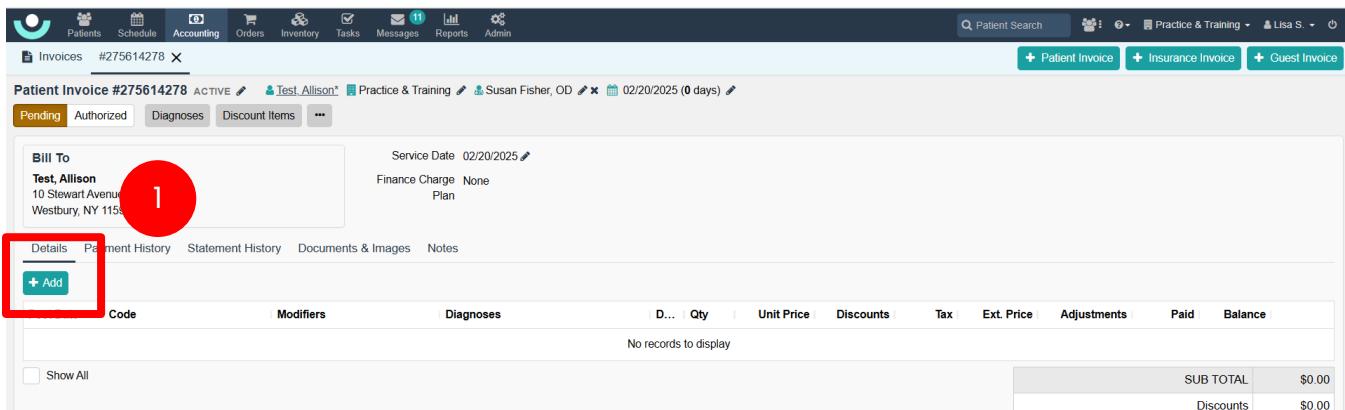
In certain cases, materials will be entered in the E.H.R. for billing purposes. This may occur for medical plans that cover materials and routine carriers that do not have a portal. This is not a common occurrence.

- It is important to note that the materials must also be entered into Ciao! Optical since Ciao! is the point-of-sale system.
- Medically necessary contact lens submission: you maybe able to enter contact lenses into the E.H.R. to generate a CMS 1500 form.

Please partner with your Medical Biller to learn more about this process when/if your site will need to put materials into the E.H.R.

Select locations may have U&C retail pricing uploaded into RevolutionEHR. If so, you can add your lens types and features here:

- You will always have to add-hoc your frame as it's a variable price
- With outside Rx, you will have to add in your [Diagnosis](#)
- See next page for add-hoc entries



Patient Invoice #275614278 ACTIVE Test, Allison* Practice & Training Susan Fisher, OD 02/20/2025 (0 days)

Bill To
Test, Allison
10 Stewart Avenue
Westbury, NY 11590

Service Date 02/20/2025
Finance Charge None
Plan

Diagnoses

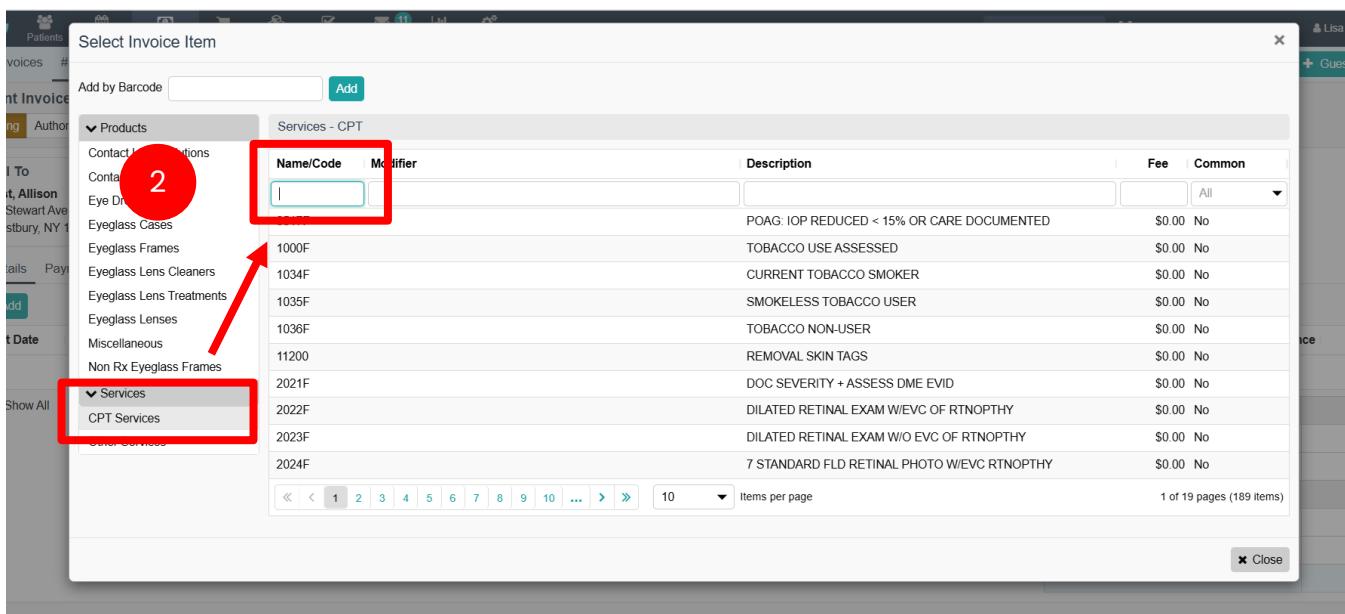
Details **Payment History** **Statement History** **Documents & Images** **Notes**

Add

Code	Modifiers	Diagnoses	D... Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
No records to display										

Show All

SUB TOTAL \$0.00
Discounts \$0.00



Select Invoice Item

Add by Barcode Add

Products

- Contact Lenses
- Contact Lens Solutions
- Eye Dr.
- Eyeglass Cases
- Eyeglass Frames
- Eyeglass Lens Cleaners
- Eyeglass Lens Treatments
- Eyeglass Lenses
- Miscellaneous
- Non Rx Eyeglass Frames

Services

- CPT Services
- Other Services

Name/Code	Modifier	Description	Fee	Common
1000F		POAG: IOP REDUCED < 15% OR CARE DOCUMENTED	\$0.00	No
1034F		TOBACCO USE ASSESSED	\$0.00	No
1035F		CURRENT TOBACCO SMOKER	\$0.00	No
1036F		SMOKELESS TOBACCO USER	\$0.00	No
11200		TOBACCO NON-USER	\$0.00	No
2021F		REMOVAL SKIN TAGS	\$0.00	No
2022F		DOC SEVERITY + ASSESS DME EVID	\$0.00	No
2023F		DILATED RETINAL EXAM W/EVC OF RTNOPHTY	\$0.00	No
2024F		DILATED RETINAL EXAM W/O EVC OF RTNOPHTY	\$0.00	No
		7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPHTY	\$0.00	No

1 of 19 pages (189 items)

Close

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To Adhoc All Materials In RevolutionEHR:

1 Once the invoice has been created for the medical carrier, click the **three dots** and select **add adhoc**.

Invoice Details

Insurance Invoice #271797190 ACTIVE Test, Aloha! Trinity True Eye Experts Melissa Mercer, OD 01/14/2025 (0 days)

Pending **Authorized** **Diagnoses** **Add Fee Schedule** **Transfer Items** **...** **Add Adhoc** **Employees**

Bill To
United Healthcare (Primary Medical)

Service Date 12/11/2024

Fee None
Schedule
Fee Date None

Details Additional Claim Info Claim History Payment History Statement History Documents & Images Notes

+ Add

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext
12/11/2024	67938-E1			FOREIGN BODY RE...	1	\$300.00	\$0.00	\$0.00	\$300.00
12/11/2024	92230			FLUORESCIN ANG...	1	\$0.00	\$0.00	\$0.00	\$0.00

2 Enter materials and click **save** once completed.

- Enter the Vcodes, description, and price for all frames & lens features, and contact lenses
- You may add as many line items on one invoice as needed
- Each insurance company varies on what items are required/allowed on a claim. Refer to the authorization or contact your biller if you are unsure how to add correctly.
- [Click HERE](#) to be redirected to the **Price Key & Codes** document in Toolkit

Add Adhoc Item

Post Date ***** 01/14/2025

Code ***** V2020

Description ***** Armani 1234 Blue 52

Quantity ***** 1

Unit Price ***** \$ 100.00

Sub-Total \$100.00

Tax Rate **Select Tax Rate**

Total \$100.00

Save

Using the Price Key & Codes on the **Lens Portfolio Guide**, you will need to divide the total amount in half and add quantity 2 for the right & left eye.

Example in Rev:
Transition GenS Lenses U&C= \$142
Unit Price= \$71
Quantity = 2

3 Once services are saved, you can **add diagnosis, modifiers, and change DOS** by doubling on your saved entry

Invoice Item Detail

Invoice Item #844248239

Code V2100

Description sv plastic

Facility Type Select Facility Type

Service Location Select Service Location

EPSDT **Emerg. Svc.**

Claim Note Select Code

Remove **Adjustment**

Details

No records to display

Selected Diagnoses

H52.4 - Presbyopia

Show ICD-9 Codes

Available Diagnoses

H52.203 - Unspecified astigmatism, bilateral
H54.0X54 - Blindness right eye category 5, blindness left eye category 4
H52.13 - Myopia, bilateral
H43.392 - Other vitreous opacities, left eye

The diagnosis listed here are from previous encounters. Click the **+** sign to add them to this invoice

[Click HERE](#) to learn how to help an outside Rx.

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Once completed, you will see your modifiers and diagnosis listed on the invoice.

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
12/11/2024	67938-E2			FOREIGN BODY REMOV...	1	\$300.00	\$0.00	\$0.00	\$300.00	-\$176.57	\$0.00	\$123.43
01/15/2025	V2020			armani 1234 blue 52	1	\$100.00	\$0.00	\$0.00	\$100.00	-\$50.00	\$0.00	\$50.00
01/15/2025	V2100	RT, LT, GY, GA		sv plastic	2	\$50.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
01/15/2025	V2750	LT, RT, GY	H52.4	Premium AR	2	\$92.50	\$0.00	\$0.00	\$185.00	-\$90.00	\$0.00	\$125.00

SUB TOTAL	\$685.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$685.00
Adjustments	-\$286.57
Payments Received	\$0.00
BALANCE DUE	\$398.43

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Apply Fee Schedule. The fee schedule may be loaded into your E.H.R, this is the last step. If not, you will need to manually correct.

- In this example the fee schedule was applied to the exam procedure but not the materials

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
12/11/2024	67938-E1			FOREIGN BODY RE...	1	\$300.00	\$0.00	\$0.00	\$300.00	-\$176.57	\$0.00	\$123.43
01/15/2025	V2020			FLUORESCIN ANG...	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/15/2025	V2100			Armani 1234 Blue 52	1	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
01/15/2025	V2750			Single Vision Lens	1	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00

SUB TOTAL	\$500.00
Discounts	\$0.00
Tax	\$0.00
TOTAL	\$500.00
Adjustments	-\$176.57
Payments Received	\$0.00
BALANCE DUE	\$323.43

- Using the paper fee schedules in your office, manually calculate the “**adjustment**” amount (contractual write off)
- Click **transfer items**

Post Date	Code	Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
12/11/2024	67938-E1			FOREIGN BODY RE...	1	\$300.00	\$0.00	\$0.00	\$300.00	-\$176.57	\$0.00	\$123.43
01/15/2025	V2020			FLUORESCIN ANG...	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/15/2025	V2100			Armani 1234 Blue 52	1	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
01/15/2025	V2750			Single Vision Lens	1	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00

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Indicate **write-off** and select your reason from the **pulldown bar**.

- Enter the **transfer amount** (aka, adjustment)
- Click save once completed
- NOTE:** If your **patient is responsible** for a copay/deductible instead of clicking Write-Off, select Transfer > Copay to patient
 - Second patient invoice will be created, and you will need to record payment (same process as you would with all other medical services)

Insurance balance =
Plan Pays in Ciao!

Code	Description	Qty	Unit Price	Sub-total	Discounts	Tax	Ext. Price	Transfer	Adjustments	Paid	Balance
67938-E1	FOREIGN BODY REMOVAL, EYELID, EMBED., Upper left eyelid	1	\$300.00	\$300.00	\$0.00	\$0.00	\$300.00	\$ 0.00	-\$176.57	\$0.00	\$123.43
92230	FLUORESCIN ANGIOGRAPHY	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$ 0.00	\$0.00	\$0.00	\$0.00
V2020	Armani 1234 Blue 52	1	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00	\$ 40.00	-\$40.00	\$0.00	\$60.00
V2100	Single Vision Lens	1	\$100.00	\$100.00	\$0.00	\$0.00	\$100.00	\$ 60.00	-\$60.00	\$0.00	\$40.00
								\$100.00	-\$276.57		\$223.43
									CURRENT BALANCE	\$323.43	
									Amount Transferred	\$100.00	
									AFTER PAYMENTS & TRANSFERS	\$223.43	

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- Print or write down plan pay & discount amounts to transfer to Ciao! Optical
- Leave in pending status for your biller

MATERIALS INVOICING OUTSIDE RX- RevolutionEHR



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If you have a patient walking in with an Rx, and they have not been seen by your practice previously you will need to add a few additional steps to complete the process.

1. Add/create patient in RevolutionEHR. [Click HERE](#) for instructions.
2. Add insurance into patient profile and select applicable fee schedule. [Click HERE](#) for instructions.
3. Add in Diagnosis based on Rx.
 - Select add diagnosis from side menu
 - Add diagnosis
 - Enter off drop down bar
 - [Click HERE](#) for a listing of popular diagnosis
 - Save
4. In billing section, create invoice and follow same steps as on previous pages.
5. Transfer services to Ciao! Optical

The screenshot shows the RevolutionEHR patient profile for 'Test, Aloha'. The top navigation bar includes 'Patients', 'Test, Aloha', 'ALERTS', and various patient details. The left sidebar has a 'Menu' with 'Diagnosis History' highlighted and circled with a red box (1). The main content area shows 'Family/Contacts' and 'Rx' sections. The 'Rx' section lists eye glass prescriptions with dates and values. The 'Diagnosis History' section is expanded, showing a table with columns for Dx Date, Res. Date, Code, and Description. A modal window titled 'Dx Details' is open, showing a list of ICD-10 codes for 'H52' (Hypermetropia). A red box highlights the 'Add' button in the 'Dx Details' modal (2). A red box also highlights the 'Dx Details' modal itself (3).

BILL ACTUAL

Basics

Patient Copays:

To find the patient copays, you will use the benefit summary provided by VSP. For various lens features, you can also use the VSP Enhancement Charts found [HERE](#).

- If there are plan specific copays, the benefit summary will provide more accurate copays.

Bill actual plans are utilized when there are no fee schedules or automatic billing from Ciao! Optical. You will manually edit the expected reimbursement rates and patient copays.

- **You will use your supplemental site insurance worksheets to determine your plan pay amounts.**

VSP REIMBURSEMENTS

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

This is an example.

See your Insurance binder/worksheets for site specific reimbursement rates.

These contractual amounts are pre-negotiated. The chart above illustrates exam services, base lens, and frame reimbursement rates (plan pay amounts in Ciao!).

The contractual amount can be paid in three different ways:

Payor	92014, Eye Exam Example: <ul style="list-style-type: none"> • using the example above for Plan Pay (i.e., insurance reimbursement)
1. 100% by the carrier	<ul style="list-style-type: none"> • If the patient copay is zero, you will collect the full amount from VSP (VSP will reimburse \$58.40 from the Signature example above).
2. 100% by the patient	<ul style="list-style-type: none"> • If the patient copay is higher than the reimbursement rate, you will put zero in the plan pay column (i.e., patient copay is greater than \$58.40). • More likely to occur with eyeglasses vs. exams.
3. Partially by the patient and Partial payment from the insurance carrier	<ul style="list-style-type: none"> • Likely occurrence- For all items listed on the chart above, you will deduct the patient copay from the plan pay amount. • In the example above, the total amount we can collect is \$58.40. Because we are collecting \$10 from the patient (patient copay) the max amount we can enter in the plan pay column in Ciao! is \$48.40).

During your integration week, you will be provided specific training on how to enter Bill Actual plans in Ciao! Optical.

In Ciao! Optical:

Retail Price
-Plan Pays
Discounts

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

If you have a copay amount, formula holds true.

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

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

Plan Pays = what the insurance pays us

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

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

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

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

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

Test Test 

Doctor Services > Order Worksheet

Order Price Calculator

Plan Name: VSP GENERIC PLAN-TVO NC Type: Assignment
Group #: Plan ID: 1818653

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
92014 Est Comprehensive	\$140.00		\$ 44	\$ 96	10
92015 Refraction	\$60.00		\$ 12	\$ 48	0.00
Optomap	\$39.00		\$ 0.00	\$ 0.00	0.00
Eye Exam	\$0.00		\$ 0.00	\$ 0.00	0.00

Benefit Calculation Notes

U&C – Plan Pays = Discount amount

 Customer Order
OPTICAL

Location 29047 045000 [\(Logout\)](#)

Patient copay determined by insurance carrier

The amount the insurance carrier will reimburse

- In this example the total reimbursement allowed is \$54 but since the patient pays \$10 we must subtract the patient copay from the total reimbursement which is why \$44 is entered

VSP BILL ACTUAL

BASICS

CONTACT LENS FITTINGS

VSP



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- Patient has allowance towards CL Fit & Materials. Benefits used on different DOS will require a call to VSP.
- The table below is for bill actual VSP processing ONLY.

VSP-CONTACT LENS: COMBINED ALLOWANCE FOR MATERIALS & FIT

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

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

[CLICK HERE FOR THE CONTACT LENS QUICK REFERENCE GUIDE](#)



- If you are set up with Auto-Calculation Exam plans, you should **NOT** use Bill Actual unless there is a valid reason.
- For Bill Actual Entry: Refer to your site-specific insurance binder for your plan pay amounts.

Additional Reimbursement:

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

**ADD SCREENSHOTS OF
ADD INFO SHEETS**

Use a Bill Actual Plan and add the specific diagnosis onto your additional info sheet for your Mason Biller.

Example:

- Exam Plan Pays = VSP Reimbursement – Patient Exam Copay + Chronic Condition.
 - Plan Pays from site insurance book = \$58.40
 - Patient Copay= \$10
 - VSP Additional Reimbursement= \$5
 - \$58.40-\$10+5= \$53.40

VSP REIMBURSEMENTS

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

NOTE: The U&C pricing for your 92 codes do not include refraction amount.

Enter the 92015 amount in the Plan Pay field.

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

Reduce Plan Pay amount if copay Reduce EXAM PLAN PAYS if there is an Exam copay

In Ciao! Optical:

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
92014 Est Comprehensive	\$140.00		\$ 53.40	\$ 86.6	10
92015 Refraction	\$60.00		\$ 14.60	\$ 45.40	0.00
Optomap	\$39.00		\$ 0.00	\$ 0.00	0.00
Eye Exam	\$0.00		\$ 0.00	\$ 0.00	0.00

Submitting Exam Claims for Patients with Diabetes

Use a Bill Actual Plan in Ciao! Optical and add the specific diagnosis onto your additional info sheet for your Mason Biller.

Include the appropriate diabetic eye exam Current Procedural Terminology (CPT®) Category II code on VSP® WellVision Exam® claims for patients with diabetes. CPT Category II codes are informational codes and should be billed with a \$0.00 amount. Patient records must indicate any condition included on a claim. Enter the appropriate **CPT Category II code in box 24d on the Eyefinity claim with the medical diagnosis code indicated in Box 21.**

Services

PCP Communication Completed/Planned Known Conditions

Yes

Systemic Conditions: High Risk for Prediabetes Diabetes Hypertension High Cholesterol

Ocular Conditions: Diabetic Retinopathy Glaucoma AMD None of these 7 conditions

*21. Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24e.)

Diagnosis Codes

A	H52.4	B	E11.9	C		D	
E		F		G		H	

CPT/HCPSC Codes

24a. From	To	24b. POS	24c. EMG	24d. PROC	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSDT
10/31/2023	10/31/2023	11	<input type="checkbox"/>	92002	A B	\$100.00	1	<input type="checkbox"/>
10/31/2023	10/31/2023	11	<input type="checkbox"/>	92015	A B	\$30.00	1	<input type="checkbox"/>
10/31/2023	10/31/2023	11	<input type="checkbox"/>	2023F	A B	\$0.00	1	<input type="checkbox"/>

CPT Category II Codes

Include for Patients with Diabetes WITH Evidence of Retinopathy

- **2022F:** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
- **2024F:** Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed
- **2026F:** Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed

Include for Patients with Diabetes WITHOUT Evidence of Retinopathy

- **2023F:** Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
- **2025F:** Seven standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed
- **2033F:** Eye imaging validated to match diagnosis from seven standard field stereoscopic retinal photos results documented and reviewed

Include for Patients with Diabetes LOW RISK/no evidence of Retinopathy in prior year

- **3072F:** Low risk for retinopathy (no evidence of retinopathy in the prior year) photos results documented and reviewed

**VSP Contact Lens: Combined allowance for Materials & Fit example:**

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

Contacts Routine eye exam covered.

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

Contacts are instead of [lens, frame].

Logic behind calculations:

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

Enter in Ciao! Optical:

CONTACT LENS EVALUATION/FIT

U&C	Plan Pays	Discount	Copay
\$105.00	\$60.00	\$45.00	\$29.25

CONTACT LENS MATERIALS

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

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

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



VSP-CONTACT LENS: SEPARATE ALLOWANCE FOR MATERIALS & FIT

- Patient has Separate benefits for CL Fit and Materials.
- Procedure is the same if benefits are used on different DOS.

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

Example:

Contacts *Routine eye exam covered.*

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

Contacts are instead of [lens, frame].

Logic behind calculations:

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

Enter in Ciao! Optical:

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

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

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

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



In most cases...

- Use your site specific insurance worksheets for the plan pay amounts for frames.
- Patient Pays = Frame retail price – allowance less 20% off the overage.
 - Allowance found on benefit summary on Eyefinity.
- **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.

Wholesale frame allowance:

- 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.

- If the Wholesale Frame Cost (WFC) is less than the WFA, then:
 - **Plan Pays = Wholesale Frame Cost (WFC) + Frame Dispensing Fee**
 - **Wholesale Frame Cost (WFC) = Retail Price x 45%**
 - In this case, patient pays = \$0

Using Examples on this page:

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

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$15.50
Trifocal Lenses	\$37.00	\$22.00
Lenticular Lenses	\$51.80	\$31.50
New Frame	\$30.00	\$19.00

Example



- Click [HERE](#) to review how to enter bill actual exams into Ciao! Optical.
- 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.

MATERIAL DISPENSING	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$21.00	\$15.50
Bifocal Lenses**	\$30.00	\$19.50
Trifocal Lenses	\$27.00	\$19.50
Lenticular Lenses	\$31.80	\$31.50
New Frame	\$30.00	\$19.00

Example

**PROGRESSIVE LENS DISPENSING:

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

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

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.

Additional Notes:

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



Extra Notes:

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

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

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



Use this chart to identify what modifiers to use on the various lines:

- Can also be found on VSP Enhancement Charts

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

Example:

PLAN DETAILS	
Co-payments	Exam \$15.00 Material \$15.00
Frame Allowance	Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:
WFA73	\$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame coverage.
WFA65	\$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.
WFA57	\$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

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

Example

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator

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

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

For Eyezen Start:

On the DST Processing line, enter:

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

For Eyezen 1-4 enter:

On the DST Processing line, enter:

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

On the Focal Type line, enter:

1. Overall Material copay (if applicable)

On the Material line, enter:

1. Hi-Index 1.67 for a DIGITAL lens



Use this chart to identify what modifiers to use on the various lines:

- Can also be found on VSP Enhancement Charts

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

Example:

Patient Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator

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

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

On the Base Lens line, enter:

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

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

PROPRIETARY ORDERS

VSP



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

1. Genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab.

- **Oakley**
- **Costa**
- **Ray Ban Authentic lenses**

2. Frame and lens mounting that can't be fabricated at a VSP contract lab. You will order through RxO.

Example:

Category	QTY	Item#	Description	Retail Price
Frame	1	888392269775	OO4123 55 Holbrook Metal, Blk Mat, Grn	\$211.00
Lens	1	20500002465028	SV OK OTD 1.59 Clr Stth Pro	\$240.00
EPP:			<input checked="" type="radio"/> Yes <input type="radio"/> No	
TOTAL: \$451.00				
PLAN DETAILS				
Co-payments Exam \$15.00 Material \$15.00				
Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:				
WFA73 \$190.00 for bebe, Calvin Klein, Calvin Klein Jeans, Flexon or Nine West brand frames through 03/31/2022. Patient receives 20% savings on frame coverage.				
WFA65 \$170.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.				
WFA5 \$150.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.				
MATERIAL DISPENSING		VSP Signature PLAN PAYS		
Single Vision Lenses		\$38.38		
Bifocal Lenses**		\$57.00		
Trifocal Lenses		\$65.36		
Toric Lenses		\$91.50		
New Frame		\$44.85		

Example

Calculating Patient Charges on Proprietary Lenses

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

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

Calculating Patient Charges on Proprietary Frames

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

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator					
PLAN PAYS - Frame: \$57 (WFA) + \$44.35 (Frame dispensing fee)					
Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OO4123 55 Holbrook Metal, Blk Mat, Grn	\$211.00		\$ 101.35	\$ 109.65	48.80
Authentic Lens Finishing	\$30.00		\$ 0.00	\$ 30.00	30.00
Backside UV	\$0.00		\$ 0.00	\$ 0.00	0.00
DST Processing	\$23.00		\$ 0.00	\$ 23.00	23.00
Oakley Stealth Pro	\$60.00		\$ 0.00	\$ 60.00	60.00
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
SV Oakley True Digital	\$82.00		\$ 43.38	\$ 38.62	35.62
P1.59 Oakley Clear Stealth Pro	\$45.00		\$ 0.00	\$ 45.00	0.00

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

Benefit Calculation Notes

Save Cancel Back

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

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

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

Vision Care Plan Pricing

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

Exam Plus Allowances Plans

VSP



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VSP Plans that allow free-to-choose lab for glasses (i.e. Exam Plus with Allowances) should be billed as Non-IDC Lab in Eyefinity and ordered through RxO. These are considered private transactions between the office and the lab and are charged back to the office at full retail on the lab bill.

If you'd like to read more about these specific plans, visit Eyefinity for [VSP EXAM PLUS ALLOWANCE PLANS](#). NOTE: You must be logged into Eyefinity to view this hyperlink.

ENTERING AND BILLING EXAM PLUS ALLOWANCES ORDERS IN CIAO! OPTICAL

The patient benefit summary will state "VSP Exam Plus With Allowance Plan" next to **Benefit** and "Any lab on a private basis" next to **Lab Use**.

PATIENT COVERAGE				
Eligibility	Exam/ProfSvcs N/A	Lens YES	Frame YES	Contacts YES
Service Freq	Exam <i>Every 12 months.</i>	Lens <i>Every 12 months.</i>	Frame <i>Every 24 months.</i>	Contacts <i>Every 12 months.</i>
Benefit <i>VSP Exam Plus With Allowance Plan</i> Client Name <i>BCBSM/NASCO</i>				
Network <i>VSP Lab Use Any lab on a private basis.</i>				
PLAN DETAILS				
Co-payments	Exam \$25.00	Lens \$0	Frame \$0	Contacts \$0
<i>Copay does not apply to NCL.</i>				
Allowances	20% off prescription glasses or 15% off contact lens exam services, then apply allowances:			

1. In Ciao! Optical, select the Bill Actual VSP Plan for your location.
2. Complete the Insurance and Order Worksheets as normal applying the allowances listed on the patient benefit summary. The Plan Pays is calculated the same way as other VSP plans.
3. **In LPA, DO NOT park the job in RX Sun Authentics.**
4. **Transmit to RxO.** Track and follow these orders the same way you would as a private pay job.
5. On the "add info" sheet, enter "EXAM PLUS ALLOWANCES-NON IDC LAB" in the notes column.

Name	DOB	DOS	AUTH #	Dx Code	Glasses	Lens Only	Uncut/Cut	Frame Only	Exam	CL	Notes
Test Patient	1/1/1990	9/28/2025	12345687	H52.13					Yes		EXAM PLUS ALLOWANCES-NON IDC LAB

BILLER ACTION

The routine billing team submits all Bill Actual Plans on Eyefinity.

For glasses with Exam Plus Allowances Plans, the biller will select "Non IDC Lab Invoice" for the lab.

The screenshot shows a user interface for selecting a lab. At the top, a blue header bar contains the word 'Lab'. Below this is a white input field with the placeholder text 'Select Lab'. To the right of the input field is a small red asterisk followed by the word 'Lab'. Below the input field is a dropdown menu with the option 'Non IDC Lab Invoice -' selected. To the right of the dropdown is a text input field containing the number '0100'.

Additionally, the biller will type "billing purposes only" in the Special Instructions to ensure the VSP lab does not manufacture the glasses.

CIAO! OPTICAL ENTRY

VSP BILL ACTUAL

VSP: BILL ACTUAL

Ciao! Optical Entry



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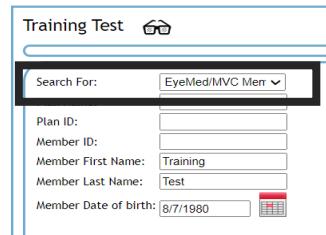
1 Click the Checkmark to indicate you'd like to apply insurance



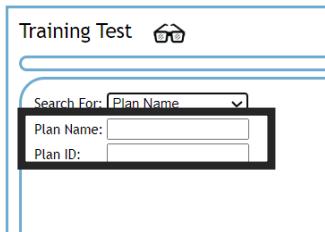
2 Click the blue the Search button



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



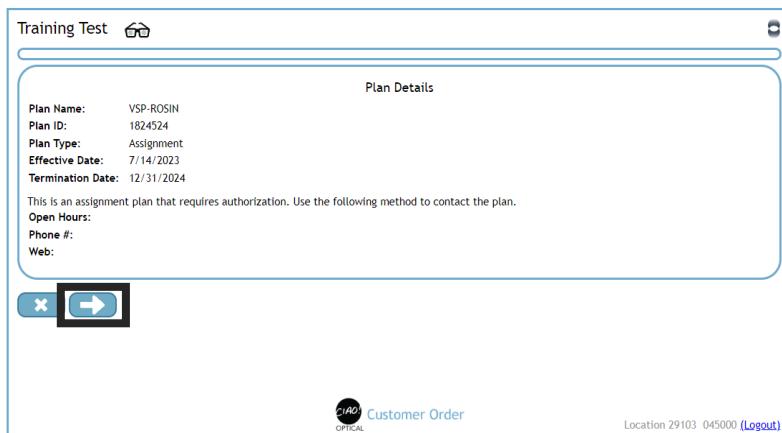
4 • Fill in the Plan Name or Plan ID
• Click the Search button (Magnifier)



5 Select the plan from the listing and click the Checkmark



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



VSP: BILL ACTUAL Ciao! Optical Entry



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7 Complete the Insurance Demographics Screen

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

B Enter the Member ID number

- Enter 1234 if not applicable

C Complete all fields for Customer Plan Information

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

Training Test

Plan Information

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

Plan Type: Assignment

Authorized: Frame Lens
 Contacts Exam

Materials Auth: 6783424

Benefit Calculation Notes:

Customer Plan Information

Employment Status: Full-Time Employer: Target
Student Status: Not a Student Marital Status: Married
Relation to Primary Member: Self

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

Primary Member Plan Information

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

Buttons

Customer Order

Location 29103 045000 [\(Logout\)](#)

8 Enter materials into Ciao!

Training Test

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

© Clear Sun Photo

Vision Type: Single Vision

Lens Design: Conventional SV

Material: 1.59 Polycarbonate

Style: Blue Filter Clear Pr

Color:

Available Adds

Oversize Frame Polish
 Rimless Drill Roll and Polish

Included Adds

Aspheric Lens
Blue Filter
Premium Anti-Reflective
Scratch Resistant
UV Protection

Buttons

Customer Order

Location 29103 045000 [\(Logout\)](#)

9 On the Order Worksheet, click the Pencil to apply allowances

Training Test

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

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

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672027341	RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00
Lens	1	20500001685298	SV Conv Blue Filter Prem AR (Poly)	\$250.00
EPP:			<input type="radio"/> Yes <input type="radio"/> No	
				TOTAL: \$380.00

Main Promotion

Current Offer: 12903 - 15% OFF LENSES
Deal Code:

Associate Sale
Promotion Savings: \$37.50
YOU PAY: \$342.50

Vision Care Plan Pricing

Vision Care Plan: VSP-ROGIN
Plan Id: 1824524
Current Offer:
Deal Code:
Promotion Savings: \$0.00
Vision Care Savings: \$0.00
YOU PAY: \$380.00

Quote valid through: February 11, 2024

VSP: BILL ACTUAL

Ciao! Optical Entry



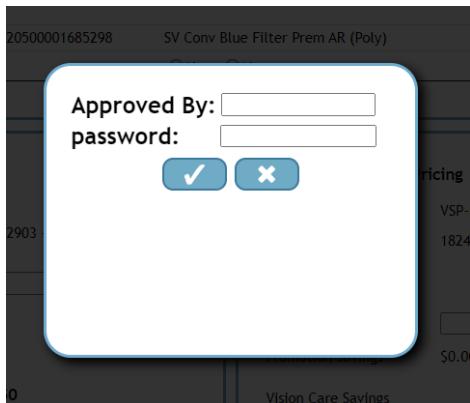
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Enter your EssilorLuxottica
Network Credentials

11

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



Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price Calculator

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

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

Benefit Calculation Notes

Customer Order

Location 29103 045000 [\(Logout\)](#)

Editing the benefits:

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Order Price

Plan Name: VSP GENERIC PLAN-TVO NC Type: Assignment
Group #: Plan ID: 1818653

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
RB2132 52 NEW WAYFARER, Brn Tan, Brn C	\$130.00		\$0.00	\$0.00	0.00
Blue Filter	\$0.00		\$0.00	\$0.00	0.00
Crizal Backside UV	\$15.00		\$0.00	\$0.00	0.00
Crizal Sapphire HR Anti-Reflective	\$170.00		\$0.00	\$0.00	0.00
DST Processing	\$135.00		\$0.00	\$0.00	0.00
Scratch Resistant	\$0.00		\$0.00	\$0.00	0.00
UV Protection	\$0.00		\$0.00	\$0.00	0.00
EZ Start Single Vision	\$75.00		\$0.00	\$0.00	0.00
Polycarbonate	\$45.00		\$0.00	\$0.00	0.00

Benefit Calculation Notes

VSP Reimbursements		SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS		PLAN PAYS	PLAN PAYS
Comprehensive Exam: New 92004 Est. 92014		\$54.40	\$49.60
Intermediate Exam: New 92002 Est. 92012		\$21.40	\$22.60
Refraction: 92015 ONLY		\$13.60	\$12.40
MATERIAL & SPECS		PLAN PAYS	PLAN PAYS
Single Vision Lenses		\$32.00	\$31.00
Focal Lenses		\$32.00	\$21.00
Trifocal Lenses		\$42.00	\$24.50
Lenticular Lenses		\$60.78	\$34.30
New Frame		\$34	\$20.50

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

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

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

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

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

VSP: BILL ACTUAL Ciao! Optical Entry



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

Training Test

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

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

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings: \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$0.00

YOU PAY: \$570.00

Quote valid through: May 11, 2024

Prior to Allowance

Training Test

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

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

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

Associate Sale

Promotion Savings: \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Plan Id: 1818653

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$355.00

YOU PAY: \$215.00

Quote valid through: May 12, 2024

Post Allowance

Customer Order

Location 29047 045000 [Logout](#)

12

For all Blue Tag frames document:

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

Training Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

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

Estimated Delivery Date: Friday, January 26, 2024

Assign Tray ID: RxO

Manufacturing Notes

Prada 3145
Black and Pink
52/18/135

Customer Order

Location 29103 045000 [Logout](#)

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

Test, Training - 10005007029083

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

Date	Associate Name	Store #	Note
11/10/2023	045000	T083	Rayban 1234. Blue Plastic. 54/18

New Lab Note



Some insurance companies (example: VSP) will require orders to be manufactured at an insurance required lab and can not be processed by RxO. This is predetermined by the contract the practice has with the carrier.

- Insurance orders that require use of a specific lab will go to a designated lab outside of the RxO Network (based on insurance carrier/payer) which is set up by TeamVision.
- Only the pair billed to insurance can be manufactured by the insurance lab.
- All multiple pair sales will be ordered through RxO

Redo's/Exchanges: Insurance lab will typically remake an order when it is not made correctly and/or there is a doctors Rx change.

- Contact your lab to understand their redo policy (lab specific).
- You can remake your VSP order if the lab will complete at no additional charge except shipping and handling.
- **All other redo's go to RxO.**

Scenario	Action
Order dispensed and patient returns to office stating they can't see <ul style="list-style-type: none"> • OD changes Rx by 1 diopter 	<ul style="list-style-type: none"> • Submit back to VSP lab for 1 time redo • Will redo lenses within 6 months
Same patient as above, can see clearly but doesn't like the progressive lenses	<ul style="list-style-type: none"> • Submit to RxO • VSP will only redo BF to Tri, BF to SV, base curve changes.
Patient with VSP purchased EPP and would like to redeem	<ul style="list-style-type: none"> • Submit to RxO
Patient would like to upgrade lens materials	<ul style="list-style-type: none"> • Submit to VSP
Patient chooses a different frame within 30 days	<ul style="list-style-type: none"> • Submit to RxO
Patient has FT28 transition lenses and you notice it is delaminating	<ul style="list-style-type: none"> • Call the VSP lab to see if covered. If so, place order with VSP, if not, order through RxO

You can call your insurance contracted lab with any questions pertaining to exchanges.

VSP Frame Breakage: If the VSP lab breaks the frame during manufacturing, we do not send them an invoice for reimbursement. We will replace the frame for VSP at no charge.

- In some cases, this means you may need to source the frame from an alternative location or pull from the wall.
- You must take the appropriate inventory action in Inventory Management (Transfer, Inventory Adjust, etc.) Do not 'damage' the frame unless you have the frame on hand.

Post Integration:

- **Use only the lab and account number** listed for your location. This ensures that billing will go directly through TeamVision – no more paying and requesting reimbursement.
- The labs listed are the **only approved insurance labs** for your location.

PRODUCTS, TIPS, AND TRICKS

TIPS FOR SUCCESS



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

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

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

BLUE TAGS: Enter Frame Details in the Patient's Profile Notes Section:

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

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

TOOLS & RESOURCES



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Lens Portfolio Guide houses:

- Lens Category Chart
- Vcodes and Price Key
- Exam and Diagnosis Codes

Always use the digital copies of these tools to ensure you have the most up to date version.

LENS PORTFOLIO		TeamVision Eye care, together.
Click on names below to see pricing and enhancement details.		
		January 2025
Single Vision	Progressive	Other Lenses
<ul style="list-style-type: none"> • Eyezen® Start™ • Eyezen®+ • Eyezen® Kids • Digital (DST) • Conventional • Sun 	<ul style="list-style-type: none"> • Varilux® XR Track Fit™ • Varilux® XR Fit™ • Varilux® Comfort Max Fit • Premium Progressive • Computer • Sun 	<ul style="list-style-type: none"> • Bifocal • Trifocal • Slab Off • Wrap
 Ray-Ban® Authentic Lenses	 Oakley® Authentic Lenses	 Costa Del Mar® Authentic Lenses
<ul style="list-style-type: none"> • Clear • Sun 	<ul style="list-style-type: none"> • Clear • Sun 	<ul style="list-style-type: none"> • Sun
Enhancements	Insurance Classifications	Power Ranges
<ul style="list-style-type: none"> • Transitions® • Crizal® 	<ul style="list-style-type: none"> • Lens Designs and Materials • Coatings, Light Filters, and Add-Ons • Exam and Diagnosis Codes 	<ul style="list-style-type: none"> • Lens Power Ranges • Frame Power Ranges

Lens Category Chart:

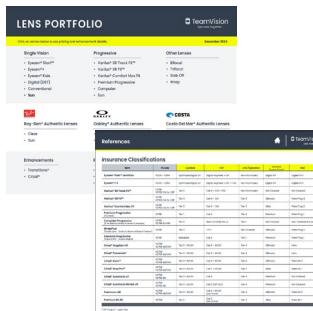
Insurance Classifications							TeamVision
Lens Designs and Materials							Lens Portfolio
Lens Design	VCode	Line Item Price	Eyelet	VSP	Unfiled/Uncoated	Vision	VBA
Eyzen® Kids	V2010 - V2114	\$195 (\$V \$ 4 + \$101)	Optimized Digital IV	Digital Aspheric + (R)	Non-Formality (Rin/Out Aspheric)	Digital IV	Digital IV
Eyzen® Start™	V2010 - V2114	\$295 (\$V \$ 4 + \$101 DIST)	Optimized Digital IV	Digital Aspheric + (R)	Non-Formality (Rin/Out Aspheric)	Digital IV	Digital IV
Eyzen® 1-4	V2010 - V2114	\$295 (\$V \$ 4 + \$101 DIST)	Optimized Digital IV	Digital Aspheric + (R) + TAD	Non-Formality (Rin/Out Aspheric)	Digital IV	Digital IV
Verlux® XTR Track™	V2181	\$295 (\$V \$ 4 + \$101 DIST)	Verlux XTR Track™	Category N + CM3	Non-Formality (Rin/Out Aspheric)	Not Covered	Not Covered
Verlux® XTR™	V2181	\$470 (\$V \$ 4 + \$101 DIST)	Verlux XTR™	Category N + CM3	Non-Formality (Rin/Out Aspheric)	Tier V	Ultimate Premium Progressive 4
Verlux® Comfort	V2181	\$295 (\$V \$ 4 + \$101 DIST)	Verlux XTR™	Category O + CM3	Non-Formality (Rin/Out Aspheric)	Tier III	Ultimate Premium Progressive 3
Premium Progressive	V2181	\$390 (\$V \$ 4 + \$101 DIST)	Verlux XTR™	Category O	Non-Formality (Rin/Out Aspheric)	Tier II	Premium Premium Progressive 1
Progressive	V2181	\$390 (\$V \$ 4 + \$101 DIST)	Verlux XTR™	Category O	Non-Formality (Rin/Out Aspheric)	Tier I	Standard Standard
Verlux® XTR™ or Shomer® Computer™	V2181	\$395 (\$V \$ 4 + \$101 DIST)	Verlux XTR™	Non Variable Focus	Non Formality (Rin/Out Aspheric)	Tier 1	Not Covered Near Variable Focus
WingPath®	V2781	\$400 (\$V \$ 4 + \$101 DIST)	WingPath®	Category O	Not Covered	Ultimate	Premium Progressive 2
Standard Progressive	V2781	\$495 (\$V \$ 4 + \$101 DIST)	WingPath®	Category K	Tier 1	Premium	Premium Progressive 1
Other Lens Design		VCode	Line Item Price	Lens Materials			
Digital (DT) IV	V2100	\$195 (\$V \$ 4 + \$101 DIST)	Plastic	V2782	\$0		
Conventional Spherical IV	V2100	\$190	Polymercent	V2784	\$445		
Conventional Aspheric IV	V2100	\$190 (\$V \$ 4 + \$101 DIST)	High Index 1.67	V2785	\$140		
BiFocal	V2200	\$195	High Index 1.74	V2783	\$135		
Trifocal	V2300	\$195	Frame	V2020			

Vcodes, Price Key, and Diagnosis Codes

- Lens Category Chart- used to understand what various lens options and features are categories as for most routine carriers.
 - i.e., a reference tool to help you determine patient copays
 - Would be used in conjunction with patient benefit summary and Consultative Selling

- Vcodes- Commonly used by insurance carriers in the billing process to indicate the services and materials provided to patients.
- Price Key- used as a reference tool to get the Usual and Customary (price) of a particular lens feature.
- Diagnosis Codes-Diagnosis codes are used in vision insurance to identify medical conditions and ensure that the correct treatment is reflected in billing.

[Click HERE](#) to be redirected to the Lens Portfolio Guide



Using our [Consultative Selling Skills](#), we should make product recommendations based upon what we have learned about our patient.

A curated lens assortment has been designed for all TeamVision locations. Found in Toolkit, the [Lens Portfolio Guide](#) will clearly outline our lens offerings and Insurance classifications for each option.

We should NOT be ordering and/or requesting product outside of our lens assortment.

Use this reference chart to help guide you on what lens to select in Ciao Optical!

Patient Scenario	Select in Ciao!	Why...	Which Means...
I'd like to order a non digital single vision lens with Blue Filter	Select Aspheric Lens	Although we offer many lenses in our TeamVision assortment, the blue filter is only available in aspheric or digital lens designs.	Patient will be charged: <ul style="list-style-type: none">Aspheric copayBlue Filter copay
I'd like to order a Premium Progressive to keep costs low.	Premium Progressive	There are no workarounds (You can not select Prem PAL in Ciao! and request a Essilor Natural, etc.)	You will receive an Accolade Digital Lens.
I'd like to order a Standard Progressive to keep costs low.	Standard Progressives	There are no workarounds (You can not select Prem PAL in Ciao! and request a Essilor Natural, etc.)	You will receive an Ovation Digital Lens.
I'd like a Standard AR coating covered in full by the insurance carrier.	No AR coating OR Alternative AR with a higher copay	This lens is not a part of our lens assortment. While the insurance may offer it, your practice does not.	Based on current lens technology and patient demands, we do not offer this lens.
<ul style="list-style-type: none"> Always review pros and cons with your patient, linking it back to their lifestyle and use Lens Simulator to show them what you are talking about! All Varilux and Digital lenses should have EyeRuler2 measurements and vertex, panto, wrap angle, and NVB should be entered into Eyefinity. 			

LENS ASSORTMENT SOUND BITES



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Standard Anti-Reflective: not in our TV Assortment but patient has the coverage

Why is there a charge for the Anti-Reflective coating, I thought the insurance covered standard anti-Reflective coating?

That is correct, your insurance will cover that type of coating in full. Our practice has a few different AR options. Let me show you in my LensSimulator. The coating we offer includes additional scratch resistance and overall durability than the insurance covered coatings. You've mentioned you've had a hard time keeping your eyeglasses clean and the Crizal coatings are the best bet. It's not covered in full by your insurance, but they will cover a large portion of it. Let me show you!



Patient



Employee

Standard Progressives: not in our TV Assortment but patient has the coverage:

Why is there a charge for the progressive lenses, I thought the insurance covered them?

Based on what we've discussed, I've recommended the Varilux Comfort Max. This lens will help relax your eyes and offer a significantly wider viewing area since you're in front of digital devices for 6 to 10 hours a day. I know it's not covered in full, but let me show you discount they have covered. We don't offer the lens the insurance covers in full because our patients have not been satisfied with it. If this is more than you expected to pay, we can look at an alternative lens, but first let me show you what you'll be giving up.



Patient



Employee

Legacy Progressives: not in our TV Assortment

Why can't I have the Shamir Progressive lens I've always had?

I understand you're concerned and have been very happy with the Shamir lens. However, let me show you a little bit about our Varilux XR lenses in our LensSimulator. It's very compatible and your insurance will only charge you a \$XXX copay. This is a \$XX Savings. They will take a few weeks to get used to, but anytime you get a new pair of eyeglasses there is an adjustment period!



Patient



Employee

RAY-BAN META, NUANCE CARTIER, & MAUI JIM



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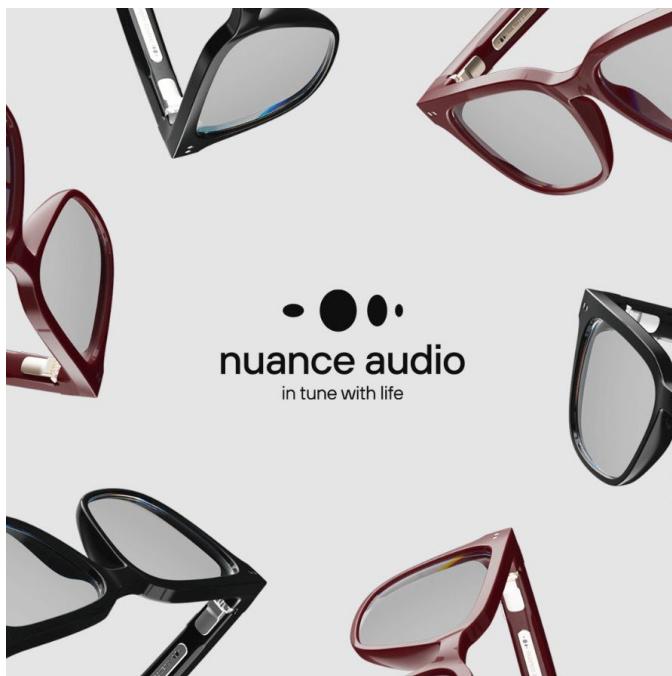
Ray-Ban Meta, Nuance, Cartier, and Maui Jim are all considered specialty products and will have specific insurance processes. Wearables is a term we use when referring to Nuance Audio & Ray-Ban Meta eyewear due to their unique functions and AI technology.

Additional Notes:

- Both wearable products comes with their own **Operational Guide** found in the [Toolkit](#).
- See [Maui Jim](#) and [Cartier](#) guide for additional product& insurance information.
- The Operations guides will provide insurance and discount details. Each guide is unique and brand specific.
- Partner with your biller if you have any questions that are not answered by the Ops guides.

		FRAME	LENS
Primary Insurance			
Primary Insurance	Funded Reimbursement	✓	✓
Insurance Discount Plans	Non-Funded	✗	✓
Insurance Additional Pair Discount	Additional Complete Pair	✗	✗
Patient Offers			
First Pairs	15% Off Lenses with Complete Pair	✗	✓
Additional Pairs	40% Off Additional Complete Pair	✗	✗
Team Member Discounts			

Example





Based on how your contact is set up, some insurance carriers and safety programs will provide a frame kit. This means the patient must (may) select a frame that is a part of the providers program.

Note:

- It is important to note that you **do not count** these frame kits in Physical Inventory.
- The provider may require you to use an insurance contracted lab (i.e., not RxO).
- Your site will be provided fee schedules for Ciao! Optical entry.
- The frame kit will be a generic UPC that will be entered into Ciao! Optical.
 - You will have to add a note to the Ciao! Order to indicate the exact model OR update on your Additional Information Sheet.
 - When entering the order in Ciao! Optical, use the appropriate UPC for the applicable frame kit:

Article Description	UPC
ACQ Consignment Safety-adult OPT	20500002485149
ACQ Consignment Safety-kids OPT	20500002485156
ACQ Consignment-adult OPT	20500002485125
ACQ Consignment-kids OPT	20500002485132
Davis Vision Frame Kit	20500001821962
Essilor Safety Frame	20500001986975
March Vision Frame Kit	20500001821955
Otis And Piper Kids Frame	20500001939094
Private Pay Safety Frame	20500001986968
Hoya Frame Kit	20500003011507
Family Home Network Frame Kit	20500003011408

Some practice groups may have a Safety Program Guide (e.g., Rosin). Please see your guide for additional details.



Important Call Outs:

- SEEN branded frames are ONLY for Medicaid patients
- Do not display for patient selection and only offer to Medicaid patients (i.e., place them in trays to present)
- Inventory SEEN Frames during Physical Inventory
- Select locations will have frame kits that must be utilized = you can not use SEEN frames for Medicaid patients

Product Details:

- Sites will receive 50 UPCs with a mix of metal and plastic frames
- 20 Women, 20 Men, and 10 Kid
- In keeping with state regulations, California locations will not get metal UPCs therefore will receive the 37 plastic frames
- These frames will not come with a case, but generic cases are available on Central Purchasing
- Use the UPC listed on the tag for Ciao! Optical sales

Product Pricing & Replenishment:

- SEEN product will be in your site inventory and valued at \$69
- SEEN product is NOT part of other package pricing (i.e. \$99 package) and ONLY for Medicaid patients
- This is in addition to your managed assortment (this brand will not impact your site's replenishment and facings planograms)
- For select clinics that have been approved to use brands other than SEEN, please work with your Field Leader and Karen and discontinue any additional ordering at the site level

SEEN FRAMES: RxO	FRAME KITS: Other Labs (LPA RxSun Authentics)	OFFICE SUPPLIED FRAMES: Other Labs (LPA RxSun Authentics)
RxO will have inventory, and you should order complete when available.	You will send the frame to that lab. It will be removed from your kit.	You will send the frame to that lab. It will be removed from your kit.
Frames should stay in the clinic like a frame kit since RxO can produce the eyewear complete.	We will replenish the product in your regularly scheduled replenishment (most sites 2x week).	You will partner with your Field Leader and Karen when you need replenishment

CIAO! OPTICAL

Unknown Frame



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In Ciao! Optical frame entry you will see the ability to select **Unknown Frame**. This should rarely be used but should **NEVER be selected for complete pair or frame only orders**.

Doing so will have a negative impact on your inventory.

Item #	<input type="text"/>
Brand	<input type="text"/>
Style #	<input type="text"/>
<input type="checkbox"/> Unknown Frame	
<input type="button" value="Search"/>	

Scenario	How to Solve it																								
Complete pair selected when should be lenses only	Back out of the transaction and select the lens only icon. DO NOT click unknown UPC and enter a \$.01.																								
Unknown or Inactive UPC	Look up the UPC in Inventory Management or Ciao! Optical. If you cannot locate, email your Field Lead the item details. They will work with the appropriate Operations partner to resolve.																								
Ciao! rejection on the order confirmation screen	Select a different frame/lens combination. If you believe it's in error, report it to your field leader (very infrequent).																								
Missing UPC for a frame kit (Safety or Insurance)	Frame kits: Reference your insurance binder or use the UPC's below when entering into Ciao! Optical. <table border="1"><thead><tr><th>Article Description</th><th>UPC</th></tr></thead><tbody><tr><td>ACQ Consignment Safety-adult OPT</td><td>20500002485149</td></tr><tr><td>ACQ Consignment Safety-kids OPT</td><td>20500002485156</td></tr><tr><td>ACQ Consignment-adult OPT</td><td>20500002485125</td></tr><tr><td>ACQ Consignment-kids OPT</td><td>20500002485132</td></tr><tr><td>Davis Vision Frame Kit</td><td>20500001821962</td></tr><tr><td>Essilor Safety Frame</td><td>20500001986975</td></tr><tr><td>March Vision Frame Kit</td><td>20500001821955</td></tr><tr><td>Otis And Piper Kids Frame</td><td>20500001939094</td></tr><tr><td>Private Pay Safety Frame</td><td>20500001986968</td></tr><tr><td>Hoya Frame Kit</td><td>20500003011507</td></tr><tr><td>Family Home Network Frame Kit</td><td>20500003011408</td></tr></tbody></table> <i>Note: safety frames within the TeamVision assortment will have their own unique UPC.</i>	Article Description	UPC	ACQ Consignment Safety-adult OPT	20500002485149	ACQ Consignment Safety-kids OPT	20500002485156	ACQ Consignment-adult OPT	20500002485125	ACQ Consignment-kids OPT	20500002485132	Davis Vision Frame Kit	20500001821962	Essilor Safety Frame	20500001986975	March Vision Frame Kit	20500001821955	Otis And Piper Kids Frame	20500001939094	Private Pay Safety Frame	20500001986968	Hoya Frame Kit	20500003011507	Family Home Network Frame Kit	20500003011408
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Hoya Frame Kit	20500003011507																								
Family Home Network Frame Kit	20500003011408																								

Please reference your site-specific insurance guide for additional information regarding your safety programs. Rosin Group: Click [HERE](#) to access your Safety Program Guide.

After Tender: Lab Processing Application (LPA)

Non-Lab Locations

- After billing the claim, orders are placed in **Eyefinity** to your assigned VSP lab.
- In LPA, set **Processing Type** as **RXSun Authentics** (image below)
- Verify current turn-time with your VSP lab- typically closer to 2-3 weeks
- Upon receipt of the finished product, you will **Inspect** and **Complete** the order in **LPA** (just as you would with any RxO orders)

Current Lab: Outside Processing - Central Lab - Central Lab Provides Frame Order Type: SURFACE

Order Details:

Edit Lab: **RX_SUN_AUTHENTICS** Job Type:

Manufacturing Start Date/Time: 04/22 10:54:59 : Staged as Outside Processing - Central Lab - Central Lab Provides Frame

Status: Order not tendered

Continue Cancel

In-Office Finishing (IOF) PLEXUS Ordering:

- In LPA, set **Processing Type** as **RxSun Authentics** (image above)
- Orders are billed in **Eyefinity** as IOF and Lenses are ordered directly from **Plexus**
- Shipping** is covered for orders above \$50
 - Ideally you have enough orders to avoid this shipping charge
 - You can wait up to two days, but do not delay patient promised date to avoid shipping charges
- IOF VSP** orders will still follow **Same Day Next Week** service promise times since **Plexus** ships overnight
 - VSP finished Single Vision Lenses order through Plexus are not in your inventory therefor there are no adjustments to make in **Inventory Management**
- Once the eyeglasses/lenses have been manufactured, you will **Inspect** and **Complete** the order in **LPA** (just as you would with any RxO Orders)

[CLICK HERE](#) to be redirected to the Order Management Guide for How-To Steps.

Special Ordering Frames: You will use Smart Shopper to special order frames not in the office. When combining SmartShopper orders & Insurance, you will split your order into a separate frame and lens invoices (can be tendered together). Click [HERE](#) for the Smart Shopper Guide.

PRACTICE EXAMPLES



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Can all team members effectively enter the correct plan pays, discounts, and patient copays?

- Use the reimbursement rates to the right.
- Patient benefit summary below.
- Blank worksheets are [HERE](#).
- Answer key provided [HERE](#).

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS		
Comprehensive Exam: New 92004 Est. 92014	\$53.60	\$52.40
Intermediate Exam: New 92002 Est. 92012	\$41.10	\$31.90
Refraction: 92015	\$13.40	\$13.10
MATERIAL DISPENSING		
Single Vision Lenses	\$30.98	\$14.00
Bifocal Lenses**	\$51.90	\$18.00
Trifocal Lenses	\$50.83	\$21.00
Lenticular Lenses	\$71.16	\$29.40
New Frame	\$44.05	\$17.00

Benefit VSP Signature Plan Client Name

Network VSP Lab Use Must use plan designated contract laboratory.

Coordination of Benefits COB rule 1: If both members are covered by the same client, COB isn't allowed for either of the members or their children. If the member is covered twice by the same client, COB isn't allowed. COB rule 2: If both members are covered by the same client, children are covered only under one parent's plan. COB can't be applied and the child may only receive one set of services. This applies both to biological parents and step-parents.

Essential Medical Eye Care Exam Copay \$20.00
Patients with diabetes (without diabetic eye disease) receive covered-in-full retinal screening. Patients with diabetes, glaucoma, or AMD may be eligible for additional exams and services. All patients may be eligible for medical eyecare services for non-chronic conditions. Criteria applies, see VSP Manual.

PLAN DETAILS

Co-payments Exam \$15.00 Material \$25.00

Routine Retinal Screening Charge the lesser of \$39.00 or U&C

Frame Allowance Extra \$20 promotion on Altair Eyewear/Marchon frames and any other available frame promotions included below:
WFA115 \$300.00 for Calvin Klein, Calvin Klein Jeans, Draper James, Flexon or Lacoste brand frames through 07/31/2024.
Patient receives 20% savings on frame coverage.

WFA107 \$280.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

WFA100 \$260.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame coverage.

Post-Laser VisionCare Patients who had laser correction surgery can use their frame benefit for non-prescription, ready-made sunglasses.

Contacts Routine eye exam covered.

Exam And Allowance Take 15% off CL exam services before applying \$120.00 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].

Necessary Contact Lenses Criteria applies, see VSP Manual. Copay \$25.00.

Low Vision Criteria Applies see VSP Manual.

Value Added Benefits 30% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from the same VSP doctor on the same day of the routine exam.
20% complete additional pair of glasses, including non-prescription plano sunglasses and blue light filtering glasses, from a VSP doctor within 12 months of routine exam.
15% contact lens exam services from a VSP doctor for 12 months on or following date of routine exam.

LENS ENHANCEMENT DETAILS (SEE LENS ENHANCEMENT CHARGES TAB)

Covered	Covered with Additional Copay	Covered with Additional Copay
Solid Tints and Plastic Dyes (Pink I & II)	Light Filter	Premium Progressives
Covered with Additional Copay	Mirror/Ski Type Coating	Rimless Drill
Anti-Reflective Coatings	Near Variable Focus	Scratch Resistant Coatings
Aspheric (plastic & digital)	Oversize Lenses	Standard Progressives
Blended Bifocal	Photochromics	UV Protection
Custom Progressives (includes Custom Measurements)	Plastic Dyes (Gradient)	
Edge Treatments	Plastic Dyes (Solid color except Pink I & II)	
Glass Color Coatings	Polarized	
High Index	Polycarbonate	

PRACTICE EXAMPLES



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Example 1:

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OAR7003, Blk, 52/18/145	\$280.00		\$		
Crizal Backside UV	\$15.00		\$		
Crizal Sapphire HR Anti-Reflective	\$170.00		\$		
DST Processing	\$60.00		\$		
Scratch Resistant	\$0.00		\$		
UV Protection	\$0.00		\$		
Single Vision	\$100.00		\$		
Polycarbonate	\$45.00		\$		

Example 2:

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OAR7003, Blk, 52/18/145	\$280.00		\$		
Crizal Backside UV	\$15.00		\$		
Crizal Sapphire HR Anti-Reflective	\$170.00		\$		
Photochromic TGNS Brown	\$142.00		\$		
Scratch Resistant	\$0.00		\$		
UV Protection	\$0.00		\$		
Prog Varilux XR Fit	\$470.00		\$		
Polycarbonate	\$45.00		\$		

ANSWER KEY



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OF CONTENTS

Example 1:

Retail Price= Plan Pays + Discount column

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
OAR7003, Blk, 52/18/145	\$280.00		\$ 144.05	\$ 135.95	16
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15	10
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170	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
Single Vision	\$100.00		\$ 5.98	\$ 94.02	25
Polycarbonate	\$45.00		\$ 0.00	\$ 45	10

\$30.98 VSP reimbursement -\$25 for Patient Copay

Example 2:

	Retail Price	Extended Price	Plan Pays	Discount	Copay
OAR7003, Blk, 52/18/145	\$280.00		\$ 144.05	\$ 135.95	16
Crizal Backside UV	\$15.00		\$ 0.00	\$ 15	10
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ 0.00	\$ 170	75
Photochromic TGNS Brown	\$142.00		\$ 0.00	\$ 142	70
Scratch Resistant	\$0.00		\$ 0.00	\$ 0.00	0.00
UV Protection	\$0.00		\$ 0.00	\$ 0.00	0.00
Prog Varilux XR Fit	\$470.00		\$ 26.90	\$ 443.10	195
Polycarbonate	\$45.00		\$ 0.00	\$ 45	33

\$51.90 VSP reimbursement -\$25 for Patient Copay

Progressive N Copay- \$160 + Custom Measurements- \$10 + Patient Copay- \$25

UNDERSTANDING CIAO! INSURANCE TOTALS



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The totals below are examples after insurance deductions have occurred, auto-calculation or manual entry.

Ciao! Optical Customer Order:

Test Test

Frame > Lens > Order Worksheet > Measurements > Order Completion

Category	QTY	Item#	Description	Retail Price
Frame	1	8053672031942	0AR7003, Brn Drk, 50/18/140	\$293.00
Lens	1	20500004498086	PG VL XR Fit BluFr CrSaphHR (1.67)	\$845.00
EPP:			Yes <input checked="" type="radio"/> No <input type="radio"/>	
TOTAL: \$1,138.00				

Main Promotion: 32927 - 25% OFF LENSES

Associate Sale: Promotion Savings \$211.25, YOU PAY: \$926.75

Vision Care Plan Pricing: VSP SIG COMPLETE WFA107 \$10 CPY DAL, Plan Id: 1834499, Current Offer: Deal Code: Promotion Savings \$0.00, Vision Care Savings \$757.60, YOU PAY: \$380.40

Quote valid through: May 18, 2025

Customer Order C-1046 Location 29146-045000 (Logout)

Usual & Customary Fees:

- Cost of services or materials prior to any insurance deductions

This will breakdown the **You Pay** amount by line item (member out of pocket amounts)

Category	QTY	Item#	Description	Retail Price	Copay	You Pay
Frame	1	8053672031942	0AR7003, Brn Drk, 50/18/140	\$293.00	\$0.00	\$10.40
Lens	1	20500004498086	PG VL XR Fit BluFr CrSaphHR (1.67)	\$845.00	\$0.00	\$370.00
	1	20500002603901	Blue Filter	\$50.00	\$0.00	\$15.00
	1	20500002603895	Crizal Backside UV	\$15.00	\$0.00	\$10.00
	1	20500002603772	Crizal Sapphire HR Anti-Reflective	\$170.00	\$0.00	\$75.00
	1	20500001674704	Scratch Resistant	\$0.00	\$0.00	\$0.00
	1	20500001673790	UV Protection	\$0.00	\$0.00	\$0.00
	1	20500004475308	Prog Varilux XR Fit	\$470.00	\$180.00	\$180.00
	1	20500004462193	Hi-Index 1.67	\$140.00	\$0.00	\$90.00

You Pay

- Amount the patient will pay after insurance Savings
- Copays & deductibles
- Member out of pocket costs (example: Transitions \$75, AR \$85, etc.)

Insurance Savings:

- The amount deducted by insurance
- Covered items and/or discounts

Ciao! Optical XStore:

Test Test

Salespersons: Lisa Stoddart | 045000

Trans # 13000143 Qty UPC Unit Price Ext Price

Order For: Test Test Sales Order: 10037213229146

Sale 1 8053672031942 0AR7003, Brn Drk, 50/18/140

INSURANCE DISCOUNT

Sale Order 10037213229146 [Frame]

Lisa Stoddart

Sale 1 20500004498086 PG VL XR Fit BluFr CrSaphHR (1.67)

INSURANCE DISCOUNT

Sale Order 10037213229146 [Lens]

Prog Varilux XR Fit Hi-Index 1.67 Crizal Backside UV Crizal Sapphire HR Anti-Reflective Scratch Resistant UV Protection Blue Filter Lisa Stoddart

Tender Assignment Vision Care

Items 2 Tax \$0.00 Subtotal \$538.76

Amount Due \$380.40 >

Find Item F9 Add Transaction Notes F11 Tender F12

Patient out of pocket costs for Frame

Insurance savings on the frames

Patient out of pocket costs for lens

Insurance savings on the lenses

Expected insurance reimbursement (i.e., plan pays amount for all services & materials)

Subtotal & tax amounts

Total due by patient

TOOLS & RESOURCES



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Lens Portfolio Guide houses:

- **Lens Category Chart**
- **Vcodes and Price Key**
- **Exam and Diagnosis Codes**

Always use the digital copies of these tools to ensure you have the most up to date version.

LENS PORTFOLIO

Click on names below to see pricing and enhancement details.

January 2025

Single Vision

- Eyezen® Start™
- Eyezen®+
- Eyezen® Kids
- Digital (DST)
- Conventional
- Sun

Progressive

- Varilux® XR Track Fit™
- Varilux® XR Fit™
- Varilux® Comfort Max Fit
- Premium Progressive
- Computer
- Sun

Other Lenses

- Bifocal
- Trifocal
- Slab Off
- Wrap

 **Ray-Ban® Authentic Lenses**

- Clear
- Sun

 **Oakley® Authentic Lenses**

- Clear
- Sun

 **Costa Del Mar® Authentic Lenses**

- Sun

Enhancements

- Transitions®
- Crizal®

Insurance Classifications

- Lens Designs and Materials
- Coatings, Light Filters, and Add-Ons
- Exam and Diagnosis Codes

Power Ranges

- Lens Power Ranges
- Frame Power Ranges

Lens Category Chart:

Insurance Classifications

Lens Designs and Materials

Lens Design	VCode	Line Item Price	EyeMed	VSP	Unfiled/Unfiled	Variant	VBA
Eyezen® Kids	V2000 - V2144	\$100.00 (\$100 + \$100 DST)	Optimized Digital IV	Digital Aspheric + UFI	Non-Formality	Higher IV	Digital IV 1
Eyezen® Start™	V2145 - V2146	\$240.00 (\$100 + \$140 DST)	Optimized Digital IV	Digital Aspheric + UFI	Higher IV	Digital IV 1	Digital IV 1
Eyezen® 1-4	V2160 - V2164	\$100.00 (\$100 + \$100 DST)	Optimized Digital IV	Digital Aspheric + UFI + YAF	Non-Formality	Higher IV	Digital IV 1
Varilux® XR Track Fit™	V2170	\$470.00	Varilux® XR Track Fit™	Category N + CMS + TAG	Non-Formality	Higher IV	Not Covered
Varilux® XR Fit™	V2171	\$470.00	Varilux® XR Fit™	Category N + CMS	Tier V	Ultimate	Premium Progressive 4
Varilux® Comfort	V2172	\$295.00	Varilux® Comfort	Category O + CMS	Tier 3	Ultra	Premium Progressive 3
Premium Progressive	V2173	\$295.00	Premium Progressive	Category O	Tier 1	Premium	Premium Progressive 1
Premium Progressive	V2174	\$295.00	Premium Progressive	Category K	Tier 1	Standard	Standard
Shenir Worksoft™ or Shenir Computer™	V2175	\$295.00	Shenir Worksoft™ or Shenir Computer™	Category K	Tier 2	Not Covered	Not Insurable Focus
Transitions® (Includes Coatings & Tinting)	V2181	\$400.00	Transitions® (Includes Coatings & Tinting)	Category O	Tier 2	Ultimate	Premium Progressive 2
Standard Progressive	V2181	\$105.00	Standard Progressive	Category K	Tier 1	Premium	Premium Progressive 1

Other Lens Design	VCode	Line Item Price	EyeMed	VSP	Unfiled/Unfiled	Variant	VBA
Digital (DST) IV	V2200	\$100.00 (\$100 + \$100 DST)	Digital (DST) IV	V2182	\$0.00		
Conventional Sphere IV	V2200	\$100.00	Conventional Sphere IV	V2184	\$45.00		
Conventional Aspheric IV	V2200	\$100.00 (\$100 + \$100 DST)	Conventional Aspheric IV	V2183	\$140.00		
Bifocal	V2200	\$100.00	Bifocal	V2030	\$100.00		
Trifocal	V2200	\$100.00	Trifocal	V2030	\$100.00		

Lens Materials

Lens Materials	VCode	Line Item Price
Plastic	V2182	\$0.00
Polycarbonate	V2184	\$45.00
High Index 1.67	V2183	\$140.00
High Index 1.74	V2183	\$235.00
Frame	V2030	

Other Lens Design	VCode	Line Item Price
Anti-Reflective Coating	V2185	\$100.00
Coat® PrivacyCoat®	V2186	\$185.00
Coat® Block®	V2187	\$175.00
Coat® Easy™	V2188	\$125.00
Coat® Easy™	V2189	\$100.00
Premium AAF	V2190	\$100.00
Backside UV (Coat AAF and Premium AAF)	V2195	\$95.00
Premium UV AAF	V2196	\$100.00

1 VSP Code # = Right Eye
2 VSP Code # = Left Eye
3 VSP Code # = Technical Add-On
Note that for Computer PD glasses, these are typically purchased as a secondary pair. Leverage the EOS OF Additional Pairs when applicable.

- **Lens Category Chart**- used to understand what various lens options and features are categories as for most routine carriers.
 - i.e., a reference tool to help you determine patient copays
 - Would be used in conjunction with patient benefit summary and Consultative Selling

Vcodes, Price Key, and Diagnosis Codes

References

VCodes and Price Key

VCode	Lens Materials	Price
V2184	Plastic	\$1.00
V2185	Plastic	\$140.00
V2183	High Index 1.67	\$140.00
V2180	High Index 1.74	\$235.00

VCode	Lens Design	Price
V2400	Aspheric	\$1.00
V2180 - V2184	UV 50% (2 eye + 200 DST)	\$100.00
V2190 - V2194	UV 50% (2 eye + 200 DST)	\$160.00
V2190 - V2194	UV System® Block™ (2 eye + 200 DST)	\$240.00
V2190 - V2194	UV System™ 1 + 4 (2 eye + 200 DST)	\$270.00
V2190 - V2194	UV System™ 2 + 4 (2 eye + 200 DST)	\$300.00
V2190 - V2194	UV System™ 3 + 4 (2 eye + 200 DST)	\$330.00
V2190 - V2194	UV System™ 4 + 4 (2 eye + 200 DST)	\$360.00
V2190	Varilux® XR Track Fit™	\$295.00
V2181	Varilux® XR Fit™	\$470.00
V2181	Varilux® Comfort	\$470.00
V2181	Varilux® Comfort Max Fit	\$570.00
V2181	Varilux® Premium Progressive	\$670.00
V2181	Varilux® Premium Progressive 3	\$770.00
V2181	Varilux® Premium Progressive 4	\$870.00
V2181	Varilux® Premium Progressive 5	\$970.00
V2181	Varilux® Premium Progressive 6	\$1070.00
V2181	Varilux® Premium Progressive 7	\$1170.00
V2181	Varilux® Premium Progressive 8	\$1270.00
V2181	Varilux® Premium Progressive 9	\$1370.00
V2181	Varilux® Premium Progressive 10	\$1470.00
V2181	Varilux® Premium Progressive 11	\$1570.00
V2181	Varilux® Premium Progressive 12	\$1670.00
V2181	Varilux® Premium Progressive 13	\$1770.00
V2181	Varilux® Premium Progressive 14	\$1870.00
V2181	Varilux® Premium Progressive 15	\$1970.00
V2181	Varilux® Premium Progressive 16	\$2070.00
V2181	Varilux® Premium Progressive 17	\$2170.00
V2181	Varilux® Premium Progressive 18	\$2270.00
V2181	Varilux® Premium Progressive 19	\$2370.00
V2181	Varilux® Premium Progressive 20	\$2470.00
V2181	Varilux® Premium Progressive 21	\$2570.00
V2181	Varilux® Premium Progressive 22	\$2670.00
V2181	Varilux® Premium Progressive 23	\$2770.00
V2181	Varilux® Premium Progressive 24	\$2870.00
V2181	Varilux® Premium Progressive 25	\$2970.00
V2181	Varilux® Premium Progressive 26	\$3070.00
V2181	Varilux® Premium Progressive 27	\$3170.00
V2181	Varilux® Premium Progressive 28	\$3270.00
V2181	Varilux® Premium Progressive 29	\$3370.00
V2181	Varilux® Premium Progressive 30	\$3470.00
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V2181	Varilux® Premium Progressive 32	\$3670.00
V2181	Varilux® Premium Progressive 33	\$3770.00
V2181	Varilux® Premium Progressive 34	\$3870.00
V2181	Varilux® Premium Progressive 35	\$3970.00
V2181	Varilux® Premium Progressive 36	\$4070.00
V2181	Varilux® Premium Progressive 37	\$4170.00
V2181	Varilux® Premium Progressive 38	\$4270.00
V2181	Varilux® Premium Progressive 39	\$4370.00
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V2181	Varilux® Premium Progressive 75	\$7970.00
V2181	Varilux® Premium Progressive 76	\$8070.00
V2181	Varilux® Premium Progressive 77	\$8170.00
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V2181	Varilux® Premium Progressive 89	\$9370.00
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V2181	Varilux® Premium Progressive 93	\$9770.00
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V2181	Varilux® Premium Progressive 96	\$10070.00
V2181	Varilux® Premium Progressive 97	\$10170.00
V2181	Varilux® Premium Progressive 98	\$10270.00
V2181	Varilux® Premium Progressive 99	\$10370.00
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V2181	Varilux® Premium Progressive 109	\$11370.00
V2181	Varilux® Premium Progressive 110	\$11470.00
V2181	Varilux® Premium Progressive 111	\$11570.00
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V2181	Varilux® Premium Progressive 120	\$12470.00
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V2181	Varilux® Premium Progressive 122	\$12670.00
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V2181	Varilux® Premium Progressive 127	\$13170.00
V2181	Varilux® Premium Progressive 128	\$13270.00
V2181	Varilux® Premium Progressive 129	\$13370.00
V2181	Varilux® Premium Progressive 130	\$13470.00
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V2181	Varilux® Premium Progressive 137	\$14170.00
V2181	Varilux® Premium Progressive 138	\$14270.00
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V2181	Varilux® Premium Progressive 147	\$15170.00
V2181	Varilux® Premium Progressive 148	\$15270.00
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V2181	Varilux® Premium Progressive 150	\$15470.00
V2181	Varilux® Premium Progressive 151	\$15570.00
V2181	Varilux® Premium Progressive 152	\$15670.00
V2181	Varilux® Premium Progressive 153	\$15770.00
V2181	Varilux® Premium Progressive 154	\$15870.00
V2181	Varilux® Premium Progressive 155	\$15970.00
V2181	Varilux® Premium Progressive 156	\$16070.00
V2181	Varilux® Premium Progressive 157	\$16170.00
V2181	Varilux® Premium Progressive 158	\$16270.00
V2181	Varilux® Premium Progressive 159	\$16370.00
V2181	Varilux® Premium Progressive 160	\$16470.00
V2181	Varilux® Premium Progressive 161	\$16570.00
V2181	Varilux® Premium Progressive 162	\$16670.00
V2181	Varilux® Premium Progressive 163	\$16770.00
V2181	Varilux® Premium Progressive 164	\$16870.00
V2181	Varilux® Premium Progressive 165	\$16970.00
V2181	Varilux® Premium Progressive 166	\$17070.00
V2181	Varilux® Premium Progressive 167	\$17170.00
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V2181	Varilux® Premium Progressive 169	\$1737

MAXIMIZING MEMBER BENEFITS

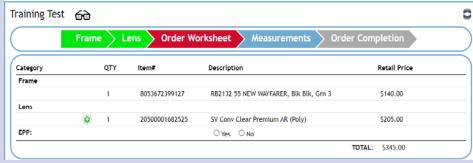
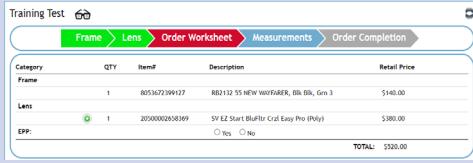
MAXIMIZING INSURANCE BENEFITS



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It is important to get to know your patients, their lifestyle and hobbies, and make an appropriate lens recommendation based on what you learn. TeamVision offers a wide array of lens options to meet all patients needs and budget expectations. With insurance, there are many instances where you can provide your patient a much better lens for a minimal upgrade, maximizing their benefits and providing enhanced lens features.

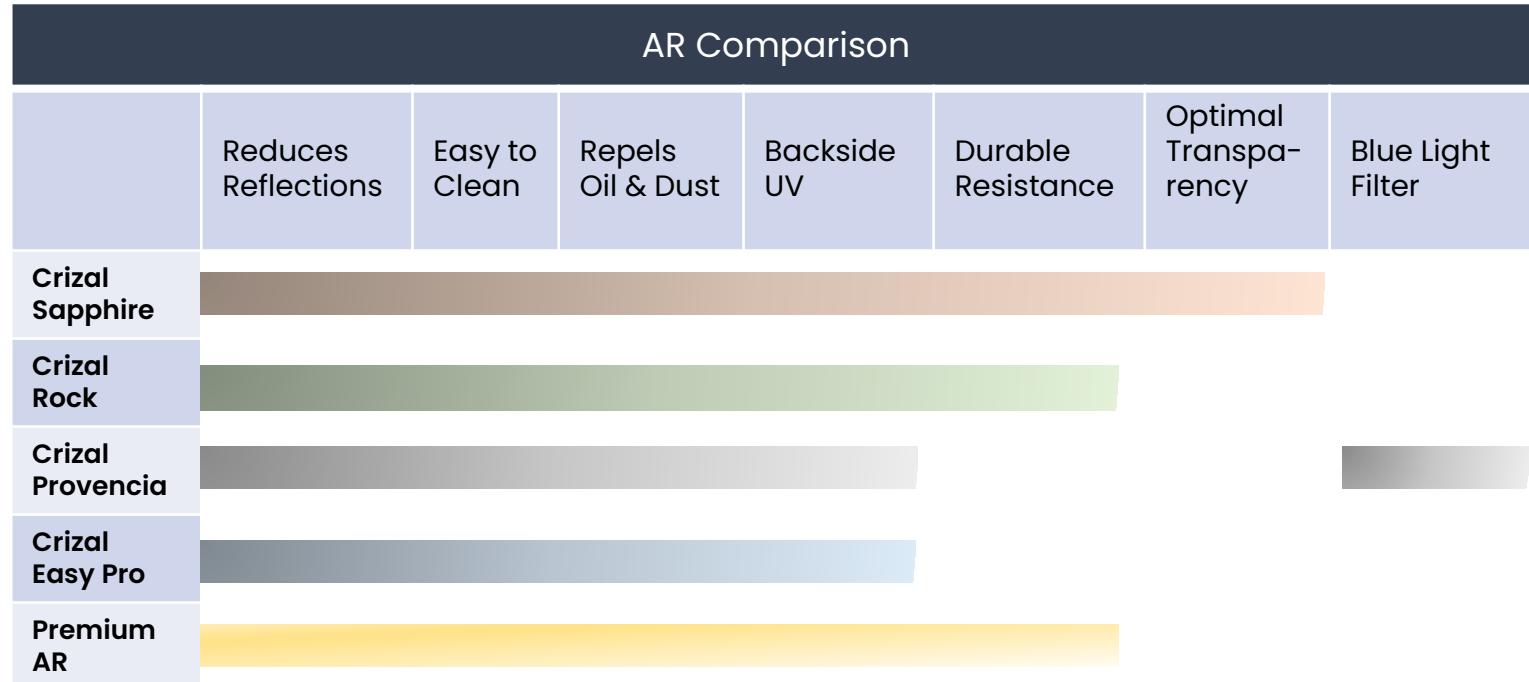
Order Comparison

																			
<p>Lens Features:</p> <p>Polycarbonate Scratch Resistant UV Protection Premium AR</p>	<p>Lens Features:</p> <p>Digital Eyezen Start Lens Polycarbonate Scratch Resistant UV Protection + Back Side UV Crizal Easy Pro AR Blue Light Filter</p>																		
<p>Insurance Benefits:</p> <table> <tbody> <tr> <td>(AD) Poly</td> <td>\$35 copay</td> </tr> <tr> <td>(QT) AR</td> <td>\$68 copay</td> </tr> <tr> <td>Patient Copay</td> <td>\$20</td> </tr> </tbody> </table>	(AD) Poly	\$35 copay	(QT) AR	\$68 copay	Patient Copay	\$20	<p>Insurance Benefits:</p> <table> <tbody> <tr> <td>(BA) Digital</td> <td>\$45 copay</td> </tr> <tr> <td>(BD) Poly</td> <td>\$10 copay</td> </tr> <tr> <td>(QT) AR</td> <td>\$68 copay</td> </tr> <tr> <td>(LF) Light Filter</td> <td>\$15 copay</td> </tr> <tr> <td>(BV) BS UV</td> <td>\$10 copay</td> </tr> <tr> <td>Patient Copay</td> <td>\$20</td> </tr> </tbody> </table>	(BA) Digital	\$45 copay	(BD) Poly	\$10 copay	(QT) AR	\$68 copay	(LF) Light Filter	\$15 copay	(BV) BS UV	\$10 copay	Patient Copay	\$20
(AD) Poly	\$35 copay																		
(QT) AR	\$68 copay																		
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(QT) AR	\$68 copay																		
(LF) Light Filter	\$15 copay																		
(BV) BS UV	\$10 copay																		
Patient Copay	\$20																		
<p>Good Solution</p>	<p>Best Solution</p>																		
<p>Out of Pocket Cost \$123</p> <p>Retail Cost: \$345 Insurance Savings: \$222</p> <p><small>*Based on standard VSP Choice benefits</small></p>	<p>Out of Pocket Cost \$168</p> <p>Retail Cost: \$520 Insurance Savings: \$352</p> <p>+\$45 OOP results in a blue light filter, digital optimized lens reducing eyestrain, and back side UV</p> <ul style="list-style-type: none"> • Think iPhone 5 vs. iPhone 15 • Eyezen 1-4 includes the (TA) Technical Add on copay 																		



Below is a comparison of all the Anti-Reflective coatings that are part of the TeamVision assortment and the VSP copays associated with them.

Note: All lenses come with Scratch Resistance and UV protection.



[CLICK HERE](#) to learn about Crizal AR Features (Optimal Transparency & Durability features).

UV protection shields your eyes as light passes through the front of the lens. Lenses with AR treatment and backside UV reflect UV rays from the back when sunlight comes from behind. While many lenses offer inherent 100% UV protection for incidents on the front surface, we should focus on UV reflection incidents on the back surface. A study by Pacific University found that 10%-50% of UV incidents to the back surface of an anti-reflective treated lens (without backside UV protection) are reflected onto the eye and surrounding skin.

	Crizal Easy PRO	Premium AR	Crizal Rock	Crizal Sapphire	Crizal Prevencia
VSP Choice	\$68 + BS UV	\$85	\$85 + BS UV	\$85 + BS UV	\$85 + BS UV
VSP Signature	\$61 + BS UV	\$75	\$75 + BS UV	\$75 + BS UV	\$75 + BS UV

* Based on VSP Enhancement Charts (standard plans), BS UV= Backside UV

Fun Fact: The average American spends about **\$1,100** on Starbucks coffee each year. Asking your patient to spend **\$55** more to get a better-quality lens that will protect their eyes and allow them to see better is a no brainer! Don't forget to link your recommendation back to their lifestyle and hobbies so your patient can understand the value!!



You can think of Digital Single Vision as the upgraded, deluxe version of a standard single vision lens. The optics are much clearer, brighter, and accurate. In some cases, they can also provide less distortion and slightly thinner lenses.

Q: What are Digital lenses?

Digital lenses are optical lenses that have been digitally altered to provide a significant improvement in clarity over standard lenses. When digital lenses are combined with an Anti-Reflective coating the clarity improves.

Q: How do Digital lenses help my vision?

Sharper image quality, stronger peripheral vision, and improved contrast are all advantages of digital lenses

Q: Is there a difference between Digital lenses and Free-Form lenses?

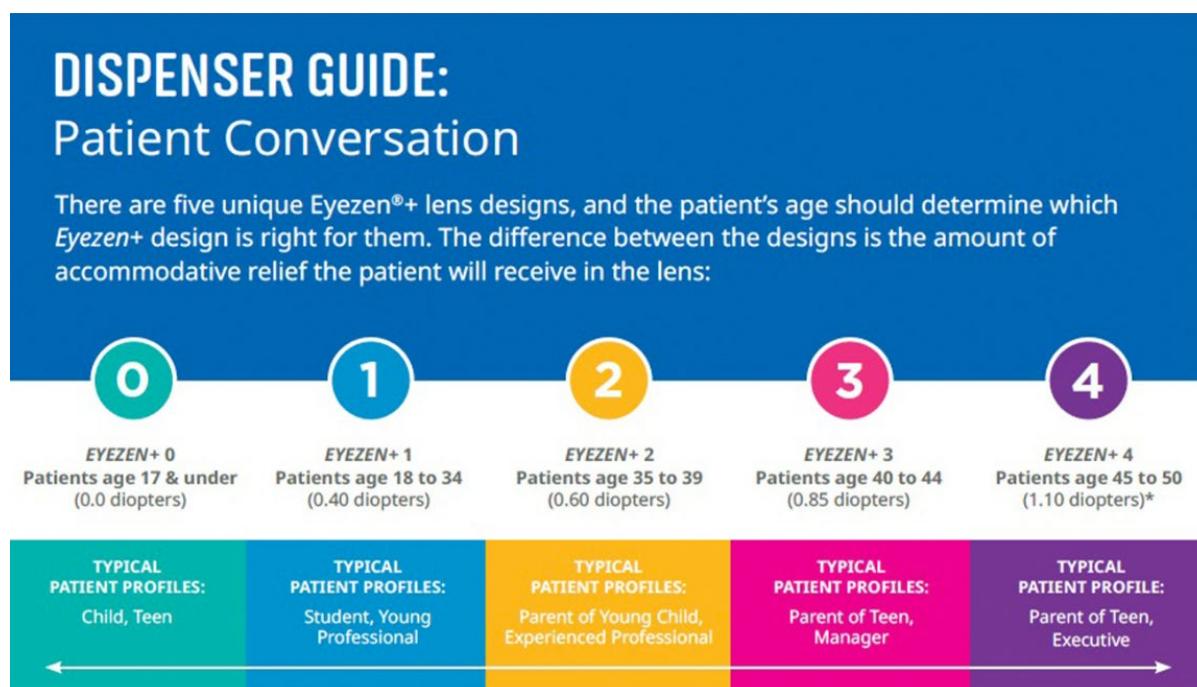
Lenses that use the digital technique are referred to as Digital lenses, High Resolution lenses, and Free-Form lenses.

By recommending Eyezen® enhanced single vision lenses, you can give your patient everyday solutions for sharper vision and relaxed eyes, which not only validates their trust in you, but also sends a message that you don't compromise when it comes to their vision care.

Benefits of the Eyezen Start: Added Eyezen DualOptim™ technology to the backside of the lens that optimizes the whole lens by calculating distances and angles for digital devices, making near vision more comfortable without additional aberrations. This will reduce digital eyestrain.

Anyone can use Eyezen Start, but Eyezen 1-4 must be prescribed by an OD.

[CLICK HERE](#) to learn more about Eyezen Start. [CLICK HERE](#) to learn more about Eyezen 1-4.



PROGRESSIVE COMPARISON



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Below is a comparison of all the Progressive lenses that are part of the TeamVision assortment and the VSP copays associated with them. Note: all TV progressives are digital.

Progressive Comparison				
	Varilux X Series (est. 2017, 2018)	Varilux Comfort Max (est. 2020)	Premium Progressive (est. 2007)	Standard Progressive (est. 2001)
Enhanced Visual Fields				
Customized to the lens design, eye shape, and frame				
Easy Adaption				
Sharp Vision				
Large Reading Area				
Smooth Transition from Near to Far				
Eliminates Off- Balance Feeling				
Extended Vision Reducing Head Movement (from left to right)				

[CLICK HERE](#) to visit the Varilux website for additional training resources and videos.

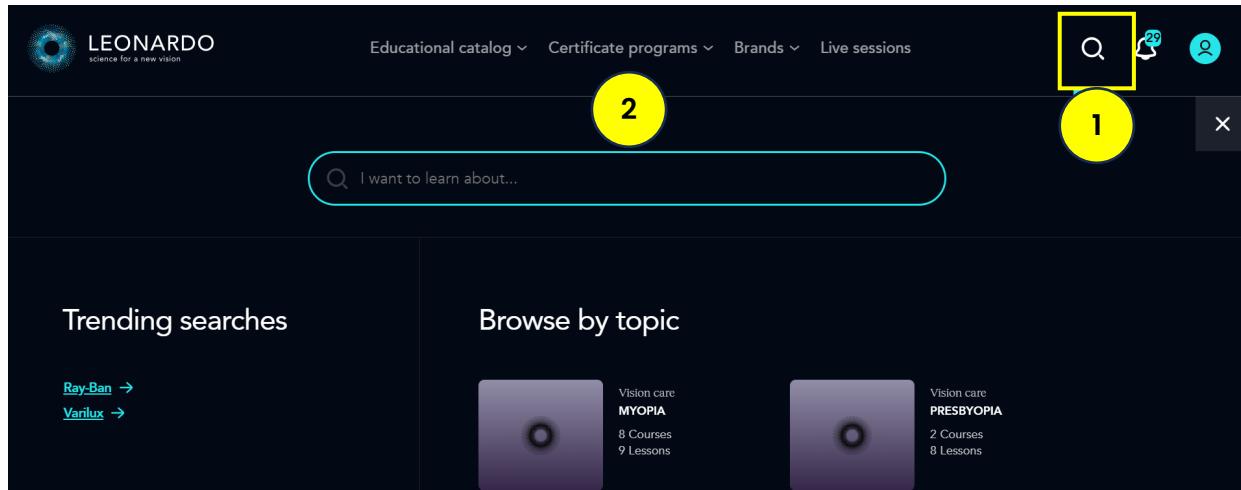
Your patients will have the best visual experience when capturing digital measurements with Eyerule 2+.

	Standard Progressive	Premium Progressive	Varilux Comfort Max	Varilux X Design	Varilux X Fit
VSP Choice	\$55	\$55	\$150 + CM	\$150 + CM	\$175 + CM
VSP Signature	\$50	\$50	\$120 + CM	\$120 + CM	\$150 + CM

* Based on VSP Enhancement Charts (standard plans), Material copays not included, CM= Custom Measurements

To enhance your lens knowledge there are many modules available in Leonardo. A few are listed below but new Live Classrooms and Modules are updated monthly.

Utilize the search function in Leonardo to search for various Frame and Lens courses.



[Click HERE](#) to be redirected to the Onboarding Operations guide for more details regarding Leonardo.

RETURNS & EXCHANGES

EPP, RETURNS & EXCHANGES



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You may be prompted to return or exchange services and materials due to operational or patient request. In certain scenarios this means re-applying insurance coverage into Ciao! Optical.

A few examples:

- Patient changes their mind on eyewear or contact lens selection
- Biller asks you to re-key an order due to billing error
- Patient using Eyewear Protection plan

Various commodities offer different return/exchange options:

You can Return or Exchange all Frame, Lens, and Complete pair orders.

		5/30/2024	PR 15WS, Brn Trt, Slv 8056597437479	SV Conv Non-Polarized Tintable (Plastic)	3001460		
<i>When the icon is gray, you can not proceed and will need to Return and Re-key the commodity. Tender together to net out a zero balance or any funds due.</i>							
		4/9/2025	29006		8010893		
		4/20/2025	29006	OD(R): Precision 1 OS(L): Precision1 for Ast	8011019		

Tips for Success:

1. From purchase history, click the to expand out the order and see if insurance was attached
 - Here you can see the Insurance Carrier & Plan ID, Authorization, and member ID Number
2. Click the paper to view plan pays, discounts, and patient copays
 - Click the printer icon for a paper copy

Customer Order Id: 10000382729167 EPP: Yes - Active Dispense Date: Dispensing Associate: Delivery Method: N

Prescription Type: Single Vision Distance
Doctor: Basden, Brett
Date Written: 1/27/2025
Expiration Date: 1/26/2026

SPH CYL AXIS
OD(R) -0.25 -0.75 180
OS(L) +0.25 -0.50 180

Plan Name: VSP-BAS
Plan ID: 1837699
Group #: 2
Customer:
Member ID: 6541
Primary Member:
Authorized: Frame, Lens
Material Auth: 62909406
Plan Type: Assignment

Vision Care Benefit Summary

	Retail Price	Plan Pays	Plan Discounts	Copay	Amount Due**
OX3218, Slv Blk, 54/18/138	\$215.00	\$166.00	\$52.00	\$52.00	\$217.00
Single Vision Asph	\$80.00	\$14.00	\$64.00	\$25.00	\$25.00
Biocarbonate	\$40.00	\$4.00	\$36.00	\$13.00	\$13.00
Aspheric Lens	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00
Premium Plus AR	\$125.00	\$0.00	\$125.00	\$85.00	\$85.00
Scratch Resistant	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00
UV Protection	\$20.00	\$15.00	\$5.00	\$0.00	\$0.00
Subtotal:	\$510.00	\$78.00	\$432.00	\$217.00	\$217.00

* Plan Savings includes funded benefits and plan discounts
** Amount Due excludes additional discounts and taxes applied

Additional Resources:

1. Click [HERE](#) to access the Ciao! Optical Folder
2. Click [HERE](#) to access the Payments & Sales Audit Ops Guide

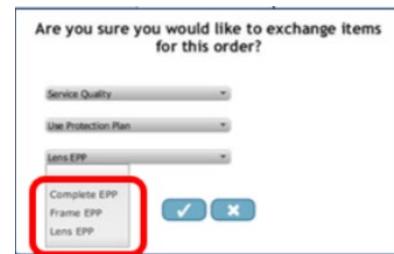
EPP, RETURNS & EXCHANGES



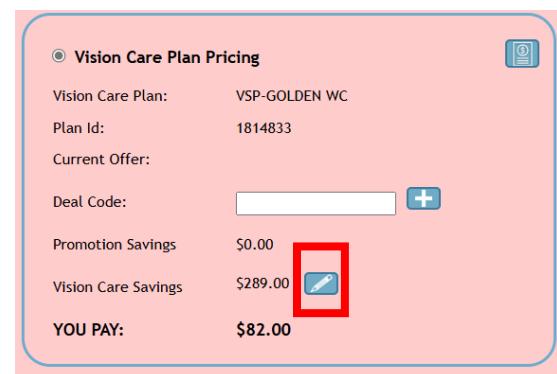
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Eyewear Protection Plan (EPP) Redemption

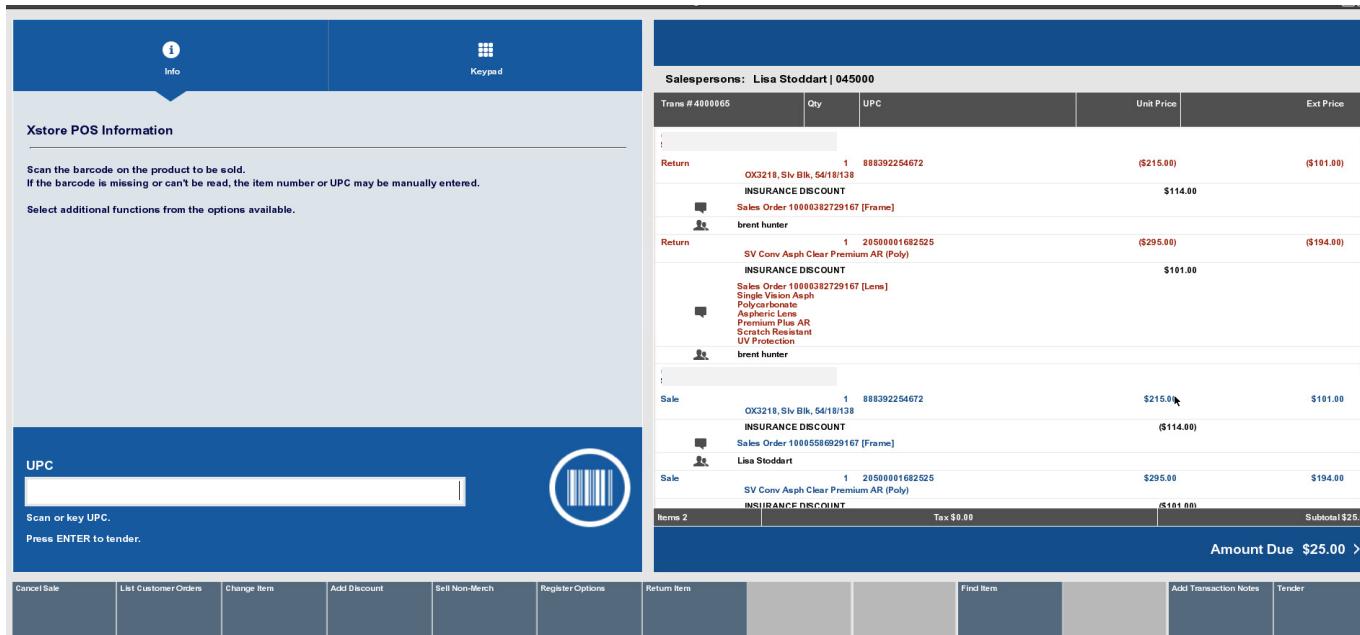
1. Process a service exchange and indicate if you are doing a lens only EPP, Frame only EPP, or Complete Pair EPP on the dropdown bar (image on right).
2. When walking through the transaction, If insurance was applied, even if it is a frame or lens only EPP, select complete pair-matching insurance benefits to what was originally sold (see image in pink below).
 - Note: if you select lens only for the exchange when you go to tender, Ciao! will try to return the original sale/insurance funds towards the frame netting out in a patient refund.



3. You will not need to re-apply insurance benefits unless you edit/change the order from the original selection.
 - If changes are made, edit the insurance worksheet.
4. When tendering in Xstore, you will see the original transaction in Red and the new one in Blue.
5. Confirm the correct total is listed in the Amount Due box.
 - If not, likely you did not select a complete pair (pink image above) or the system has changed/dropped the patient copays, plan pays, and discount amounts.
 - Cancel the sale and edit your transaction from the Active Orders List to make needed corrections.
 - Do not use manager discretion codes to discount-edit and correct the insurance worksheet.



Click the pencil to update the plan pays, discounts, and patient copays if changes to the order occur or your plan pays funds are dropped.





30 Day Guarantee (Frame & Lens Exchanges) OR Billing Error Resubmission

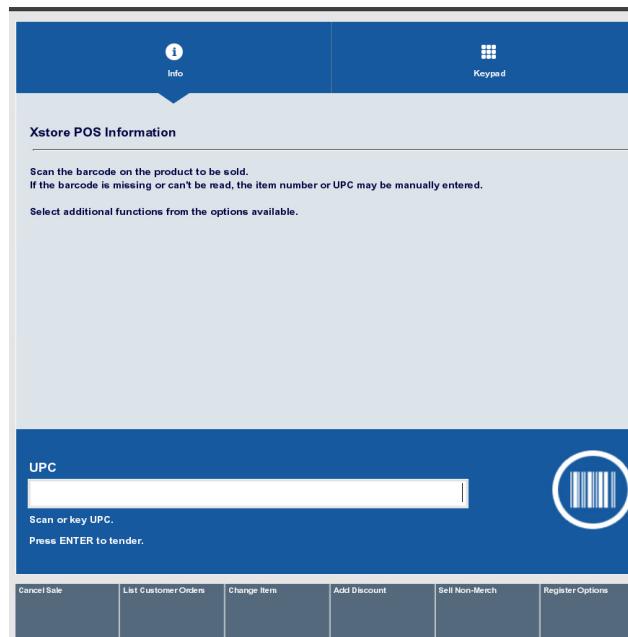
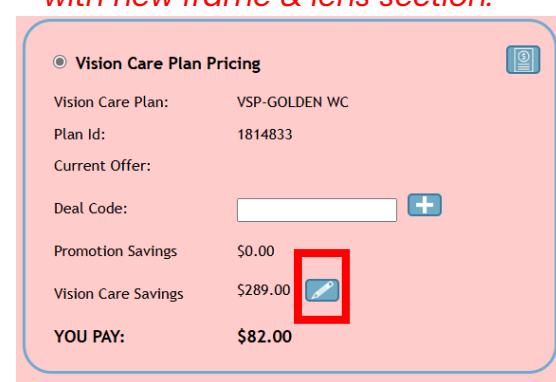
If a patient is dissatisfied with their eyewear, we can make changes to the order at no charge. This may result in the patient owing a balance or a patient refund, if the new product is less expensive.

1. Process a service exchange and indicate if exchange reason.
2. If complete pair was originally sold, you will select complete pair icon at exchange (see image in pink below).
- Note: if the patient originally had a complete pair and now would like to re-lens POF, you must return original transaction and re-key a new one, tendering together.



3. Select new frame and/or lens options
4. Edit the insurance worksheet, updating the plan pays, discounts, and copay columns as needed
5. When tendering in Xstore, you will see the original transaction in Red and the new one in Blue
6. Confirm the correct total is listed in the Amount Due box.
 - If not, cancel the sale and edit your transaction from the Active Orders List to make needed corrections and then take it to tender.
 - Do not use manager discretion codes to discount-edit and correct the insurance worksheet.
7. Add patient to **Additional Info Sheet** so biller does not bill a second time.

Click the pencil to update the plan pays, discounts, and patient copays with new frame & lens section.



Salespersons: Lisa Stoddart 045000					
Trans #	Qty	UPC	Unit Price	Ext Price	
Return	1	888392254672	(\$215.00)	(\$101.00)	
		OX3218, Siv Blk, 54/18/138			
		INSURANCE DISCOUNT	\$114.00		
		Sales Order 10000382729167 [Frame]			
Return	1	28500001682525	(\$295.00)	(\$194.00)	
		SV Conv Asph Clear Premium AR (Poly)			
		INSURANCE DISCOUNT	\$101.00		
		Sales Order 10000382729167 [Lens]			
		Single Vision Asph Poly			
		Apherical Lens			
		Premium Plus AR			
		Scratch Resistant			
		UV Protection			
brent hunter					
Sale	1	888392254672	\$215.00	\$101.00	
		OX3218, Siv Blk, 54/18/138			
		INSURANCE DISCOUNT	(\$114.00)		
		Sales Order 10000382729167 [Frame]			
Sale	1	28500001682525	\$295.00	\$194.00	
		SV Conv Asph Clear Premium AR (Poly)			
		INSURANCE DISCOUNT	(\$101.00)		
		Lisa Stoddart			
Items 2			Tax \$0.00		Subtotal \$25.00
					Amount Due \$25.00 >

EPP, RETURNS & EXCHANGES



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Difference due to TeamVision Assortment & Price Changes (Frames or Lenses)

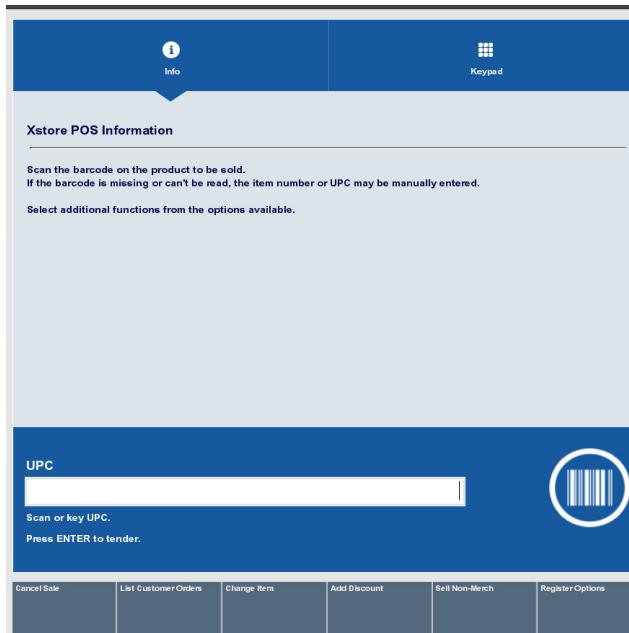
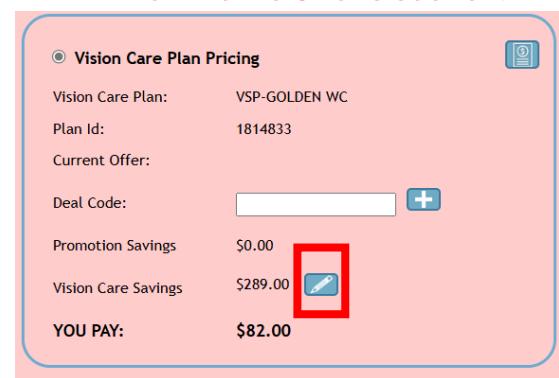
You will follow this process for EPP redemption and product exchanges when there have been a change in our TeamVision pricing (frame or lens).

1. Process a service exchange and indicate if exchange reason.
2. If complete pair was originally sold, you will select complete pair icon at exchange (see image in pink below)
 - Note: it is okay to select Lens EPP for the EPP dropdown, however select complete pair when walking through the transaction.



3. Select new frame and/or lens options
4. Edit the insurance worksheet, updating the plan pays, discounts, and copay columns as needed
5. When tendering in Xstore, you will see the original transaction in Red and the new one in Blue
6. Confirm the correct total is listed in the Amount Due box.
 - If not, identify why it came out incorrect. Is the Insurance Worksheet incorrect (plan pays, discounts, copays) **OR** is there a balance due from a lens/price increase.
 - *Lens & Price increases are not patient responsibility, so you will use a discount code and reduce down to EPP copay.*
7. Add patient to **Additional Info Sheet** so biller does not bill a second time.

*Click the pencil to update the plan
pays, discounts, and patient copays
with new frame & lens section.*



EPP, RETURNS & EXCHANGES: TAX ID CHANGE



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Tax ID Change- Legacy Locations Only

Due to backend updates for the new Tax ID, exchanges on EyeMed insurance orders with a service date before the transition are causing an 'Internal Server Error>Provider Address does not exist' in Ciao! Optical.

Follow the instructions below on handling exchanges with 'Provider Address Does Not Exist' Error.

Quality or RX Change (No Money Owed by Patient or Insurance)	<ul style="list-style-type: none">Enter new private pay order and discount down to \$0.Note in Ciao! Optical that this is a remake of original order #XXXX prior to the TIN transition.No claim correction needed.
Service, Restyle, EPP (Money Owed by Patient or Insurance)	<ul style="list-style-type: none">Enter new private pay order and discount down to the correct amount owed.Note in Ciao! Optical that this is a remake of original order #XXXX prior to the TIN transition.Submit paper claim correction to EyeMed through this link with the original DOS and old TIN.Use Exclaim or contact the EyeMed Call Center at (866) 939-3633 for assistance with pricing and claim corrections.
Service, Restyle (Refund Due to Patient)	<ul style="list-style-type: none">Enter new private pay order and discount down to \$0.Make notes in patient profile that new order is remake of original order #XXXX prior to TIN transition.Enter a "No Receipt Return" transaction using the original transaction information and adjust the price to reflect the correct refund amount.