

OPTICIAN INSURANCE GUIDE

MATERIALS INVOICING

RevolutionEHR



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 11591

Service Date: 02/20/2025

Finance Charge: None

Plan: Plan

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											

SUB TOTAL \$0.00

Discounts \$0.00

Select Invoice Item

Add by Barcode **Add**

Products

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

Services - CPT

Name/Code	Modifier	Description	Fee	Common
1000F		POAG: IOP REDUCED < 15% OR CARE DOCUMENTED	\$0.00	No
1001F		TOBACCO USE ASSESSED	\$0.00	No
1002F		CURRENT TOBACCO SMOKER	\$0.00	No
1003F		SMOKELESS TOBACCO USER	\$0.00	No
1004F		TOBACCO NON-USER	\$0.00	No
1005F		REMOVAL SKIN TAGS	\$0.00	No
1006F		DOC SEVERITY + ASSESS DME EVID	\$0.00	No
1007F		DILATED RETINAL EXAM W/EVC OF RTNOPHTHY	\$0.00	No
1008F		DILATED RETINAL EXAM W/O EVC OF RTNOPHTHY	\$0.00	No
1009F		7 STANDARD FLD RETINAL PHOTO W/EVC RTNOPHTHY	\$0.00	No

10 Items per page 1 of 19 pages (189 items)

CPT Services



To Adhoc All Materials In RevolutionEHR:

- 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 **...** Preview Claim

Bill To: United Healthcare (Primary Medical)

Service Date: 12/11/2024 Fee: None Schedule: None 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	\$
12/11/2024	92230			FLUORESCIN ANG...	1	\$0.00	\$0.00	\$0.00	\$

- 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

Cancel 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

- 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

EPST: Emerg. Svc.

Claim Note: Select Code

NDC: Dosage: Rx #: Rx Qualifier: Select Rx Qualifier

Service Dates: mm/dd/yyyy to mm/dd/yyyy

Additional Modifiers: RT: Right side, LT: Left side, GY: Item or service statutorily excluded, GA: Waiver of liability statement on file, Employee: Stoddart, Lisa

Remove Adjustment Details Date Amount

No records to display

Selected Diagnoses: H52.4 - Presbyopia

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.



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

Insurance Invoice #271843342 ACTIVE [Test, Alghat](#) [Trinity True Eye Experts](#) [Melissa Mercer, OD](#) 01/15/2025 (0 days)

[Pending](#) [Authorized](#) [Diagnoses](#) [Remove Fee Schedule](#) [Transfer Items](#) [Preview Claim](#)

Bill To: United Healthcare (Primary Medical)
Service Date: 12/11/2024
Fee Schedule: United Healthcare
Fee Date: 01/15/2025

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	H52.4	sv plastic	2	\$50.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
01/15/2025	V2750	LT, RT, GY	H52.13 ★	Premium AR	2	\$92.50	\$0.00	\$0.00	\$185.00	-\$60.00	\$0.00	\$125.00

☐ Show All

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

Invoice Details

Fee Date: 01/14/2025

[Details](#) [Additional Claim Info](#) [Claim History](#) [Payment History](#) [Statement History](#) [Documents & Images](#) [Notes](#)

Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
3-E1		FOREIGN BODY RE...	1	\$300.00	\$0.00	\$0.00	\$300.00	-\$176.57	\$0.00	\$123.43
		FLUORESCIN ANG...	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
		Armani 1234 Blue 52	1	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00
		Single Vision Lens	1	\$100.00	\$0.00	\$0.00	\$100.00	\$0.00	\$0.00	\$100.00

☐ Show All

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

[Close](#)

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

Invoice Details

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

[Pending](#) [Authorized](#) [Diagnoses](#) [Remove Fee Schedule](#) [Transfer Items](#) [Preview Claim](#)

Bill To: United Healthcare (Primary Medical)
Service Date: 12/11/2024
Fee Schedule: United Healthcare
Fee Date: 01/14/2025

[Details](#) [Additional Claim Info](#) [Claim History](#) [Payment History](#) [Statement History](#) [Documents & Images](#) [Notes](#)

Modifiers	Diagnoses	Description	Qty	Unit Price	Discounts	Tax	Ext. Price	Adjustments	Paid	Balance
3-E1		FOREIGN BODY RE...	1	\$300.00	\$0.00	\$0.00	\$300.00	-\$176.57	\$0.00	\$123.43



- 5 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!

Transfer Items

Invoice #271797190 for Test, Aloha*

Transfer Type * **Write-off** Third party discount - Fee reduced/Participating Provider % ☒ Include All Items in Transfer

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	FLUORESCENCE 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

Contractual write off =
Discount column in Ciao!

Save

- 6
 - Print or write down plan pay & discount amounts to transfer to Ciao! Optical
 - Leave in pending status for your biller



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

Patients Test, A X

Test, Aloha #120744128 (NEW) ALERTS 01/01/1901 (124 Years) Female 123 Update me, Hilo, Hawaii 96721 (619) 823-2823

Quick View Add Task Book Appointment Add to Wait List Notes Record Summary Patient Letters Export

Menu

- Patient Summary
- Optical Summary
- Demographics
- Family/Contacts
- Rx
- Exam History
- Account
- Notes
- Insurance
- Diagnosis History**
- Recall

Family/Contacts

Family Contacts

No records to display

Rx

Eyeglass	CL	Med
11/13/2024	+0.50	
Pending	+0.75	
11/13/2024	+0.50	
Pending	+0.75	
11/13/2024	+0.50	
Pending	+0.75	
10/24/2024	+0.50	

Notes

Insurance

Test, Aloha #120744128 (NEW) ALERTS 01/01/1901 (124 Years) Female 123 Update me, Hilo, Hawaii 96721 (619) 823-2823 Admin, Rev Practice & Training PHR: No

Quick View Add Task Book Appointment Add to Wait List Notes Record Summary Patient Letters Export

Diagnosis History

No known active diagnoses

Status: All Active Resolved Show ICD-9 Codes

Dx Date	Res. Date	Code	Description	Eye	Qualifier	Status	Last Mod. Date
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Dx Details

Code* H52

Dx Date* H52.00 - Hypermetropia, unspecified eye

Res. Date H52.01 - Hypermetropia, right eye

Location H52.02 - Hypermetropia, left eye

Qualifier H52.03 - Hypermetropia, bilateral

Reason H52.10 - Myopia, unspecified eye

H52.11 - Myopia, right eye

H52.12 - Myopia, left eye

H52.13 - Myopia, bilateral

H52.201 - Unspecified astigmatism, right eye

H52.202 - Unspecified astigmatism, left eye

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-pockets will need to be adjusted/reduced from Plan Pays

Plan Pays = what the insurance pays us

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

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

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

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

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

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

Ciao! Optical Customer Order

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



- 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	\$14.60	\$14.00
MATERIALS & SUPPLIES	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.**

The screenshot shows the 'Services' section of a form. Under 'Known Conditions', 'Diabetes' is checked. In the 'Diagnosis Codes' section, box A contains 'H52.4' and box B contains 'E11.9'. In the 'CPT/HCPSC Codes' table, the '24d. PROC' column has three entries: '92002', '92015', and '2023F'. The '2023F' entry is highlighted with a yellow box and labeled 'CPT Category II Codes'. The table also includes columns for '24a. From', 'To', '24b. POS', '24c. EMG', 'Diagnosis', '24f. Charges', '24g. Units', and '24h. EPSDT'.

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

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

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

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

CONTACT LENS FITTINGS

VSP



RETURN TO TABLE
OF CONTENTS

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

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

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



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 x 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	\$19.50
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	\$22.50
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	\$65.35
Monocular Lenses	\$39.50
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

Benefit Calculation Notes

For Eyezen Start:

On the DST Processing line, enter:

- \$40 VSP Digital upcharge
- \$15 Light Filter

For Eyezen 1-4 enter:

On the DST Processing line, enter:

- \$40 VSP Digital upcharge
- \$10 Technical Add-on
- \$15 Light Filter

On the Focal Type line, enter:

- Overall Material copay (if applicable)

On the Material line, enter:

- Hi-Index 1.67 for a DIGITAL lens 20



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 Stith Pro	\$240.00
EPP:			<input 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
Multifocal Lenses	\$65.86
Ortho Lenses	\$91.50
New Frame	\$44.35

Calculating Patient Charges on Proprietary Lenses

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

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

Calculating Patient Charges on Proprietary Frames

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

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

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

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

Benefit Calculation Notes

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

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: \$253.38
YOU PAY: \$197.42



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	Every 12 months.	Lens	Every 12 months.
	Frame	Every 24 months.	Contacts	Every 12 months.
Benefit	VSP Exam Plus With Allowance Plan Client Name BCBSM/NASCO			
Network	VSP Lab Use Any lab on a private basis.			
PLAN DETAILS				
Co-payments	Exam	\$25.00	Lens	\$0
	Frame	\$0	Contacts	\$0
Copoly does not apply to NCL.				
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.

Lab

Select Lab

Non IDC Lab Invoice -

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

Training Test

Prescription Type: Single Vision Distance
Doctor: Benkover, Angela
Date Written: 12/14/2023
Expiration Date: 12/13/2024

SPM: 1.00 Cyl: 0.00 Axis: 180
OS: 1.00 -1.00
OD: 1.00 -1.00

Apply Insurance?

✓ ✕

No Selected

Customer Order

Location 29103: 045000 (Logout)

- 2 Click the blue the Search button

Plan Plan Id Last Used

No Previous Insurance Found.

None Selected

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

Training Test

Search For: EyeMed/MVC Mem

Plan ID:

Member ID:

Member First Name: Training

Member Last Name: Test

Member Date of birth: 8/7/1980

- 4

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

Training Test

Search For: Plan Name

Plan Name:

Plan ID:

- 5 Select the plan from the listing and click the Checkmark

Training Test

Search For: Plan Name

Plan Name:

Plan ID:

VSP-ROSH Assignment 1824524

Search, Refresh, Checkmark, Help

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

Training Test

Plan Details

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

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

Open Hours:
Phone #:
Web:

Checkmark

Customer Order

Location 29103: 045000 (Logout)

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

Plan Information

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

Plan Type: Assignment

Authorized: ☒ Frame ☒ Lens
☐ Contacts ☐ Exam
Materials Auth: 6783424
Benefit Calculation Notes:

Member ID: 12345678
SSN:
DOB: 8/7/1980

Customer Plan Information

Employment Status: Full-Time
Employer: Target
Student Status: Not a Student
Marital Status: Married
Relation to Primary Member: Self
Is condition related to employment? ☐ Yes ☐ No ☒ Unknown
Is customer's need accident related? ☐ Yes ☒ No
Is there a secondary plan? ☐ Yes ☒ No

Primary Member Plan Information

First Name: 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:

8 Enter materials into Ciao!

Frame

Lens

Order Worksheet

Measurements

Order Completion

Clear ☐ Sun ☐ Photo

Vision Type: Single Vision

Lens Design: Conventional SV

Material: 1.59 Polycarbonate

Style: Blue Filter Clear Pr

Color: -

Available Addons

☐ Oversize Frame
☐ Rimless Drill

Included Addons

☐ Polish
☐ Roll and Polish

Included Addons

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

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

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-ROSIN
Plan ID: 1824524
Current Offer:
Deal Code:
Promotion Savings \$0.00
Vision Care Savings \$0.00
YOU PAY: \$380.00

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VSP: BILL ACTUAL

Ciao! Optical Entry



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10

Enter your EssilorLuxottica
Network Credentials

20500001685298 SV Conv Blue Filter Prem AR (Poly)

Approved By:

password:

2903 VSP-1 1824

0 Vision Care Savings

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-ROSIN 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

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 EXPENSES	PLAN PAYS	PLAN PAYS
Single Vision Lenses	\$3.00	\$1.00
Local Lenses	\$3.00	\$2.00
Trifocal Lenses	\$4.00	\$24.00
Lenticular Lenses	\$6.78	\$34.30
New Frame	\$34.00	\$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

Frame Lens Order Worksheet Measurements Order Completion

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

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

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

☐ Associate Sale

Promotion Savings \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Vision Care Plan: VSP GENERIC PLAN-TVO NC

Plan Id: 1818653

Current Offer:

Deal Code:

☐ Associate Sale

Promotion Savings \$0.00

Vision Care Savings \$0.00

YOU PAY: \$570.00

Quote valid through: May 11, 2024

Prior to Allowance

Training Test

Frame Lens Order Worksheet Measurements Order Completion

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

Main Promotion

Current Offer: 12903 - 15% OFF LENSES

Deal Code:

☐ Associate Sale

Promotion Savings \$66.00

YOU PAY: \$504.00

Vision Care Plan Pricing

Plan 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

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

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/payor) 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



RETURN TO TABLE
OF CONTENTS

- **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.



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 Designs	VCode	Line Item Price	Enhancement	VBA
Eyezen® Kids	V2000 - V2014	\$	Optimized Digital EV	Digital Aspheric + UV
Eyezen® Start™	V2015 - V2019	\$100 (\$100 + \$100 DST)	Optimized Digital EV	Digital Aspheric + UV
Eyezen®+	V2020 - V2024	\$200 (\$200 + \$100 DST)	Optimized Digital EV	Digital Aspheric + UV + 1.62
Varilux® XR Track Fit™	V2025 - V2029	\$470 (\$470 + \$100 VSP)	Tier 5 (Premium)	Category H + CMS + 1.62
Varilux® XR Fit™	V2030 - V2034	\$470 (\$470 + \$100 VSP)	Tier 4	Category H + CMS
Varilux® Comfort Max Fit™	V2035 - V2039	\$295 (\$295 + \$100 VSP)	Tier 3	Category O + CMS
Premium Progressive	V2040 - V2044	\$295	Tier 1	Category K
Premium Progressive	V2045 - V2049	\$295	Standard	Tier 1
Shemmy® Workspace™ or Shemmy® Computer™	V2050 - V2054	\$295	Tier 3	New Variable Focus
Whisper®	V2055 - V2059	\$400	Tier 4	Category O
Standard Progressive	V2060 - V2064	\$165	Standard	Tier 1
Other Lens Designs				
Lens Designs	VCode	Line Item Price	Enhancement	VBA
Higher (DST) EV	V2065 - V2069	\$100 (\$100 + \$100 DST)	Optimized Digital EV	Digital Aspheric + UV
Conventional Spherical EV	V2070 - V2074	\$100	Optimized Digital EV	Digital Aspheric + UV
Conventional Aspheric EV	V2075 - V2079	\$100 (\$100 + \$100 DST)	Optimized Digital EV	Digital Aspheric + UV
Bifocal	V2080 - V2084	\$100	Optimized Digital EV	Digital Aspheric + UV
Trifocal	V2085 - V2089	\$100	Optimized Digital EV	Digital Aspheric + UV

Vcodes, Price Key, and Diagnosis Codes

References



TeamViewer
on desktop

VCodes and Price Key

VCode	Lens Materials	Price
V2000	Plastic	\$
V2001	Polycarbonate	\$45.00
V2002	High Index 1.57	\$45.00
V2003	High Index 1.61	\$45.00
V2004	High Index 1.67	\$45.00
V2005	High Index 1.74	\$45.00
V2006	High Index 1.86	\$45.00
V2007	High Index 1.90	\$45.00
V2008	High Index 1.94	\$45.00
V2009	High Index 1.99	\$45.00
V2010	High Index 2.00	\$45.00
V2011	High Index 2.01	\$45.00
V2012	High Index 2.02	\$45.00
V2013	High Index 2.03	\$45.00
V2014	High Index 2.04	\$45.00
V2015	High Index 2.05	\$45.00
V2016	High Index 2.06	\$45.00
V2017	High Index 2.07	\$45.00
V2018	High Index 2.08	\$45.00
V2019	High Index 2.09	\$45.00
V2020	High Index 2.10	\$45.00
V2021	High Index 2.11	\$45.00
V2022	High Index 2.12	\$45.00
V2023	High Index 2.13	\$45.00
V2024	High Index 2.14	\$45.00
V2025	High Index 2.15	\$45.00
V2026	High Index 2.16	\$45.00
V2027	High Index 2.17	\$45.00
V2028	High Index 2.18	\$45.00
V2029	High Index 2.19	\$45.00
V2030	High Index 2.20	\$45.00
V2031	High Index 2.21	\$45.00
V2032	High Index 2.22	\$45.00
V2033	High Index 2.23	\$45.00
V2034	High Index 2.24	\$45.00
V2035	High Index 2.25	\$45.00
V2036	High Index 2.26	\$45.00
V2037	High Index 2.27	\$45.00
V2038	High Index 2.28	\$45.00
V2039	High Index 2.29	\$45.00
V2040	High Index 2.30	\$45.00
V2041	High Index 2.31	\$45.00
V2042	High Index 2.32	\$45.00
V2043	High Index 2.33	\$45.00
V2044	High Index 2.34	\$45.00
V2045	High Index 2.35	\$45.00
V2046	High Index 2.36	\$45.00
V2047	High Index 2.37	\$45.00
V2048	High Index 2.38	\$45.00
V2049	High Index 2.39	\$45.00
V2050	High Index 2.40	\$45.00
V2051	High Index 2.41	\$45.00
V2052	High Index 2.42	\$45.00
V2053	High Index 2.43	\$45.00
V2054	High Index 2.44	\$45.00
V2055	High Index 2.45	\$45.00
V2056	High Index 2.46	\$45.00
V2057	High Index 2.47	\$45.00
V2058	High Index 2.48	\$45.00
V2059	High Index 2.49	\$45.00
V2060	High Index 2.50	\$45.00
V2061	High Index 2.51	\$45.00
V2062	High Index 2.52	\$45.00
V2063	High Index 2.53	\$45.00
V2064	High Index 2.54	\$45.00
V2065	High Index 2.55	\$45.00
V2066	High Index 2.56	\$45.00
V2067	High Index 2.57	\$45.00
V2068	High Index 2.58	\$45.00
V2069	High Index 2.59	\$45.00
V2070	High Index 2.60	\$45.00
V2071	High Index 2.61	\$45.00
V2072	High Index 2.62	\$45.00
V2073	High Index 2.63	\$45.00
V2074	High Index 2.64	\$45.00
V2075	High Index 2.65	\$45.00
V2076	High Index 2.66	\$45.00
V2077	High Index 2.67	\$45.00
V2078	High Index 2.68	\$45.00
V2079	High Index 2.69	\$45.00
V2080	High Index 2.70	\$45.00
V2081	High Index 2.71	\$45.00
V2082	High Index 2.72	\$45.00
V2083	High Index 2.73	\$45.00
V2084	High Index 2.74	\$45.00
V2085	High Index 2.75	\$45.00
V2086	High Index 2.76	\$45.00
V2087	High Index 2.77	\$45.00
V2088	High Index 2.78	\$45.00
V2089	High Index 2.79	\$45.00
V2090	High Index 2.80	\$45.00
V2091	High Index 2.81	\$45.00
V2092	High Index 2.82	\$45.00
V2093	High Index 2.83	\$45.00
V2094	High Index 2.84	\$45.00
V2095	High Index 2.85	\$45.00
V2096	High Index 2.86	\$45.00
V2097	High Index 2.87	\$45.00
V2098	High Index 2.88	\$45.00
V2099	High Index 2.89	\$45.00
V2100	High Index 2.90	\$45.00
V2101	High Index 2.91	\$45.00
V2102	High Index 2.92	\$45.00
V2103	High Index 2.93	\$45.00
V2104	High Index 2.94	\$45.00
V2105	High Index 2.95	\$45.00
V2106	High Index 2.96	\$45.00
V2107	High Index 2.97	\$45.00
V2108	High Index 2.98	\$45.00
V2109	High Index 2.99	\$45.00
V2110	High Index 3.00	\$45.00
V2111	High Index 3.01	\$45.00
V2112	High Index 3.02	\$45.00
V2113	High Index 3.03	\$45.00
V2114	High Index 3.04	\$45.00
V2115	High Index 3.05	\$45.00
V2116	High Index 3.06	\$45.00
V2117	High Index 3.07	\$45.00
V2118	High Index 3.08	\$45.00
V2119	High Index 3.09	\$45.00
V2120	High Index 3.10	\$45.00
V2121	High Index 3.11	\$45.00
V2122	High Index 3.12	\$45.00
V2123	High Index 3.13	\$45.00
V2124	High Index 3.14	\$45.00
V2125	High Index 3.15	\$45.00
V2126	High Index 3.16	\$45.00
V2127	High Index 3.17	\$45.00
V2128	High Index 3.18	\$45.00
V2129	High Index 3.19	\$45.00
V2130	High Index 3.20	\$45.00
V2131	High Index 3.21	\$45.00
V2132	High Index 3.22	\$45.00
V2133	High Index 3.23	\$45.00
V2134	High Index 3.24	\$45.00
V2135	High Index 3.25	\$45.00
V2136	High Index 3.26	\$45.00
V2137	High Index 3.27	\$45.00
V2138	High Index 3.28	\$45.00
V2139	High Index 3.29	\$45.00
V2140	High Index 3.30	\$45.00
V2141	High Index 3.31	\$45.00
V2142	High Index 3.32	\$45.00
V2143	High Index 3.33	\$45.00
V2144	High Index 3.34	\$45.00
V2145	High Index 3.35	\$45.00
V2146	High Index 3.36	\$45.00
V2147	High Index 3.37	\$45.00
V2148	High Index 3.38	\$45.00
V2149	High Index 3.39	\$45.00
V2150	High Index 3.40	\$45.00
V2151	High Index 3.41	\$45.00
V2152	High Index 3.42	\$45.00
V2153	High Index 3.43	\$45.00
V2154	High Index 3.44	\$45.00
V2155	High Index 3.45	\$45.00
V2156	High Index 3.46	\$45.00
V2157	High Index 3.47	\$45.00
V2158	High Index 3.48	\$45.00
V2159	High Index 3.49	\$45.00
V2160	High Index 3.50	\$45.00
V2161	High Index 3.51	\$45.00
V2162	High Index 3.52	\$45.00
V2163	High Index 3.53	\$45.00
V2164	High Index 3.54	\$45.00
V2165	High Index 3.55	\$45.00
V2166	High Index 3.56	\$45.00
V2167	High Index 3.57	\$45.00
V2168	High Index 3.58	\$45.00
V2169	High Index 3.59	\$45.00
V2170	High Index 3.60	\$45.00
V2171	High Index 3.61	\$45.00
V2172	High Index 3.62	\$45.00
V2173	High Index 3.63	\$45.00
V2174	High Index 3.64	\$45.00
V2175	High Index 3.65	\$45.00
V2176	High Index 3.66	\$45.00

When listing VZ, enter the reference for the lens material and the price key.

Example: V 2001 \$45.00
VZ001 \$45.00 (\$45.00)

United States
United States \$ 100.00

* \$45.00
Do not enter price for VZ

Charge \$10.00 for
United States \$ 100.00

VCode	Price
V2176	High Index 3.66
V2177	High Index 3.67
V2178	High Index 3.68
V2179	High Index 3.69
V2180	High Index 3.70
V2181	High Index 3.71
V2182	High Index 3.72
V2183	High Index 3.73
V2184	High Index 3.74
V2185	High Index 3.75
V2186	High Index 3.76
V2187	High Index 3.77
V2188	High Index 3.78
V2189	High Index 3.79
V2190	High Index 3.80
V2191	High Index 3.81
V2192	High Index 3.82
V2193	High Index 3.83
V2194	High Index 3.84
V2195	High Index 3.85
V2196	High Index 3.86
V2197	High Index 3.87
V2198	High Index 3.88
V2199	High Index 3.89
V2200	High Index 3.90
V2201	High Index 3.91
V2202	High Index 3.92
V2203	High Index 3.93
V2204	High Index 3.94
V2205	High Index 3.95
V2206	High Index 3.96
V2207	High Index 3.97
V2208	High Index 3.98
V2209	High Index 3.99
V2210	High Index 4.00
V2211	High Index 4.01
V2212	High Index 4.02
V2213	High Index 4.03
V2214	High Index 4.04
V2215	High Index 4.05
V2216	High Index 4.06
V2217	High Index 4.07
V2218	High Index 4.08
V2219	High Index 4.09
V2220	High Index 4.10
V2221	High Index 4.11
V2222	High Index 4.12
V2223	High Index 4.13
V2224	High Index 4.14
V2225	High Index 4.15
V2226	High Index 4.16
V2227	High Index 4.17
V2228	High Index 4.18
V2229	High Index 4.19
V2230	High Index 4.20
V2231	High Index 4.21
V2232	High Index 4.22
V2233	High Index 4.23
V2234	High Index 4.24
V2235	High Index 4.25
V2236	High Index 4.26
V2237	High Index 4.27
V2238	High Index 4.28
V2239	High Index 4.29
V2240	High Index 4.30
V2241	High Index 4.31
V2242	High Index 4.32
V2243	High Index 4.33
V2244	High Index 4.34
V2245	High Index 4.35
V2246	High Index 4.36
V2247	High Index 4.37
V2248	High Index 4.38
V2249	High Index 4.39
V2250	High Index 4.40
V2251	High Index 4.41
V2252	High Index 4.42
V2253	High Index 4.43
V2254	High Index 4.44
V2255	High Index 4.45
V2256	High Index 4.46
V2257	High Index 4.47
V2258	High Index 4.48
V2259	High Index 4.49
V2260	High Index 4.50
V2261	High Index 4.51
V2262	High Index 4.52
V2263	High Index 4.53
V2264	High Index 4.54
V2265	High Index 4.55
V2266	High Index 4.56
V2267	High Index 4.57
V2268	High Index 4.58
V2269	High Index 4.59
V2270	High Index 4.60
V2271	High Index 4.61
V2272	High Index 4.62
V2273	High Index 4.63
V2274	High Index 4.64
V2275	High Index 4.65
V2276	High Index 4.66
V2277	High Index 4.67
V2278	High Index 4.68
V2279	High Index 4.69
V2280	High Index 4.70
V2281	High Index 4.71
V2282	High Index 4.72
V2283	High Index 4.73
V2284	High Index 4.74
V2285	High Index 4.75
V2286	High Index 4.76
V2287	High Index 4.77
V2288	High Index 4.78
V2289	High Index 4.79
V2290	High Index 4.80
V2291	High Index 4.81
V2292	High Index 4.82
V2293	High Index 4.83
V2294	High Index 4.84
V2295	High Index 4.85
V2296	High Index 4.86
V2297	High Index 4.87
V2298	High Index 4.88
V2299	High Index 4.89
V2300	High Index 4.90
V2301	High Index 4.91
V2302	High Index 4.92
V2303	High Index 4.93
V2304	High Index 4.94
V2305	High Index 4.95
V2306	High Index 4.96
V2307	High Index 4.97
V2308	High Index 4.98
V2309	High Index 4.99
V2310	High Index 5.00
V2311	High Index 5.01
V2312	High Index 5.02
V2313	High Index 5.03
V2314	High Index 5.04
V2315	High Index 5.05
V2316	High Index 5.06
V2317	High Index 5.07
V2318	High Index 5.08
V2319	High Index 5.09
V2320	High Index 5.10
V2321	High Index 5.11
V2322	High Index 5.12
V2323	High Index 5.13
V2324	High Index 5.14
V2325	High Index 5.15
V2326	High Index 5.16
V2327	High Index 5.17
V2328	High Index 5.18
V2329	High Index 5.19
V2330	High Index 5.20
V2331	High Index 5.21
V2332	High Index 5.22
V2333	High Index 5.23
V2334	High Index 5.24
V2335	High Index 5.25
V2336	High Index 5.26
V2337	High Index 5.27
V2338	High Index 5.28
V2339	High Index 5.29
V2340	High Index 5.30
V2341	High Index 5.31
V2342	High Index 5.32
V2343	High Index 5.33
V2344	High Index 5.34
V2345	High Index 5.35
V2346	High Index 5.36
V2347	High Index 5.37
V2348	High Index 5.38
V2349	High Index 5.39
V2350	High Index 5.40
V2351	High Index 5.41
V2352	High Index 5.42
V2353	High Index 5.43
V2354	High Index 5.44
V2355	High Index 5.45
V2356	High Index 5.46
V2357	High Index 5.47
V2358	High Index 5.48
V2359	High Index 5.49
V2360	High Index 5.50
V2361	High Index 5.51
V2362	High Index 5.52
V2363	High Index 5.53
V2364	High Index 5.54
V2365	High Index 5.55
V2366	High Index 5.56
V2367	High Index 5.57
V2368	High Index 5.58
V2369	High Index 5.59
V2370	High Index 5.60
V2371	High Index 5.61
V2372	High Index 5.62
V2373	High Index 5.63
V2374	High Index 5.64
V2375	High Index 5.65
V2376	High Index 5.66
V2377	High Index 5.67
V2378	High Index 5.68
V2379	High Index 5.69
V2380	High Index 5.70
V2381	High Index 5.71
V2382	High Index 5.72
V2383	High Index 5.73
V2384	High Index 5.74
V2385	High Index 5.75
V2386	High Index 5.76
V2387	High Index 5.77
V2388	High Index 5.78
V2389	High Index 5.79
V2390	High Index 5.80
V2391	High Index 5.81
V2392	High Index 5.82
V2393	High Index 5.83
V2394	High Index 5.84
V2395	High Index 5.85
V2396	High Index 5.86
V2397	High Index 5.87
V2398	High Index 5.88
V2399	High Index 5.89
V2400	High Index 5.90
V2401	High Index 5.91
V2402	High Index 5.92
V2403	High Index 5.93
V2404</	



The screenshot shows the 'LENS PORTFOLIO' section of a software interface. It includes a sidebar with navigation links like 'Home', 'Lens Portfolio', 'Insurance', 'Tools', and 'Support'. The main content area displays a table of lens options with columns for 'Lens Type', 'Design', 'Material', 'Coating', and 'Price'. Below this, there's a section for 'Insurance Classifications' with a table listing various insurance plans and their corresponding lens options.

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 copay • Blue 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.

- 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.



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?



Patient

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!



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?



Patient

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.



Employee

Legacy Progressives: not in our TV Assortment

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



Patient

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!



Employee

RAY-BAN META, NUANCE CARTIER, & MAUI JIM



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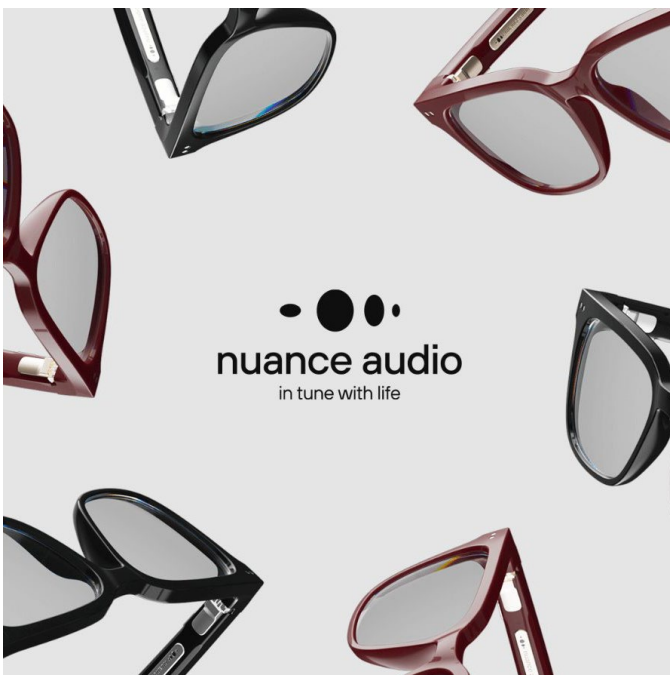
Ray-Ban Meta, Nuance, Cartier, and Maui Jim are all considered specialty products and will have specific insurance processes. Wearables is a term we use when referring to Nuance Audio & Ray-Ban Meta eyewear due to their unique functions and AI technology.

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



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 #
Brand
Style #
☐ Unknown Frame

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)	<p>Frame kits: Reference your insurance binder or use the UPC's below when entering into Ciao! Optical.</p> <table> <tr> <th>Article Description</th><th>UPC</th></tr> <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> </table> <p><i>Note: safety frames within the TeamVision assortment will have their own unique UPC.</i></p>	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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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)

Last, First

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

Change Lab Product to Come Next Day

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

Order Details:

Edit Lab: **RX_SUN_AUTHENTICS** Job Type: [dropdown]

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

Status: 04/22 10:54:59 : Staged as Outside Processing - Central Lab - Central Lab Provides Frame

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 therefore 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.

Can all team members effectively en
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	PLAN PAYS	PLAN PAYS
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	PLAN PAYS	PLAN PAYS
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 overage.
WFA107 \$280.00 for Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.
WFA100 \$260.00 for non-Altair Eyewear/Marchon frames. Patient receives 20% savings on frame overage.

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



Example 1:

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
0AR7003, Blk, 52/18/145	\$280.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Crizal Backside UV	\$15.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
DST Processing	\$60.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Scratch Resistant	\$0.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
UV Protection	\$0.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Single Vision	\$100.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Polycarbonate	\$45.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Example 2:

Services	Retail Price	Extended Price	Plan Pays	Discount	Copay
0AR7003, Blk, 52/18/145	\$280.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Crizal Backside UV	\$15.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Crizal Sapphire HR Anti-Reflective	\$170.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Photochromic TGNS Brown	\$142.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Scratch Resistant	\$0.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
UV Protection	\$0.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Prog Varilux XR Fit	\$470.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Polycarbonate	\$45.00		\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>



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 BluFtr CrSaphHR (1.67)	\$845.00
EPP:				
				TOTAL: \$1,138.00

Main Promotion
Current Offer: 32927 - 25% OFF LENSES
Deal Code:

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

Vision Care Plan Pricing
Vision Care Plan: 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

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
			Vision Care Savings	(\$282.60)		
Lens	1	20500004498086	PG VL XR Fit BluFtr 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
			Vision Care Savings	(\$476.00)		

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 #	Qty	UPC	Unit Price	Ext Price
Order For: Test Test Sales Order: 10037213229146				
Sale	1	8053672031942	\$293.00	\$151.60
0AR7003, Brn Drk, 50/18/140				
INSURANCE DISCOUNT (\$141.40)				
Sales Order 10037213229146 [Frame]				
Sale	1	20500004498086	\$845.00	\$387.16
PG VL XR Fit BluFtr CrSaphHR (1.67)				
INSURANCE DISCOUNT (\$457.84)				
Sales 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				
Tender Assignment Vision Care \$168.36				
Tax \$0.00				Subtotal \$538.76
Amount Due \$380.40				

Return Item Find Item Add Transaction Notes Tender

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


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 <ul style="list-style-type: none"> Eyezen® Start™ Eyezen®+ Eyezen® Kids Digital (DST) Conventional Sun 	Progressive <ul style="list-style-type: none"> Varilux® XR Track Fit™ Varilux® XR Fit™ Varilux® Comfort Max Fit Premium Progressive Computer Sun 	Other Lenses <ul style="list-style-type: none"> Bifocal Trifocal Slab Off Wrap 	
 Ray-Ban® Authentic Lenses <ul style="list-style-type: none"> Clear Sun 	 Oakley® Authentic Lenses <ul style="list-style-type: none"> Clear Sun 	 Costa Del Mar® Authentic Lenses <ul style="list-style-type: none"> Sun 	
Enhancements <ul style="list-style-type: none"> Transitions® Crizal® 	Insurance Classifications <ul style="list-style-type: none"> Lens Designs and Materials Coatings, Light Filters, and Add-Ons Exam and Diagnosis Codes 	Power Ranges <ul style="list-style-type: none"> Lens Power Ranges Frame Power Ranges 	

Lens Category Chart:

Insurance Classifications									
								 TeamVision <small>LINE PORTFOLIO</small>	
Lens Designs and Materials									
Lens Designs	VCode	Line Item Price	Eyedial	VSP	Unfused/Unfused (Optional)	Variant	Unfused	VEA	
Eyeglass® Sida	V200 - V234	\$1 (TV \$ = \$307)	Optimized Digital SV	Digital Aspheric x LPI	Non-Fumaryl (SV not fused)	Digital SV	Digital SV 1		
Eyeglass® Start™	V200 - V234	\$2 (TV \$300 + \$300 OPT)	Optimized Digital SV	Digital Aspheric x LPI	Non-Fumaryl (SV not fused)	Digital SV	Digital SV 1		
Eyeglass® 7-4	V200 - V234	\$2 (TV \$300 + \$300 OPT)	Optimized Digital SV	Digital Aspheric x LPI x 1.62	Non-Fumaryl (SV not fused)	Digital SV	Digital SV 1		
Varibar® SR Track™	V278 (Optimized) CM for VSP	\$295	Tar 1 (Optimized)	Category X + CM3 x 1.62	Non-Fumaryl (SV not fused)	Not Covered	Not Covered		
Varibar® SR™	V278 (Optimized) CM for VSP	\$470	Tar 4	Category X + CM3	Tar 9	Ultimate	Premium Progressive 4		
Varibar® Comfort	V278 (Optimized) CM for VSP	\$295	Tar 3	Category X + CM3	Tar 9	Ultimate	Premium Progressive 3		
Premium Progressive (Non-Fused)	V278	\$20	Tar 1	Category X	Tar 6	Standard	Premium Progressive 1		
Premium Progressive (Fused)	V278 for VSP	\$20	Standard		Tar 1	Premium	Standard		
Shower® Toric™ or Shaper® Compound		\$295	Tar 3	Non Variable Focus	Tar 9	Not Covered	Non Variable Focus		
Wingtip® <small>(Non-Fused, not available in Canada)</small>	V278	\$400	Tar 4	Category 0	Not Covered	Ultimate	Premium Progressive 2		
Standard Progressive	V278	\$95	Standard	Category X	Tar 1	Premium	Premium Progressive 1		
Other Lens Designs			Lens Materials		VCode	Line Item Price			
Digital® 278° EV	V200	\$100 (TV \$100 + \$80 OPT)	Plexiglas		V2782	\$0			
Conventional Spheric EV	V200	\$100	Polycarbonate		V2783	\$45			
Conventional Aspheric EV	V200	\$100 (TV \$95 + \$50 ASP)	High Index 1.67		V2784	\$140			
Bifocal	V2200	\$100	High Index 1.74		V2783	\$275			
Trifocal	V200	\$100	Frame		V2020				

Vcodes, Price Key, and Diagnosis Codes

References

VCodes and Price Key

VCode	Line Item/Service	Price
V784	Pain	\$45.00
V785	High index 127	\$45.00
V786	High index 128	\$330.00
VCode	Line Designation	Price
V406	Diagnostic	\$
V407	Single Session	\$100.00
V408	Two or more sessions	\$350.00
V500 - V504	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$30.00
V505 - V509	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$70.00
V510 - V514	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$105.00
V515 - V519	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$140.00
V520	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$175.00
V521	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$210.00
V522	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$245.00
V523	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$280.00
V524	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$315.00
V525	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$350.00
V526	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$385.00
V527	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$420.00
V528	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$455.00
V529	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$490.00
V530	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$525.00
V531	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$560.00
V532	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$595.00
V533	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$630.00
V534	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$665.00
V535	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$700.00
V536	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$735.00
V537	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$770.00
V538	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$805.00
V539	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$840.00
V540	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$875.00
V541	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$910.00
V542	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$945.00
V543	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$980.00
V544	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1015.00
V545	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1050.00
V546	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1085.00
V547	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1120.00
V548	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1155.00
V549	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1190.00
V550	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1225.00
V551	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1260.00
V552	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1295.00
V553	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1330.00
V554	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1365.00
V555	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1400.00
V556	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1435.00
V557	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1470.00
V558	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1505.00
V559	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1540.00
V560	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1575.00
V561	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1610.00
V562	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1645.00
V563	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1680.00
V564	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1715.00
V565	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1750.00
V566	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1785.00
V567	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1820.00
V568	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1855.00
V569	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1890.00
V570	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1925.00
V571	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1960.00
V572	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$1995.00
V573	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2030.00
V574	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2065.00
V575	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2100.00
V576	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2135.00
V577	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2170.00
V578	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2205.00
V579	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2240.00
V580	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2275.00
V581	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2310.00
V582	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2345.00
V583	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2380.00
V584	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2415.00
V585	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2450.00
V586	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2485.00
V587	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2520.00
V588	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2555.00
V589	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2590.00
V590	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2625.00
V591	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2660.00
V592	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2695.00
V593	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2730.00
V594	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2765.00
V595	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2800.00
V596	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2835.00
V597	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2870.00
V598	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2905.00
V599	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2940.00
V600	Ex Eye Exam* (Exam)* (Ex exam + ex exam)	\$2975.00
V601</		

- 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.

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

Training Test				
Frame > Lens > Order Worksheet > Measurements > Order Completion				
Category	QTY	Item#	Description	Retail Price
Frame	1	8053672399127	RB2132 55 NEW WAYFARER, Blk Blk, Gns 3	\$140.00
Lens	1	20500001682525	SV Clear Clear Premium AR (Poly)	\$205.00
EPP:	<input checked="" type="radio"/>		<input type="radio"/> Yes <input type="radio"/> No	
TOTAL:				\$345.00

Training Test				
Frame > Lens > Order Worksheet > Measurements > Order Completion				
Category	QTY	Item#	Description	Retail Price
Frame	1	8053672399127	RB2132 55 NEW WAYFARER, Blk Blk, Gns 3	\$140.00
Lens	1	20500002006069	SV EZ Start BlueLight Crd Easy Pro (Poly)	\$380.00
EPP:	<input checked="" type="radio"/>		<input type="radio"/> Yes <input type="radio"/> No	
TOTAL:				\$520.00

Lens Features:

Polycarbonate
Scratch Resistant
UV Protection
Premium AR

Lens Features:

Digital Eyezen Start Lens
Polycarbonate
Scratch Resistant
UV Protection + Back Side UV
Crizal Easy Pro AR
Blue Light Filter

Insurance Benefits:

(AD) Poly \$35 copay
(QT) AR \$68 copay
Patient Copay \$20

Insurance Benefits:

(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

Good Solution

Best Solution

Out of Pocket Cost \$123

Retail Cost: \$345
Insurance Savings: \$222

Out of Pocket Cost \$168

Retail Cost: \$520
Insurance Savings: \$352
+\$45 OOP results in a blue light filter, digital optimized lens reducing eyestrain, and back side UV

- Think iPhone 5 vs. iPhone 15
- Eyezen 1-4 includes the (TA) Technical Add on copay

*Based on standard VSP Choice benefits



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.

AR Comparison							
	Reduces Reflections	Easy to Clean	Repels Oil & Dust	Backside UV	Durable Resistance	Optimal Transparency	Blue Light Filter
Crizal Sapphire							
Crizal Rock							
Crizal Provencia							
Crizal Easy Pro							
Premium AR							

[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?

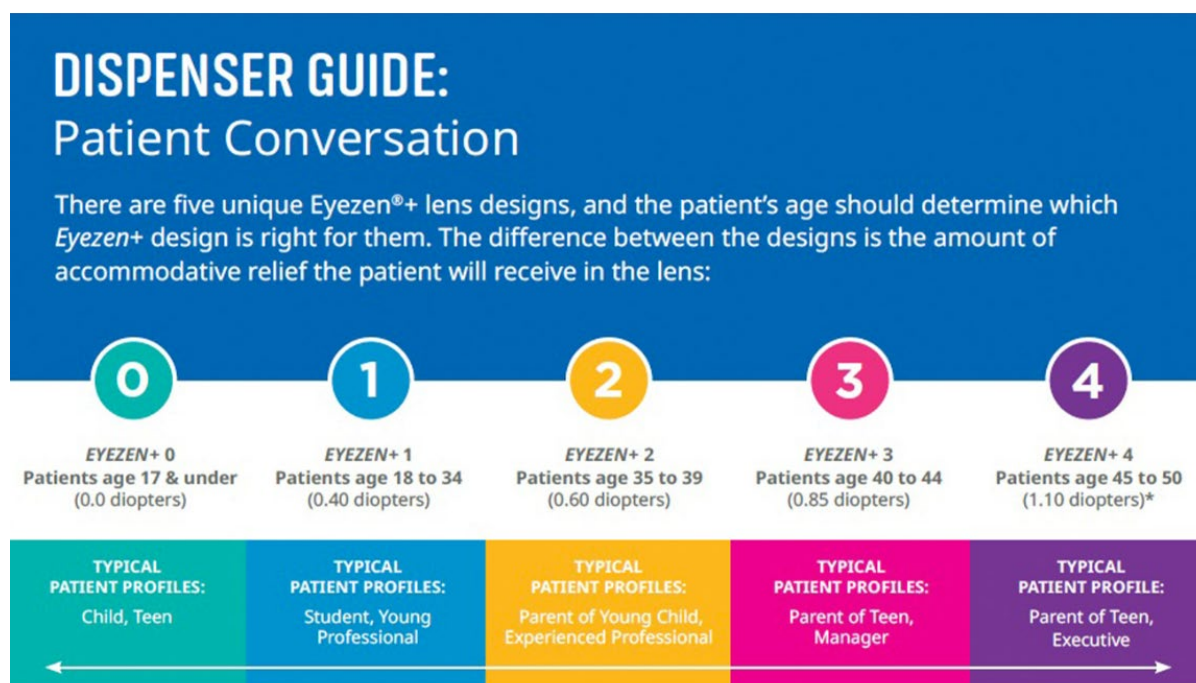
Lenses that use the digital technique are referred to as Digital lenses, High Resolution lenses, and Free-Form lenses.

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.

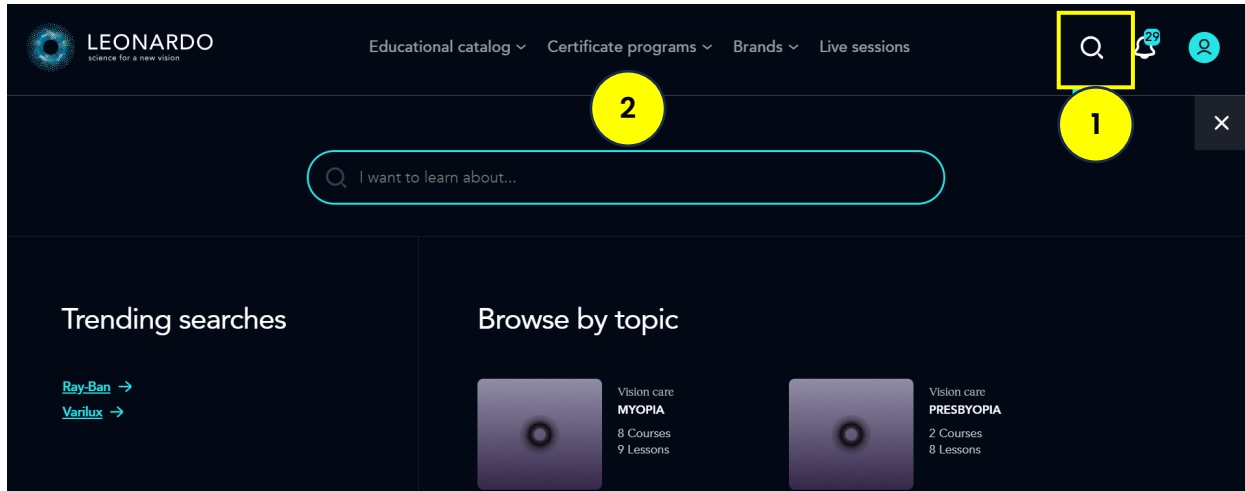
Your patients will have the best visual experience when capturing digital measurements with Eyerule 2+.

	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







*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.*

 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:






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

 Delivery Method: N





Vision Care Benefit Summary

Customer:
Plan Name:
Plan Type:
Account Code:
Order #:

Assignment:
1837699
10000382729167

	Retail Price	Plan Savings*	Amount Due**
	\$510.00	\$293.00	\$217.00

	Retail Price	Plan Pays	Plan Discounts	Copay	Amount Due
OK3216, Slv Bk, 54/18/138	\$215.00	\$49.00	\$166.00	\$50.00	\$50.00
Single Vision Asph	\$80.00	\$14.00	\$66.00	\$25.00	\$25.00
Polycarbonate	\$45.00	\$0.00	\$45.00	\$35.00	\$35.00
Aspheric Lens	\$20.00	\$0.00	\$20.00	\$20.00	\$20.00
Premium Plus AR	\$125.00	\$0.00	\$125.00	\$85.00	\$85.00
Scratch Resistant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
UV Protection	\$15.00	\$15.00	\$0.00	\$0.00	\$0.00
Subtotal	\$510.00	\$218.00	\$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



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.

Are you sure you would like to exchange items for this order?

Service Quality: [Dropdown]

Use Protection Plan: [Dropdown]

Lens EPP: [Dropdown]

Complete EPP
Frame EPP
Lens EPP

[Checkmark] [X]



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.

● Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC

Plan Id: 1814833

Current Offer:

Deal Code: [Input Field] +

Promotion Savings \$0.00

Vision Care Savings \$289.00 [Pencil Icon]

YOU PAY: \$82.00

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.

Xstore POS Information

Scan the barcode on the product to be sold. If the barcode is missing or can't be read, the item number or UPC may be manually entered.

Select additional functions from the options available.

UPC: [Input Field]

Scan or key UPC. Press ENTER to tender.

Salespersons: Lisa Stoddart | 045000

Trans #	Qty	UPC	Unit Price	Ext Price
Return	1	888392254672	(\$215.00)	(\$101.00)
OX3218, Slv Blk, 54/18/138				
INSURANCE DISCOUNT \$114.00				
Sales Order 10005586929167 [Frame]				
Return	1	20500001682525	(\$295.00)	(\$194.00)
SV Conv Asph Clear Premium AR (Poly)				
INSURANCE DISCOUNT \$101.00				
Sales Order 10005586929167 [Lens]				
Single Vision Asph Polycarbonate Aspheric Lens Premium Plus AR Scratch Resistant UV Protection				
Sale	1	888392254672	\$215.00	\$101.00
OX3218, Slv Blk, 54/18/138				
INSURANCE DISCOUNT (\$114.00)				
Sales Order 10005586929167 [Frame]				
Sale	1	20500001682525	\$295.00	\$194.00
SV Conv Asph Clear Premium AR (Poly)				
INSURANCE DISCOUNT (\$101.00)				
Item 2			Tax \$0.00	Subtotal \$25.00
				Amount Due \$25.00 >

Cancel Sale | List Customer Orders | Change Item | Add Discount | Sell Non-Merch | Register Options | Return Item | Find Item | Add Transaction Notes | Tender



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.

Are you sure you would like to exchange items for this order?

Service Quality

Restyle Frame (Full Look)



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.

● Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC

Plan Id: 1814833

Current Offer:

Deal Code:

Promotion Savings \$0.00

Vision Care Savings \$289.00

YOU PAY: \$82.00

Info Keypad

Xstore POS Information

Scan the barcode on the product to be sold.
If the barcode is missing or can't be read, the item number or UPC may be manually entered.

Select additional functions from the options available.

UPC

Scan or key UPC.
Press ENTER to tender.

Salespersons: Lisa Stoddart | 045000

Trans #	Qty	UPC	Unit Price	Ext Price
Return	1	888392254672	(\$215.00)	(\$101.00)
OX3218, Slv Blk, 54/18/138				
INSURANCE DISCOUNT \$114.00				
Sales Order 10000382729167 [Frame]				
Return	1	20500001682525	(\$295.00)	(\$194.00)
SV Conv Asph Clear Premium AR (Poly)				
INSURANCE DISCOUNT \$101.00				
Sales Order 10000382729167 [Lens]				
Single Vision Asph Polycarbonate Aspheric Lens Premium Plus AR Scratch Resistant UV Protection				
Sale	1	888392254672	\$215.00	\$101.00
OX3218, Slv Blk, 54/18/138				
INSURANCE DISCOUNT (\$114.00)				
Sales Order 10005586929167 [Frame]				
Sale	1	20500001682525	\$295.00	\$194.00
SV Conv Asph Clear Premium AR (Poly)				
INSURANCE DISCOUNT (\$101.00)				
Item 2			Tax \$0.00	Subtotal \$25.00
				Amount Due \$25.00 >

Cancel Sale List Customer Orders Change Item Add Discount Sell Non-Merch Register Options Return Item Find Item Add Transaction Notes Tender



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.

Are you sure you would like to exchange items for this order?

Service Quality:

Restyle Frame (Full Look):



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.

Vision Care Plan Pricing

Vision Care Plan: VSP-GOLDEN WC

Plan Id: 1814833

Current Offer:

Deal Code:

Promotion Savings: \$0.00

Vision Care Savings: \$289.00

YOU PAY: \$82.00

Xstore POS Information

Scan the barcode on the product to be sold. If the barcode is missing or can't be read, the item number or UPC may be manually entered.

Select additional functions from the options available.

UPC:

Scan or key UPC. Press ENTER to tender.

Salespersons: Lisa Stoddart | 045000

Trans #	Qty	UPC	Unit Price	Ext Price
Return	1	888392254672	(\$215.00)	(\$101.00)
OX3218, Slv Blk, 5418/138				
INSURANCE DISCOUNT				
Sales Order 10000382729167 [Frame]				
Return	1	20500001682525	(\$295.00)	(\$194.00)
SV Conv Asph Clear Premium AR (Poly)				
INSURANCE DISCOUNT				
Sales Order 10000382729167 [Lens]				
Single Vision Asph Polycarbonate Aspheric Lens Premium Plus AR Scratch Resistant UV Protection				
Sale	1	888392254672	\$215.00	\$101.00
OX3218, Slv Blk, 5418/138				
INSURANCE DISCOUNT				
Sales Order 10005586929167 [Frame]				
Sale	1	20500001682525	\$295.00	\$194.00
SV Conv Asph Clear Premium AR (Poly)				
INSURANCE DISCOUNT				
Tax \$0.00				
Subtotal \$25.00				
Amount Due \$25.00				

Cancel Sale | List Customer Orders | Change Item | Add Discount | Sell Non-Merch | Register Options | Return Item | Find Item | Add Transaction Notes | Tender

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.