Southeast Eye Group
INSURANCE GUIDE

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Eye care, together.

BILLING TAX ID AND LEGAL ENTITY

All locations will file with a new Tax ID: 20-3298180 and legal entity name Dalton Family Eyecare.

This will be listed on all insurance portals and claims. While processes will be updated with TeamVision's systems and support teams, it's important to know what TIN and Insurance portals you will be using to file claims and verify eligibility.

INSURANCE	POST CONVERSION
Eyemed	File with Ciao! Optical.
VSP	File with your new Tax ID: 20-3298180
Superior	
All other Carriers	

LABS

INSURANCE	LAB
EyeMed, Superior, All others	RxO
VSP Only	**New Southern Lab Accounts:** *add to Eyefinity dropdown* T176 Southeast Eye Group Hiawassee - 40215058991 T177 Southeast Eye Group Blairsville - 40215058993 T178 Southeast Eye Group Clayton – 40215058994

Lab Notes:
- Only insured/claimed eyewear orders may go to Insurance Required labs.
  - In LPA, mark as RxSun Authentic
- 2nd Pair or private pay orders will always go to RxO.

Southern Lab Address:

1856 Corporate Dr # 150, Norcross, GA 30093

PH: 800-765-7343

TeamVision

MEDICAL INSURANCE

MEDICAL BILLING PROCESS

Dalton Family Eyecare will be the legal entity (tax ID) listed on all insurance claims. While processes will be updated with TeamVision's systems and support teams, it's important to know who will be filling claims by each carrier.

You will be assigned a Medical Biller. They will schedule a post-integration meeting to review the billing process and preferred communication methods. For Medical insurance, you can utilize Trizetto or continue using the same insurance portal logins to verify eligibility.

Claim Submission

• All medical claims will be held until re-credentialing is complete under your new tax ID.

• Your biller will pick up pending invoices in RevolutionEHR, scrub each claim, and submit it to the insurance carrier.

• Most claims are filed directly through **Trizetto Clearinghouse** in the EHR.

• Some carriers may require **paper CMS1500 forms**. In those cases, either your biller or the site will generate the form in RevolutionEHR and submit manually.

Ciao! Optical Sales Record Only	← Manual Entry	E.H.R. Medical record, claim filing, reconciliation	↔ 2-way integration	Trizetto Clearing House for Medical Claims

RevolutionEHR Tasks

• Your biller will use the **Tasks** feature to communicate billing needs, corrections, or deadlines.

• Check tasks daily.

☑ Tasks

Priority All   Category All

Today 0   Overdue 0   Upcoming 0

No tasks due today at this time.
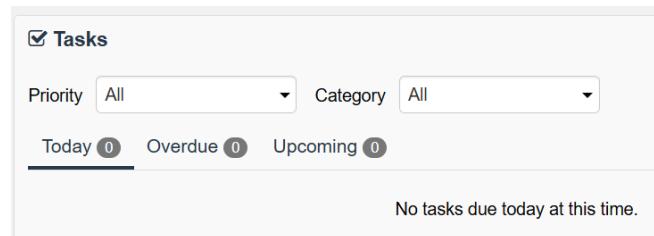
MEDICAL BILLING PROCESS

Denials

Your biller will review and resubmit any denied claims. If they need further information from the site for resubmission, they will utilize Tasks in RevolutionEHR.

Payment Posting

- When payment and the EOB are received from the insurance company, your biller will post the payment in the EHR, clearing the insurance balance.

- The biller will review the EOB for patient responsibility (copay, coinsurance, or deductible) that was not collected at the time of service and transfer those balances to the patient for statement processing. *Note: Patients only receive statements for authorized invoices.*

COLLECTING AND POSTING PAYMENTS POST SERVICE (Patient Statement or Insurance)		
Patient Payment Method	**How to Process the Payment**	**Payment Posting**
Card Do not use in office card processor (Finix)	• Patient pays in office- use **Transaction Express** in Toolkit to collect payment • Patient statement will direct patients to pay via practice website	Site/Medical Biller Posts in E.H.R.
Check	• Patient pays in office or site receives check from insurance company- weekly **Mail Checks To T144** with patient statement • Patient statement will direct patients to mail directly to T144	Site/Medical Biller Posts in E.H.R.
Cash Do not accept cash	• Reach out to your biller if this is the only form of payment a patient can make.	
• Medical billing will be held post integration until accounts & systems are set up and credentialing is complete (30-60 days). • Reach out to your biller with questions.		

MEDICAL PLANS

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

- INSURANCE BALANCE (Ins. Resp.) = PLAN PAYS in Ciao! Optical.

- **Insurance Balances are left in the EHR.** Claims are billed and reconciled out of the EHR. Materials being billed directly to medical carriers should also be entered into the EHR.

- **USE "MEDICAL PLAN" DROPDOWN IN CIAO! OPTICAL INSURANCE SEARCH TO BYPASS CLAIM FORM SCREENS.**

- SECONDARY: Medical billers will manage secondary claim filing once primary insurance has been billed. No invoicing is necessary on the front end. Collect secondary copay and apply on primary invoice.

  CLICK HERE to for step-by-step directions for Entering Medical Plans in Ciao! Optical.

PLAN NAME	PLAN ID	BILLING
MEDICAL AETNA-DAL	1834268	Corporate
MEDICAL ALLIANT HEALTH PLANS-DAL	1834270	Corporate
MEDICAL ANTHEM BCBS-DAL	1835957	Corporate
MEDICAL BCBS-DAL	1834265	Corporate
MEDICAL BENEFIT SUPPORT-DAL	1841291	**SITE**
MEDICAL CIGNA HEALTHSPRING-DAL	1834269	Corporate
MEDICAL CIGNA-DAL	1834267	Corporate
MEDICAL HEALTH PARTNER-DAL	1834273	Corporate
MEDICAL HUMANA-DAL	1835163	Corporate
MEDICAL LIONS CLUB-DAL	1841292	**SITE**
MEDICAL MEDICARE-DAL	1834262	Corporate
MEDICAL MERITAIN-DAL	1834274	Corporate
MEDICAL TRICARE-DAL	1834264	Corporate
MEDICAL UHC-DAL	1834266	Corporate
MEDICAL ALLIANT HEALTH PLANS-DAL	COMING SOON	Corporate
MEDICAL CIGNA HEALTHSPRING-DAL	COMING SOON	Corporate
MEDICAL MERITAIN-DAL	COMING SOON	Corporate
MEDICAL VA OPTUM-DAL	COMING SOON	Corporate

MEDICAL BILLING – MATERIALS IN E.H.R.

If materials are being billed DIRECTLY TO THE MEDICAL CARRIER listed on the Medical Plans page of your insurance binder, you will need to enter materials in the E.H.R.

For example:

- If a patient has a $250 materials benefit directly through Blue Cross Blue Shield, you must enter Ithe materials (glasses or contact lenses) into the E.H.R. so the medical biller can submit them on the claim to the Medical Insurance.

- If the patient has UHC Medical, but their routine/materials benefit is through Spectera, you do NOT need to enter materials in the E.H.R.

- Medically necessary contact lens submission: you maybe able to enter contact lenses into the E.H.R to generate a CMS 1500 form.

Materials must also be entered into Ciao! Optical since Ciao! is the point-of-sale system and this is how the materials will be ordered (through RxO/NOVG).

Please partner with your Medical Biller or [CLICK HERE](#) to learn more about this process when/if your site will need to put materials into the E.H.R.

ROUTINE INSURANCE

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ROUTINE BILLING PROCESS

Dalton Family Eyecare will be the legal entity (tax ID) listed on all insurance claims. While processes will be updated with TeamVision's systems and support teams, it's important to know who will be filling claims by each carrier.

You will meet your billing team during Integration Week.

There are four ways claims are filed for routine insurance:

1. **Automatically from Ciao! (EyeMed/Aetna integrated insurance plans)**
2. **Automatically from Ciao! through Auto-calc plan (VSP, Spectera)**
3. **Manually by Mason Biller on the insurance portal (Most materials, bill-actual plans)**
4. **Site bills (Specific bill-actual plans noted in insurance binder)**

**FILING OPTION 1: EyeMed/Aetna routine:**

- Ciao! Optical and EyeMed have a two-way communication stream
- Ciao! Optical tells you patient eligibility and plan coverage in real time
  - Will also provide family member names, eligibility, and coverage
- Once tendered, claim auto files to EyeMed/Aetna Routine
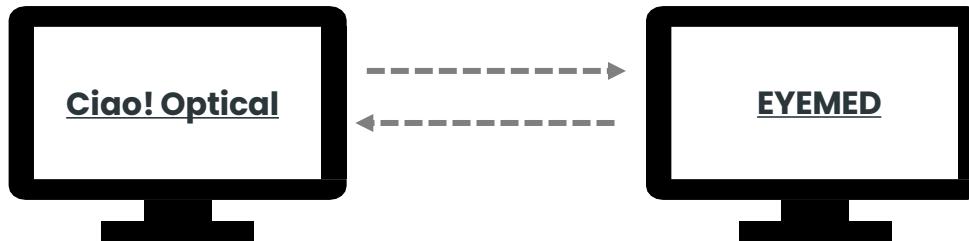
ROUTINE BILLING PROCESS

<u>FILING OPTION 2: Auto-calc Exams and contact lenses only (837 File)</u>

- Occurs if routine carrier (e.g., VSP, Spectera, Versant) is set up for this type of claim filing
- Ciao! Optical: Auto-Calculation plans must be utilized
- Data entered into Ciao! Optical must be accurate or claims are denied (authorizations, member details and ID numbers, etc.)
- Data only flows one way- data extracted from Ciao! Optical and placed in a file (think excel spreadsheet) and is sent to carrier weekly (submitted on Thursdays)
  - This means, if a patient had services/materials on a Monday (VSP Auto-Calculation plan in Ciao!), and Tuesday you check the carrier's website, patient may still show as eligible since the claim won't be submitted until Thursday via 837 file)
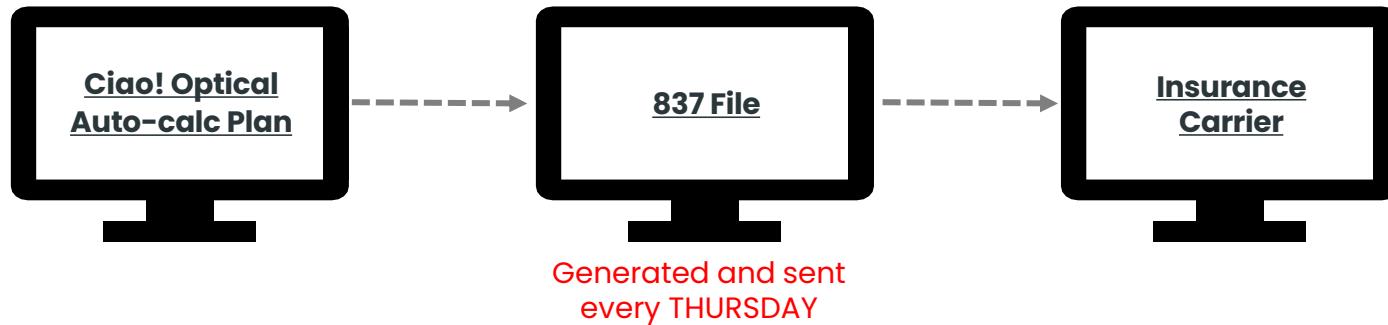
<u>**Ciao! Optical Auto-calc Plan**</u> ----→ <u>**837 File**</u> ----→ <u>**Insurance Carrier**</u>

Generated and sent every THURSDAY

TeamVision

ROUTINE BILLING PROCESS

FILING OPTION 3: Most materials, bill-actual plans (Mason Billing Team):
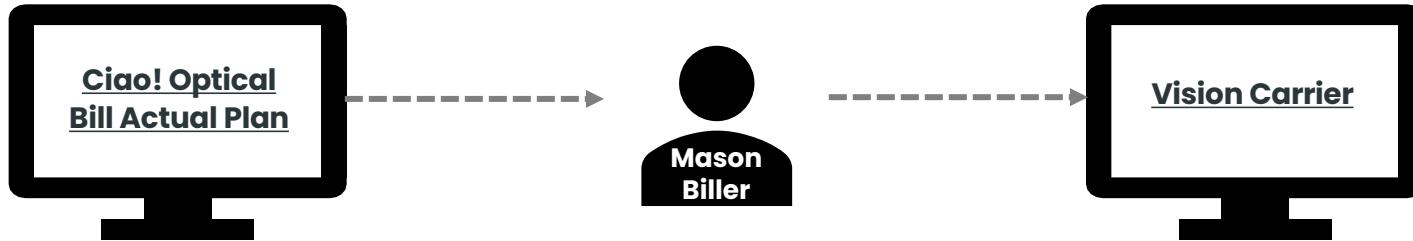
- You will be assigned a biller who is employed by the Mason Billing team to submit claims on your behalf.
- All VSP (and most other routine carrier) glasses and bill-actual plans will be billed by the Mason Billing Team.
- The biller will pull data from Ciao! Optical to submit the claim; therefore, it is critical that the correct authorization, member ID, and all patient details are accurate in Ciao! Optical.
- Your Frame and Lens selection must be part of the TeamVision assortment.
    - i.e., you cannot bill your patient for a Varilux lens in Ciao! and order Shamir lenses in Eyefinity.
    - You cannot customize shapes and sizes of Silhouette through insurance labs.
- Your biller will provide you three ways to communicate with them:
    1. Additional Info Sheet (shared excel document)
    2. Email
    3. Teams chat
- **The Billing Team will notify you of the start date they will begin billing. Continue to bill these plans in-office until the Billing Team has confirmed they are ready to begin billing.**

ROUTINE BILLING PROCESS

FILING OPTION 3: Most materials, bill-actual plans (Mason Billing Team) continued:

Additional Info Sheet:

- **Purpose:** Primary form of communication between site and biller, helps track billing accuracy, service speed, and capture data if incorrectly processed in Ciao!

- **VSP Orders:** ALL VSP optical orders must be listed by the site on the Site VSP tab.

- **Other Carriers:** Orders with modifiers, special conditions, or specific notes for your biller should be added to the Non-VSP Tab for your site.

- **Packing slips:**
  - The Additional info sheet will be initialed and highlighted green when the packing slips are ready.
  - The site will login to Eyefinity, print the packing slip, and (if necessary) ship frame to Insurance lab.

If the order has not been billed by the end of day 5 (After DOS), the site will email Christina Diggs, Market Manager, Biller, Jennifer Morgan, and Katie Worley.

Filing Option 4: Site Filing

There may be certain plan types that your location will be responsible for billing on-site. These may be handled as routine or medical plans depending on how you submit and get paid by the third-party payer. Your insurance binder will list "Site" next to these plans.

- Your location only has two plans that will be billed regularly by the site, and they are both MEDICAL.
  - Benefit Support
  - Lion's Club
- You will be notified directly of any other requests for the site to bill once the Corporate Team assumes responsibility.

ROUTINE PLANS

- **In RevolutionEHR**, Apply Fee schedule to zero out insurance balance and record as paid. Then, **enter into Ciao! Optical.**

- **There should be no patient or insurance balances left in RevolutionEHR for Routine Plans.**

- There are two types of Routine Plans in Ciao! Optical:
    - **Auto-calculation**: These plans automatically calculate the patient and insurance payments. They are auto-filed through Ciao! Optical.
    - **Bill Actual:** You must reference the patient benefit summary and manually enter the plan pays, copays, and discounts into Ciao! Optical. These will be manually filed directly on the insurance portals either by the Corporate Mason Billing Team or the Site (see chart to right).

- **Plan Pays** amounts for Routine Plans will come from your insurance binder or the patient's benefit summary/insurance plan details.

PLAN NAME	PLAN ID	BILLING
EyeMed	Search Member	Auto-File
VSP-DAL	1834259	Corporate
SUPERIOR-DAL	COMING SOON	Corporate
COMMUNITY EYECARE-DAL	COMING SOON	Corporate
DAVIS VISION-DAL	COMING SOON	Corporate
SPECTERA-DAL	COMING SOON	Corporate

[Click here for your location's Auto-Calc Plan ID's](#)

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

TeamVision

VSP

VSP Reimbursements	SIGNATURE PLAN	CHOICE PLAN
EYE EXAMINATIONS	**PLAN PAYS**	**PLAN PAYS**
Comprehensive Exam: New 92004 | Est. 92014	$56.00	$53.20
Intermediate Exam: New 92002 | Est. 92012	$41.00	$32.20
Refraction: 92015	$14.00	$13.30
MATERIAL DISPENSING	**PLAN PAYS**	**PLAN PAYS**
Single Vision Lenses	$19.91	$14.41
Bifocal Lenses**	$27.16	$18.50
Trifocal Lenses	$26.41	$19.11
Lenticular Lenses	$39.67	$26.75
New Frame	$34.20	$17.50

LAB: Southern Labs, mark as Rx Sun Authentics in LPA

BILLING:
- Bill Actual: Corporate
- Auto-calculation: Auto file

PLAN ID:
- 1834259 (Bill Actual Plan)

[Click Here for Auto-Calculation Plan List](#)

Portal Logins:
- **T176 Hiawassee**
    - User ID:
    - Password:
- **T177 Blairsville**
    - User ID:
    - Password:
- **T178 Clayton**
    - User ID:
    - Password:

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

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

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

Bill Actual Plan must be used for any exams with special conditions and Exam must be added to the Add Info Sheet for your Mason Biller to bill.

SUPERIOR VISION

LAB: RxO

BILLING: OUT OF NETWORK

PLAN ID: PRIVATE PAY

We are <u>out of network</u> until further notice.

Collect **full retail amount** for all services and materials. Patient **is** eligible for private-pay promotions or discounts.

- Patient can submit for out-of-network reimbursement
- Complete the "Superior Vision Member Reimbursement Form" found in your Ciao! Toolkit Insurance Folder
- Provide itemized receipts

SuperiorVision™

Member Reimbursement Claim Form

Use this form for reimbursement of services received from an out-of-network provider, or when you have utilized an in-store sale or promotion from an in-network provider.

Subscriber Information   *(Please print clearly)*

Subscriber Name	Daytime Phone ( )	Evening Phone ( )
Mailing Address	City	State	Zip
Subscriber ID Number	Name of Employer		

Patient Information

Patient Name	Date of Birth / /	Authorization Number	Full Time Student* ☐ Yes ☐ No *Verification may be required

Claim Information

Date of Service: _____ Exam: $____ Frame: $____	Single Vision Lenses: $____ Bifocal Lenses: $____ Trifocal Lenses: $____ Progressive Lenses: $____	Contacts: $____ Contact Lens Fitting Exam: $____ Extra Ad-Ons: $____ Other: $____

Is the provider an in-network provider? ☐ Yes ☐ No

Provider Name_____   Phone Number_____

If you saw an in-network provider:

Are you applying for reimbursement after using an in-store sale or promotion? ☐ Yes ☐ No

If you see an in-network provider but choose to take advantage of a sale, coupon, or other in-store special, the provider may require that you pay in full and then submit your receipt to Superior Vision for reimbursement at the out-of-network rates.

If you have co-pays, these are paid to your in-network provider at the time of your visit. You are also responsible for paying for any services or materials that are not covered or that exceed your benefit plan coverage. If you paid in full for your service, please provide a brief explanation as to why your provider did not bill us on your behalf.

Mail a copy of the itemized invoice or receipt imprinted with the provider's name and address along with this form to the contact information below. Please retain the original for your records.

**Superior Vision
Attn: Claims Processing
PO Box 509
Troy, NY 12181**

Questions? Please call our Customer Service department at (800) 507-3800

07-2024

REFERENCE TOOLS

Insurance Classifications

TeamVision — LENS PORTFOLIO

Lens Designs and Materials

Lens Designs	VCode	Line Item Price	EyeMed	VSP	UnitedHealthcare (Spectera)	Versant (Superior/Davis)	VBA
Eyezen® Kids	V2100*	$190 (SV $100 + $90 DST)	Optimized Digital SV	Digital Aspheric + LF1	Non-Formulary (80% U&C Pricing)	Digital SV	Digital SV 1
Eyezen® Start™	V2100*	$240 (SV $100 + $140 DST)	Optimized Digital SV	Digital Aspheric + LF1	Non-Formulary (80% U&C Pricing)	Digital SV	Digital SV 1
Eyezen® 1-4	V2100*	$250 (SV $100 + $150 DST)	Optimized Digital SV	Digital Aspheric + LF1 + TA2	Non-Formulary (80% U&C Pricing)	Digital SV	Digital SV 1
Eyezen® SunFit	V2100*	$155 (SV $100 + $55 DST)	Optimized Digital SV	Not Covered	Not Covered	Not Covered	Not Covered
SunFocus Single Vision (Shamir Attitude III)	V2100*	$100	Optimized Digital SV	Not Covered	Not Covered	Not Covered	Not Covered
SunFocus Progressive (Shamir Attitude III)	V2200* + V2781	$295	Tier 4	Not Covered	Not Covered	Not Covered	Not Covered
Varilux® SunFit	V2781	$295	Tier 4	Not Covered	Not Covered	Not Covered	Not Covered
Varilux® XR Track Fit™	V2781 V2702 CM for VSP	$565	Tier 5 (Innovations)	Category N + CM3 + TA2	Non-Formulary (80% U&C Pricing)	Not Covered	Not Covered
Varilux® Physio® extensee™ Fit	V2781 V2702 CM for VSP	$530	Tier 4	Category N + CM3 + TA2	Non-Formulary (80% U&C Pricing)	Not Covered	Not Covered
Varilux® XR Fit™	V2781 V2702 CM for VSP	$500	Tier 4	Category N + CM3	Tier V	Ultimate	Premium Progressive 4
Varilux® Comfort Max Fit	V2781 V2702 CM for VSP	$312	Tier 3	Category O + CM3	Tier III	Ultra	Premium Progressive 3
Varilux® Immersia™ Room & Mid	V2786	$295	Tier 3	Near Variable Focus + LF1	Not Covered	Not Covered	Not Covered
Premium Progressive (Essilor Accolade)	V2781	$210	Tier 1	Category K	Tier II	Premium	Premium Progressive 1
Premium Progressive (Essilor Ideal)	V2781 V2799 for VSP	$260	Standard	Category K	Tier I	Standard	Standard
Shamir Workspace™ or Shamir Computer™	V2200*	$295	Tier 3	Near Variable Focus	Tier 1	Not Covered	Near Variable Focus
WrapPlus (Private Label - Attitude III Fashion)	V2781	$400	Tier 4	Category O	Not Covered	Ultimate	Premium Progressive 2
Standard Progressive (Ovation Digital)	V2781	$165	Standard	Category K	Tier 1	Premium	Premium Progressive 1

*Note-this is the start of the Vcode range for the focal type

Note that for Computer PG glasses, these are typically purchased as a secondary pair. Leverage the 40% Off Additional Pairs when applicable.

1 VSP Code LF = Light Filter
2 VSP Code TA = Technical Add-On

REFERENCE TOOLS

Lens Designs and Materials

Lens Materials	VCode	Line Item Price
Plastic	V2782	$0
Polycarbonate	V2784	$50
Hi-Index 1.67	V2783	$145
Hi-Index 1.74	V2783	$240
Frame	V2020	

Other Lens Designs	VCode	Line Item Price
Digital (DST) SV	V2100	$160 (SV $100 + $60 DST)
Conventional Spheric SV	V2100	$100
Conventional Aspheric SV	V2100	$100 (SV $80 + $20 ASP)
Bifocal	V2200-2214	$165
Trifocal	V2300-2399	$165

REFERENCE TOOLS

Coatings, Light Filters, and Add-Ons

Coatings and Light Filters	VCode	Line Item Price	EyeMed	VSP	UnitedHealthcare (Spectera)	Versant (Superior/Davis)	VBA
Crizal® Sapphire™ HR	V2750 V2755 EM/VSP	$185 ($170 + $15 BS UV)	Tier 3 + BS UV	Category D + BS UV	Tier IV	Ultimate	Ultra
Crizal® Prevencia®	V2750 V2755 EM/VSP	$185 ($170 + $15 BS UV)	Tier 3 + BS UV	Category D + BS UV	Tier IV	Ultimate	Ultra
Crizal® Rock™	V2750 V2755 EM/VSP	$175 ($160 + $15 BS UV)	Tier 3 + BS UV	Category D + BS UV	Tier IV	Ultimate	Premium AR 2
Crizal® Easy Pro™	V2750 V2755 EM/VSP	$125 ($110 + $15 BS UV)	Tier 2 + BS UV	Category C + BS UV	Tier III	Ultra	Premium AR 1
Crizal® Sunshield UV	V2750 V2755 EM	$125 ($110 + $15 BS UV)	Tier 2 + BS UV	Category D	Tier IV	Premium	Not Covered
Crizal® Sunshield Mirrors UV	V2750 V2755 EM	$110 ($95 + $15 BS UV)	Tier 3 + BS UV	Category D (QP+QV)	Tier IV	Premium	Not Covered
Premium+ AR	V2750 V2755 EM/VSP	$150 ($135 + $15 BS UV)	Tier 3 + BS UV	Category D + BS UV (Lab Choice)	Tier IV	Ultimate	Premium AR 2
Premium BS AR	V2750	$110	Tier 2	Category C (Lab Choice)	Tier III	Ultra	Premium AR 1
Ray-Ban® (Ray-Ban® Sun AR UV)	V2750	$45	Standard	Not Covered	Tier I	Not Covered	Not Covered

Additional Coatings and Light Filters	VCode	Line Item Price
Backside UV	V2755	$15
Blue Light (VSP: LF)	V2799	$60
Polarization	V2762	$85
Solid tint	V2745	$25
Gradient tint	V2745	$30
Mirror	V2761	$90
Transitions® GEN S™	V2744	$142
Transitions® XTRActive®	V2744	$165
Transitions® XTRActive® Polarized™	V2744	$250 ($165 + $85 Polar)
Scratch Resistant Coating	V2760	

Add-Ons	VCode	Line Item Price
Deluxe Frame	V2025	
Oversize Frame (VSP 61 eye size or greater)	V2780	$15
Roll & Polish		$40
Polish		$25
Rimless Drill		$70
Balance Lens	V2700	
Deluxe Lens Feature	V2702	
Slab Off Prism	V2710	
Prism, per lens	V2715	
Oversize lens	V2780	

TeamVision

REFERENCE TOOLS

Exam and Diagnosis Codes

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

Diagnosis Codes	
Hyperopia	
H52.00	Unspecified Eye
H52.01	Right Eye
H52.02	Left Eye
H52.03	Bilateral
Myopia	
H52.10	Unspecified Eye
H52.11	Right Eye
H52.12	Left Eye
H52.13	Bilateral
Regular Astigmatism	
H52.229	Unspecified Eye
H52.221	Right Eye
H52.222	Left Eye
H52.223	Bilateral
Irregular Astigmatism	
H52.219	Unspecified Eye
H52.211	Right Eye
H52.212	Left Eye
H52.213	Bilateral

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