

VSP[®]



VSP[®] Provider Reference Manual

Check out the **Manuals** on **VSPOnline**.

Effective January 1, 2014

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WELCOME TO VSP

Welcome to VSP[®] Vision Care, the nation's leading eyecare health plan and largest not-for-profit vision benefits company in the United States. As a VSP Global[®] company, VSP has provided high-quality, cost-effective eyecare benefits designed to support and grow optometry since 1955. Partnering with a network of 30,000 doctors and over 60 million members, we continue to connect members to independent doctors, creating opportunities for them to prosper and deliver the best patient experience.

See what we can do together.

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SCOPE OF THE MANUAL

Use this manual in combination with your patient's Patient Record Report. If you participate in other VSP networks, we'll provide those manuals to you.

The **VSP Provider Reference Manual** contains guidelines for your partnership with VSP. The core sections and their contents are:

- **Eligibility and Authorization:** Processes for verifying patient eligibility for VSP coverage, determining which benefits apply, and submitting claims for reimbursement.
- **Plans and Coverages:** Covered services and administration of Vision Service Plan® eyecare plans.
- **Eye Exams:** Standard exam and supplemental test procedures for children and adults. Also includes processes for documentation requirements and referrals.
- **Dispensing and Patient Options:** Procedures for dispensing spectacle lenses and frames to patients. Also explains the use of contract labs and how to administer a necessary redo.
- **Client Details:** Specifics about benefits, coordination of benefits, and reimbursement.
- **Policies:** A listing of VSP's policies and procedures for quality management, reimbursement, office standards, advertising, and safety.

Tools for Locating Information

The **Table of Contents**, lists the main manual topics by section.

The **Glossary**, located in the back of the manual, provides an alphabetical listing of common terms used throughout this manual. A concise definition is provided for each term.

CONTACTING VSP

Contacting VSP by Phone

Service	Number	Notes
Provider Services	800.615.1883	<p>Representatives are available to answer questions from:</p> <p>Monday - Friday 5:00 a.m. to 8:00 p.m. PST Saturday - 7:00 a.m. to 8:00 p.m. PST Sunday - 7:00 a.m. – 7 p.m. PST</p> <p>You may also refer VSP members to vsp.com. After dialing, you'll be greeted by our Interactive Voice Response (IVR) system. After the salutation, you may reach a representative by selecting from the following options:</p> <p>Press 1: Eligibility and authorization information Press 2: All other inquiries</p>
Provider Relations	800.742.6907	<p>Provider Relations will answer the following questions.</p> <p>Press 2: Becoming a VSP Provider, revenue generating opportunities and training opportunities for doctors and staff.</p> <p>Press 3: Credentialing/ recredentialing and updating practice information.</p>
Member Services (Patients)	800.877.7195	<p>Representatives are available to answer questions from patients:</p> <p>Monday - Friday 5:00 a.m. to 8:00 p.m. PST Saturday - 7:00 a.m. to 8:00 p.m. PST Sunday - 7:00 a.m. – 7 p.m. PST</p> <p>You may also refer VSP members to vsp.com.</p>

Contacting VSP by Mail

Claims and Correspondence
VSP PO Box 997100 Sacramento, CA 95899-7100

Ordering Supplies and Forms

SHIPPING TIME

Most shipments will be sent UPS ground. Please allow the appropriate time for shipment. If you need faster delivery, please make note of the priority on your request.

ORDERING ONLINE

You may order supplies through **VSPOnline** on **eyefinity.com**.

ORDERING BY PHONE

Call the Provider Services Support Line at 800.615.1883.

ORDERING BY PHONE

Call the Provider Services Support Line at 800.615.1883.

SECTION 1: ELIGIBILITY AND AUTHORIZATION

DETERMINING A PATIENT'S ELIGIBILITY

Authorizing Coverage and Benefits

Before providing services, make sure your patient is eligible for benefits. This is known as getting an authorization. At that time, you'll learn your patient's plan, coverage, and current benefit eligibility. You'll also get a unique authorization number for your patient. **Remember:** an authorization number **doesn't** guarantee payment. We check all claims to confirm the patient's eligibility and that the services and materials provided meet our plan requirements before issuing payment.

Obtaining an Authorization Number

There are two ways to get it:

1. **eClaim:** Log onto **eyefinity.com**, go to the eInsurance tab or select **Get Authorizations & Check Eligibility** to access eligible plans.

Click **Member Search**. Enter any one of the following valid search combinations:

- Full Member ID only when the member ID is not the SSN.
- Last 4 SSN, member last name, and member first name.
- Last 4 SSN, member last name, member first name, and date of birth (DOB).
- Last 4 SSN, member last name, and DOB.

Quick Tip: Enter more information for best results.

Important! Make sure you choose the correct member and patient prior to issuing an authorization. If you're not sure which member to choose, call VSP at 800.615.1883 for assistance.

2. **Customer Service:** Call VSP at 800.615.1883. Select "1" to use our automated phone system. Or, you can talk with a Customer Service representative who'll check the patient's current eligibility, provide plan information, and issue an authorization number.

Important! Authorizations are usually effective for 30 days from the issue date. You'll receive an 'Invalid Authorization' error message in eClaim if you submit a claim for a date of service not within the effective dates. If this happens, obtain a new authorization valid for the date of service and resubmit.

When you contact us, please provide the following information:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Member and patient's name • Member and patient's DOB • Date of service | <ul style="list-style-type: none"> • Last 4 digits of the member's SSN or the full client-assigned ID number • Relationship to insured, if needed |
|--|---|

Understanding Your Patient's Coverage

Refer to the Patient Record Report or the Lens Enhancements Charges Report for an explanation of your patient's coverage.

Important! Before ordering or providing services, tell your patients that they're responsible for payment of non-covered services and materials.

Member Vision Card

VSP patients have the ability to access and/or print a Member Vision Card from vsp.com, and may provide a card when visiting your practice for services.

Note: A Member Vision Card isn't required for services.

While the card will provide basic benefit/plan information, please don't rely on it solely for benefit coverage information. You must verify your patient's eligibility and obtain an authorization on eyefinity.com. To view what information is available on the card, please refer to the [Member Vision Card Quick Reference Guide](#).

COORDINATION OF BENEFITS (COB) BETWEEN MULTIPLE VSP[®] PLANS

Some patients have more than one vision plan. In these situations, coordinating benefits will help your patients maximize their coverage and keep costs down. This section gives guidelines for coordinating benefits for your VSP Signature Plan[®] patients. You'll find guidelines for other plans under that plan's information in Section 2, **Plans and Coverages**.

Coordinate benefits when requested by your patients. This applies when your patient's coverage is with two VSP plans or when a non-VSP plan is primary and a VSP plan is secondary.

If your patient's VSP plan is primary and any other insurance plan is secondary, call VSP at 800.615.1883 to request a letter detailing your patient's out-of-pocket expenses that can be shared with the secondary insurer.

Determining Primary and Secondary Plans

Review the scenarios below to help determine your patient's primary and secondary plans, if your patient is covered under multiple plans and isn't a dependent child. If none of the scenarios fit, the plan that's covered your patient longest is primary.

Patient has	and	then
VSP coverage	the spouse has non-VSP coverage	the patient's VSP plan is primary.
VSP coverage	the spouse has VSP coverage	the patient's VSP plan is primary.
non-VSP coverage	the spouse has VSP coverage	the patient's non-VSP plan is primary. The spouse's VSP plan is secondary.
VSP and non-VSP coverage	none of the Coordination of Benefits Rules listed below apply	the plan covering your patient longest is primary.*
Medicaid coverage through VSP	has other coverage (through a health plan or Medicare)	Medicare or the other coverage is primary. The VSP Medicaid plan is secondary
one or more VSP plans	is not eligible for Medicare	the plan covering your patient longest is primary.*
VSP coverage as an active employee	VSP coverage as a retiree under another VSP plan	the active employee VSP plan is primary. The VSP retiree plan is secondary.
COBRA coverage (a continuation plan)	is active with another plan as an employee or dependent	the active employee or dependant VSP plan is primary. The COBRA VSP plan is secondary.
VSP coverage as a retiree	is active under a COBRA plan	the COBRA plan is primary. The retiree plan is secondary.

VSP coverage as a dependent of a retired employee	is an active employee in another VSP plan	the plan covering the patient as an active employee is primary. The VSP plan covering the patient as a dependent is secondary.
VSP or non-VSP coverage through self or spouse	is covered under parents' plan	patient's or spouse's plan is primary. Parents' plan is secondary.

Use the following chart if your patient is a dependent child with VSP coverage as primary and secondary.

Patient is	and	then
dependent child	the parents are NOT separated or divorced	The plan of the parent whose birthday is first in the year is primary.* If both parents have the same birthday, the plan that's covered a parent longer is primary.* If the other plan doesn't have a birthday rule, the gender rule applies (the father's plan is primary).
dependent child	the parents ARE separated or divorced with NO court decree	the custodial parent's plan is primary.* The plan of the custodial parent's spouse (if any) is secondary. Followed by the plan of the non-custodial parent, and then the plan of the non-custodial parent's spouse.
dependent child	the parents ARE separated or divorced WITH a court decree	the plan decreed by the court as primary is primary.* If the decree states both parents have joint custody without stating who's responsible for healthcare expenses, follow the birthday rule.

*Important! Obtain the length of coverage or custody information from your patient or member. Parental custody information may apply when determining coverage for a child.

Coordination of Benefits Rules

Before providing services to your patient, please obtain a **Patient Record Report** from **eClaim** on **eyefinity.com**. The Patient Record Report will highlight the rules from the following list that may apply to your patient's coverage and ability to coordinate benefits. Call VSP at 800.615.1883 if you have questions.

- **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.
- **COB rule 3:** If both members are covered by the same client, the secondary plan can be used to cover copays only, which will use all service areas.
- **COB rule 4:** This rule applies only when the patient has an insurance carrier other than VSP as primary. If both plans are through VSP, this rule doesn't apply. However, other

COB rules may still apply. COB reimbursement is calculated by subtracting what the primary carrier paid from what VSP would have paid as primary.

Here's an example:

Calculate the amount VSP would pay your practice if VSP was primary:	\$100
Subtract the amount paid by the primary insurance carrier:	- \$75
VSP will COB the patient's out-of-pocket expenses up to this amount:	<u> </u> = \$25

- **COB rule 5:** A married couple, or domestic partners, who are covered by the same client may coordinate benefits, but can't receive two sets of services.
- **COB rule 6:** COB isn't allowed for Computer Vision Care (CVC), Video Display Terminal (VDT), Repair, Safety Eyecare, or ProTec Safety benefit types.
- **COB rule 7:** A married couple, or domestic partners, who work for the same client may either use both of their benefit plans separately to receive two sets of services, **OR** COB their secondary benefits to pick up only the primary copays (using all services).
- **COB rule 8:** If a member's dependents have vision coverage through their own employment, coverage through that employment is primary. If dependents have coverage under Medicaid State Children's Healthy Insurance Program (SCHIP), there's no COB.
- **COB rule 9:** COB isn't allowed. Call VSP at 800.615.1883 for client exceptions and specific instructions.
- **COB rule 10:** A child covered under both parents' plans will always use the father's plan as primary.
- **COB rule 11:** Employees and dependents can use their second-pair coverage towards overages from their first-pair coverage.
- **COB rule 12:** If both members are covered by the same client, COB is allowed to cover out-of-pocket expenses only, but the patient can't receive two sets of services.

Determining and Applying Benefits

When a VSP plan is primary, apply benefits as you would in the absence of any other plan.

Quick Tip: If your patient isn't eligible for a service on the primary plan, the secondary plan may be used as primary for that service.

When a VSP plan is secondary, follow these steps:

1. Determine whether your patient has exhausted benefits under the primary plan.
2. Determine whether your patient is eligible for benefits under the secondary plan.
3. Determine the patient's out-of-pocket expenses from the primary plan.
4. Refer to the [Secondary Allowances](#) schedule to determine the COB amount for each service payable under the primary plan that is also available under the secondary plan. For patients with an Elective Contact Lens Benefit, refer to the Patient Record Report for the contact lens allowance.
5. Deduct total COB secondary allowance from patient's total primary out-of-pocket expense. Patient pays remaining balance.

Coordination of Benefits between VSP Benefit Types

Note: The primary and secondary plans must be under different ID numbers or different clients, unless there are special comment codes, or if COB rule 11 applies.

If the primary plan benefit type is	Then COB is allowed with the following plans as secondary.																	
	Not allowed	Access Indemnity	Advantage	Covered Contacts	Exam Only	Exam Plus and Choice Exam Plus	Exam Plus w/ Allowances and Choice Exam Plus w/ Allowances	Medicaid	Regional Network Plan	Second Pair	Signature	Choice	Value Plan	Value Exam Only	Value Exam Plus	Value Exam Plus w/Allow	LVC Preferred	Low Vision
Access	•																	
Access Indemnity		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Advantage		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Covered Contacts		•	•	•			•	•	•	•	•	•	•			•		
Exam Plus, Choice Exam Plus, and Advantage Exam Plus		•	•		•	•	•	•	•		•	•	•	•	•	•		
Exam Plus w/ Allowances, Choice Exam Plus w/ Allowances, and Advantage Exam Plus w/ Allowances		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
LVC Preferred																	•	
Low Vision																		•
Medicaid	•																	
Regional Network Plan		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Repair and Replace	•																	
Safety/Second Pair Safety	•																	
Signature		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Choice		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
Value Plan		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•		
VDT/CVC	•																	

Note: If your patients have plano coverage available on the primary benefit, they must have plano coverage available on the secondary benefit to coordinate both plans when receiving plano materials.

Submitting Coordination of Benefits (COB) Claims

WHEN VSP IS BOTH PRIMARY AND SECONDARY

Submitting the claim electronically:

- Get authorizations for both primary and secondary benefits.
- Submit the claim using the primary authorization. Mark “No” for question 11D on the “Diagnosis and Services” page.

IMPORTANT: Enter the secondary authorization number in the “VSP COB Secondary Authorization Number” field.

- Complete the Diagnosis and Services and Invoice Services pages as you normally would.

Submitting the claim on paper:

Write the primary plan’s authorization number in Box 23 and write “COB with ##### (secondary authorization #)” in Box 19, and submit the claim to VSP.

If materials are ordered, submit the claim form with a Materials Invoice Form to a contract lab. If no materials are ordered, send the claim directly to VSP at:

VSP
 PO Box 997100
 Sacramento, CA 95899-7100

COORDINATION OF BENEFITS SECONDARY ALLOWANCES

Eye exam	\$66	less secondary plan copays
Lenses	\$51	less secondary plan copays
Frame	\$76	less secondary plan copays

Secondary allowances are cumulative. The maximum secondary allowance available for exam, lenses, and frame services is \$193.

COORDINATION OF BENEFITS BETWEEN HEALTH PLANS AND VSP[®] PLANS

Determining Primary Coverage

If the exam is medical, bill the health plan or Medicare as primary. If the exam is routine, bill VSP as primary unless the patient has routine coverage through their health plan.*

*Patients covered under the Federal Employees Dental and Vision Insurance Program may have routine coverage through their health plan. For more information, check the Federal Government Client Details in the Choice Network Manual.

Health Plan or Medicare as Primary Coverage

If the health plan covers the exam only, submit the exam claim to the health plan as primary and the materials claim to VSP as primary. Medical plans typically have higher copays than VSP and may have deductibles. They also don't typically pay for refraction. To save money for your patient, coordinate benefits with VSP to cover the unpaid portion of the exam, if any, including the refraction.

SUBMITTING THE CLAIM

- Coordinate benefits between the health plan and VSP for the exam/refraction. Tell your patient that coordinating benefits will exhaust their VSP exam benefit for the eligibility period, but will save them money.
- Submit the claim to the health plan carrier for the exam and refraction. Be sure to include a refractive diagnosis for the refraction and the appropriate diagnosis for the exam, based on your professional opinion.
- For us to consider payment, the CPT code(s) billed to the primary carrier must include an appropriate exam code plus a routine or refractive diagnosis code for the refraction. Indication of post-cataract with the diagnosis code of V43.1 will preempt the requirement for a routine or refractive diagnosis code for clients that offer a post-cataract material benefit to their members through VSP.
- We'll pay up to the secondary exam allowance, but not more than the patient's out-of-pocket expense.

For Paper Claims

- When you receive payment from the health plan, send a copy of the original CMS-1500 form showing the exam and refraction services submitted to the health plan, along with the Explanation of Payment or Explanation of Benefits from the health plan, to VSP. Don't send a summary.

For Electronic Claims

- When you receive payment from the health plan, keep a copy of the original CMS-1500 form showing the exam and refraction services submitted to the health plan, along with the Explanation of Payment or Explanation of Benefits from the health plan/Medicare, in the patient's file.

Follow these instructions:

- Provide the same diagnosis, exam, and refraction codes from primary claim
- Select **Yes** (box 11d) there is another health benefit plan for eyecare. This will open a new section. Be sure to leave the field for **Secondary Authorization Number** blank
- Skip the **Additional Information Detail** section (boxes 10, 15 – 18, 22 & 23). This section isn't needed.
- Complete the **Other Insured** section as below:
 - Enter "Same" in box 9
 - Enter "NA" in box 9a
 - Enter primary health plan in box 9d
- Click "Calculate and Continue" at the top left
- List amount paid by primary carrier(s) in box 29
- Enter this exact language in box 19: "secondary COB claim patient resp \$XX.XX"
(Indicate the dollar amount of the patient's responsibility in place of the XX.XX)

[Download our step-by-step guide to filling out your claim electronically.](#)

SUBMITTING CLAIMS/TIMELINESS

In most cases, we process claims that are received within 180 days of the date of service. Please note that when glasses are ordered, we won't receive a claim until the lab finishes the order and submits the claim to VSP.

Remember to bill your U&C fees on **all** claims. We'll pay the lesser of the billed amount or your assigned fee. To confirm claim status, visit eyefinity.com, or call VSP at 800.615.1883.

A "clean" claim is a claim that can be processed without additional information from you, your patient, or someone else. If a doctor is under investigation for potential fraud and/or abuse, the claims they submit won't be considered clean claims.

Dates of Service

When we request dates of service, we're looking for:

Exam: the date you performed your patient's eye exam.

Glasses: the date your patient ordered their glasses.

Contacts: the date the contact lens fitting and evaluation started. If you didn't perform a contact lens fitting and evaluation, use the date when contact lens materials were ordered by your patient.

Your Responsibility for Accuracy

It's **your** responsibility to get an authorization and ensure the information is accurate. Payment could be delayed if you submit a claim without an authorization number. An incorrect authorization number could result in claim denial and/or you may incur lab charges. Authorization numbers can't be transferred between claims.

When submitting claims, please complete all fields to accurately show the services you provided.

Important! You're responsible for all claims submitted by you, your employees, and agents of your practice.

Please remember you can't disclose any information about your patient to any other person or organization without the written consent of your patient, legal guardian, parent, or his/her authorized representative unless:

- your patient is unable to give written consent, or
- state or federal law requires disclosure.

Encounter Data Reporting

Standard procedure requires you to collect and report encounter data, which is specific patient information that serves the purposes stated below:

- Supports the role of optometrists as healthcare providers.
- Meets reporting guidelines required by regulatory agencies.
- Documents the efficiency, quality, and cost effectiveness of care provided.
- Demonstrates the value of vision care in treating and managing diseases, as well as maintaining overall good health.

Eye Health Management Program Data Requirement

The VSP Eye Health Management Program focuses on early detection and aids in the treatment and coordination of care for eye and related health conditions. It integrates data collected through VSP providers with the healthcare system in a HIPAA-compliant manner.

Doctors are required to report Eye Health Management patient conditions through eClaim on **eyefinity.com**, practice management software, or paper claims. Eye Health Management reporting is monitored as part of the Quality Assurance (QA) Program and results are provided in the QA Review Summary.

When you report patient conditions, VSP can demonstrate to clients, health plans, and disease management companies the full scope of services that you provide, and reinforce the role of vision care as a key component of a wellness program. VSP also helps health plans to increase their quality ratings by demonstrating that members with diabetes are receiving annual dilated retinal exams. VSP also uses this information to direct patients with diabetes back to your office annually for their dilated eye exam.

The Patient Record Report also includes Eye Health Management information and links to patient education fliers for patients with diabetes, hypertension, or high cholesterol. Use this information to educate your patients and demonstrate that your role in their care may include more than an annual eye exam.

REIMBURSEMENT OPPORTUNITY

By reporting chronic health conditions to VSP, we'll reimburse you for the additional education and services you provide to patients.

For each patient identified, you can earn:

- \$5 for reporting diabetes and/or diabetic retinopathy.
- \$2 for reporting hypertension and/or high cholesterol.

Note: Payment won't exceed \$5 and isn't cumulative. If a \$5 condition and a \$2 condition are checked, then \$5 is paid. If two \$2 conditions are checked, \$2 is paid. The patient's medical record must include the applicable condition that is submitted on a claim.

Patient condition reporting just got easier. Follow these three simple steps.

- Before seeing the patient, print the Patient Record Report or place an Eye Health Management sticky note on each patient file.
- During the exam, check the appropriate patient condition box(es) on the Patient Record Report or an Eye Health Management sticky note.
- When submitting a claim, check the appropriate box(es) or enter diagnosis codes, using the information on the Patient Record Report or an Eye Health Management sticky note.

Note: The Patient Record Report now includes an Eye Health Management section, making it even easier to collect and report patient conditions.

CHECK THE APPROPRIATE BOXES IN eCLAIM.

Patient Conditions

Check the patient's conditions (diabetes, diabetic retinopathy, hypertension, high cholesterol) using the check boxes on eClaim or diagnosis codes. Report glaucoma, age-related macular degeneration, and other conditions using diagnosis codes.

Quick tip: if you enter an equivalent diagnosis code, eClaim will check the box for you.

For all practice management systems, including OfficeMate®/ExamWRITER, you can report patient conditions using one or more of the applicable ICD-9 diagnosis codes.

Dilation

Choose Yes or No in the drop-down menu in eClaim when asked if dilation was performed. If dilation is not performed for a patient with diabetes, be sure to document the clinical rationale in the patient's medical record.

Primary Care Physician (PCP) Communication

Choose Yes or No in the drop-down menu when asked if the PCP Communication was completed. If you did not communicate with the PCP for a patient with diabetes, be sure to document the reason in the patient's medical record.

Claim Submission

Reimbursement will apply to all VSP Signature Plan® and VSP Choice Plan® claims that include a WellVision Exam® from a VSP Network doctor and one or more reported patient conditions.

Additional reimbursement applies to VSP Signature Plan® and VSP Choice Plan® claims only that are billed with one of the following exam codes: 92002, 92004, 92012, 92014, S0620, or S0621.

For more information on Eye Health Management visit **VSPOnline** at **eyefinity.com**, go to Programs, and click Eye Health Management Program.

Submitting a Claim Electronically

GLASSES

- Complete the Invoice Services page first to provide the material order details.
- Select a VSP contract lab.
- Click on Calculate HCPCS & Continue.
- Enter additional diagnosis codes for any other medical conditions.
- Select the appropriate patient condition checkbox(es).
- Complete the Diagnosis & Services page by entering your U&C fees next to the correct CPT/HCPCS code.

CONTACT LENSES

- Select the type of contacts dispensed.
- Select the contact lens reason (see Contact Lens Plans in the “Plans & Coverages” section of this manual).
- If contact lens exam services (fitting and evaluation) were performed, include this in the correct drop-down box.
- Click on Calculate HCPCS
- Enter additional diagnosis codes for any other medical conditions.
- Select the appropriate patient condition checkbox(es).
- Complete the Diagnosis & Services page by entering your U&C fees next to the correct CPT/HCPCS code.

FLEXIBLE SPENDING ACCOUNT (FSA)

Some of our clients have asked us to collect and report patients' total FSA eligible out-of-pocket expenses to their flexible spending account vendors. For these patients, the Patient Record Report will indicate, “This patient may participate in a Flexible Spending Account (FSA) program.”

You'll also notice a field titled FSA on eClaim to collect the patient's total FSA out-of-pocket expenses. This amount includes both the VSP out-of-pocket charges you calculated in Box 29 and any eligible charges for non-covered items you do not include on the VSP claim (like second pairs and contact lens solution). Report the total for the FSA after the secondary COB payment has been deducted from the patient's primary out-of-pocket charges.

Here's a list of common FSA eligible expenses, which is subject to change based on IRS regulations:

- Copays

- Lens enhancements
- Frame overages
- Contact lens overages
- Contact lens solution
- Additional prescription glasses not covered by the benefit
- Prescription sunglasses not covered by the benefit
- Plano sunglasses not covered by the benefit (if deemed medically necessary by the doctor)

Here's an example to help you calculate what should be entered in the FSA box for a patient who uses VSP benefits for glasses and pays for contact lenses, contact lenses services, and solution privately:

VSP copay	\$20
Frame overage (VSP prescription glasses)	\$50
Box 29: Total VSP Patient out-of-pocket expenses	\$70
85% of contact lens exam services (fitting and evaluation) -- private pay	\$100
Contacts (private pay)	\$150
Contact lens solution (private pay)	\$20
Total non-VSP out-of-pocket expenses	\$270
+ Total VSP out-of-pocket expenses (calculated above)	\$70
TOTAL eligible FSA (reported in FSA box)	\$340

Submitting a Claim on Paper

We primarily use two paper claim forms: the CMS-1500 form and the VSP Materials Invoice form. Please refer to the [CMS-1500 Claim Form Quick Reference Card](#) and the [Materials Invoice Quick Reference Card](#) in the Tools & Forms section of this manual for instructions on completing these forms, including where to enter the Authorization Number and/or the Materials Verification number.

USING THE CMS-1500 FORM

Refer to the [CMS-1500 Claim Form Quick Reference Card](#) for detailed instructions. **We will only accept original, red copy CMS-1500 forms. Photocopies or faxed forms will be rejected.**

To expedite processing when submitting CMS-1500 claims, be sure to:

- Check that all patient information is complete and correct.
- Check that Boxes 12 and 13 have correct signatures or indicate a signature is on file.
- Use valid, complete diagnosis codes (some ICD-9-CM codes require fourth or fifth digits).
- Enter additional diagnosis codes for any other medical conditions your patient may have.
- Enter the correct place of service in Box 24B.
- Include a letter in Box 24E that "points" to the appropriate diagnosis in Box 21.

- Include doctor NPI in Box 24J if multiple doctors are using the tax ID in Box 25.
- Complete Box 32 with a physical address, not a PO Box.

Mail completed claim forms to:

VSP
PO Box 997100
Sacramento, CA 95899-7100

CMS PLUS MATERIALS INVOICE (CMS-PLUS)

If a plan requires the use of a contract lab, and you dispense lenses and/or frames to an eligible patient, use a Materials Invoice Form with the CMS-1500 Claim Form. If you don't use a contract lab, or if you provide only an exam or dispense contact lenses, submit only the CMS-1500 Form.

If you need to submit a Materials Invoice Form with the CMS-1500 Form:

1. Complete both forms.
2. Attach the two completed forms.
3. Send both claim forms to the lab. (The lab will forward the claim to VSP for payment after the glasses have been made)

CONTRACT LAB ORDERS

The lab will fill orders that contain lenses and frames, and forward the claims to us for payment.

If the lab contacts you about a missing or incomplete CMS-1500 Claim Form, submit a completed form to the lab as soon as possible. If a completed form isn't received within 10 working days of initial notification, the lab can't fill your order and will return the Materials Invoice Form to you.

It's your responsibility to check patient eligibility for materials and to correctly complete the forms. If a material claim is denied payment, any materials you order will be billed to you, and you'll be responsible for paying the lab.

In most cases, we process claims that are received within 180 days following the date of service.

Remember: when lenses and frames are ordered, we don't get the claim until the lab completes the order and submits the claim to us.

MATERIALS CODES ON CMS-1500 FORM

It's important that you list any materials sold (lenses, frames, and lens enhancements), with the appropriate V code, on the CMS-1500 Claim Form as we'll reimburse you only for services listed on the CMS-1500 Form. The information provided on the Materials Invoice Form is only for lab use. The following are samples of Comment Codes and the appropriate forms and actions:

CMS-1500 Form Comment Codes and Claim Filing Actions

Comment Code	Billed Service(s)	Type of Form(s)	Submit to
L064	Exam	CMS	VSP

L064	Exam and CL	CMS	VSP
L071	Any Service	CMS	VSP
L083	Exam w/ Lenses and/or Frame	CMS + Materials Invoice	Contract lab

CLAIM APPEALS

To check the status of a claim, call VSP at 800.615.1883 or access eyefinity.com.

For claim corrections, such as a diagnosis code, billed amount or service code, call VSP at 800.615.1883 or complete the claim correction form on eyefinity.com.

To dispute or appeal a claim based on a claim denial or dissatisfaction with a claim payment, you may challenge the claim denial or adjudication by filing a claim dispute or appeal.

Your Responsibility

VSP considers you to be authorized to act on behalf of your patient in pursuing appeals of denied claims. It's your responsibility to:

- Inform patients of their right to appeal a claim denial.
- Explain the appeal process to your patients.
- Get your patients' approval to act as their authorized representative in the appeal process. If your patients don't agree to you representing them in the appeal process, please direct them to contact VSP Member Services at 800.877.7195.

Appeal Process

Submit appeals online, by mail, or by phone. Incomplete appeals will be returned.

A sample [Provider Dispute Resolution Request](#) form is provided in the Tools & Forms section of this manual. If you prefer to submit a written appeal without using the form, please include the following information with your written appeal:

- Your name and Payment Arrangement ID number
- Your contact information
- Original claim number (listed on the Explanation of Payment)
- Supporting documentation

You can appeal multiple "like" denials (i.e., numerous claims denied for untimely filing) at the same time by using the [Multiple Provider Dispute Resolution Form](#) with the [Provider Dispute Resolution Request](#).

For most states and plans, appeals must be submitted to us within 180 calendar days from the date of the Explanation of Payment. See state and plan exceptions for specific timeframes and rules.

- **Online:** Complete the [Provider Dispute Resolution Request Form](#) available in the **Forms Library** under **Administration** on **VSPOnline** on **eyefinity.com**.
- **Mail:** Send appeals to: VSP Claim Appeals, PO Box 2350, Rancho Cordova, CA 95741-2350.
- **Phone:** Call VSP at 800.615.1883

We'll review your appeal and send a written response within 30 calendar days for most states and plans. Should the initial denial be upheld, you have the right to pursue a second-level appeal. Second-level appeals must be received within **60 calendar days** from the date of the letter stating that the appeal has been denied. Follow the same process listed above to submit second-level appeals.

Appeal rights for Medicaid patients also include state-specific, fair-hearing processes. Appeal timelines may vary by state. Please check your state's specific instructions for these processes.

ARIZONA

Arizona Medicaid has unique requirements. For more information, see [Submitting Claims/Billing, Reimbursement, & Appeals](#) section in the **Arizona Medicaid Manual**.

CALIFORNIA

Important! The following appeal information applies to HMO plan members only.

Mail appeals for health plan members may be submitted to us within 365 calendar days from the date of the denial. We'll review your appeal and send a written response within 45 calendar days.

NEW JERSEY

Appeals submitted from providers in New Jersey must be received within 90 calendar days. We'll review your appeal and send a written response within 10 business days from the date of receipt of all information needed to process the appeal.

Our internal second-level appeal is optional for New Jersey doctors. Following state law, New Jersey doctors have the right to use an external second-level appeal after participating in our first-level appeal process.

If you choose this option, we'll share the cost of the arbitration equally. To initiate this process, submit the appeal in writing to an independent arbitrator listed with the American Arbitration Association at: 1633 Broadway, 10th Floor, New York, New York 10019, and send a copy to us at: VSP Claim Appeals, PO Box 2350, Rancho Cordova, CA 95741-2350.

Here is additional contact information if you need additional information:

American Arbitration Association

Customer Service: 800.778.7879, 212.716.5800, Fax: 212.716.5905

Web site: www.adr.org

E-mail: websitemail@adr.org

Employee Retirement Income Security Act (ERISA) Patient Rights

ERISA is a federal law that sets minimum standards for most voluntarily established pension and health plans in private industry to provide protection for people covered under these

plans. If your patient's employer pays for all or part of the patient's benefits, the patient has additional appeal rights mandated by ERISA.

Under this law, patients can get copies of all documents, records, and other information relevant to their appeal free of charge.

Once all mandatory appeals have been completed, ERISA patients may have other voluntary alternative dispute resolution options, such as mediation. Your patients may refer to their Evidence of Coverage (EOC) or Standard Plan Description (SPD), contact their local U.S. Department of Labor Office or their State Insurance regulatory agency to find out what's available.

ERISA patients have the right to contest the decision of the appeal process. Under ERISA Section 502(a)(1)(B), patients have the right to bring civil actions. This right can be exercised when all required reviews of their claims (including the appeal process) have been completed, the claim wasn't approved (in whole or in part), and a patient disagrees with the outcome.

Vision Benefit Statement

Some clients require VSP to provide their members with a Vision Benefit Statement (VBS) instead of the current VSP Savings Statement. The VBS provides patients with a summary of the amount they have been charged for the services received and will also provide any denial procedures directly to the patient. If a client requires VSP to provide a VBS, the Patient Record Report will state: Patient will receive Vision Benefit Statement (VBS) directly from VSP; a VSP Savings Statement will not be available.

View a sample of the [Vision Benefit Statement](#).

SECTION 2: PLANS AND COVERAGES

VSP SIGNATURE PLAN[®]

Enrollment/Doctor Participation

All VSP doctors are part of the VSP Network.

Eligibility & Authorization

COPAYS

Copays are indicated on the Patient Record Report when you receive an authorization. There are two types of copays:

- **Exam and Materials:** Separate copays are applied to the exam and to the materials. Exam and Material copays are collected as the service is provided. For example, if you provide an exam on the patient's first visit, and materials on a subsequent visit, collect the exam copay at the first visit and materials copay(s) at the second visit.

- **Total:** A one-time copay is applied to the first service received.

Total copays are collected in full when the patient's first service is received. If all services are not provided on the first visit, collect the copay on the first visit and do not collect a copay for any subsequent visits during the same benefit period. Please do not split authorizations when the patient has a total copay unless necessary. If the authorization was split, please follow these guidelines:

- If the same office uses split authorizations, collect a total copay only on the patient's first service.
- If a patient receives an exam through one doctor and materials through another, the copay would apply to the first service received (typically the exam), and a copay would not apply to the materials.

Note: You may not waive copays.

Exam Coverage

Fully covered comprehensive eye exams are generally available to the patient once every 12 or 24 months, calculated on a service year, calendar year or fiscal year basis. Refer to [Eye Exams](#) for levels of service.

Materials Coverage

Coverage typically includes necessary prescription lenses and a frame up to a client-specified wholesale/retail allowance, or an allowance toward contact lenses. Please review the Patient Record Report for complete coverage details before providing materials.

Patients are also eligible for established benefits on additional services and materials (see [Value-Added Benefits](#), below).

LENSES

- Single vision, bifocal, trifocal, or lenticular lenses in glass or plastic.

- Eye sizes up to and including 60mm.
- Lined multifocal lenses in all segment widths, including occupational lenses. See the [Dispensing & Patient Lens Enhancements](#) section for specific details on occupational lenses.
- Prism and slab off.
- Base curves (regardless of curve).

Note: VSP only covers lenses that meet the minimum prescription criteria. Lenses that do not meet VSP's minimum prescription criteria are considered to be plano lenses. Plano lenses, including plano sunwear, are not considered to be covered materials, unless the patient is eligible for such materials under their plan benefit coverage.

VSP's minimum prescription criteria:

The combined power in any meridian is ± 0.50 diopters or greater in at least one eye or one of the following exceptions occurs:

- Necessary prism of 0.50 diopters or greater in at least one eye
- Anisometropia is 0.50 diopters or greater
- Cylinder power is ± 0.50 diopters or greater

If the patient chooses a lens enhancement covered with a copay, charge the patient either the copay shown on the [VSP Signature Plan Lens Enhancements Chart](#) or your U&C fee, whichever is lower, or the client-specific copay indicated on the patient's Lens Enhancement Charges Report. (See [Patient Lens Enhancements Fees Instructions](#) for information on determining your U&C fee for lens enhancements.)

FRAMES

Note: VSP only covers frames when the lenses meet VSP's [minimum prescription criteria](#), unless the patient is eligible for plano lenses under their plan benefit coverage. Most VSP Signature Plan patients who've had laser correction surgery may use their frame benefit for plano sunglasses.

Most VSP plans provide a blended wholesale/retail allowance toward the purchase of a new frame. Patients may also use a serviceable existing frame.

Frame overages: The amount the patient pays varies among plans. Please review the patient's coverage and refer to [Providing Frames](#) for more information.

CONTACT LENSES

Many clients provide coverage for contact lenses in lieu of prescription glasses. To be eligible for contact lens coverage, a patient must usually first be eligible for eyeglasses. Refer to the [Contact Lens Benefits](#) in this section.

LAB

The VSP Signature Plan does not cover fabrication or supply of lenses from your office. Covered lenses dispensed to VSP patients must be fabricated entirely by a participating VSP Lab or VSP contract lab (unless you are providing a Doctor In-Office Lens Enhancements or there is an emergency).

Submitting Claims/Billing & Reimbursement

- You may bill WellVision Exams® using S0620 (routine ophthalmological examination, including refraction, new patient) or S0621 (routine ophthalmological examination, including refraction, established patient). Be sure to complete a comprehensive exam when using these codes, VSP pays at the comprehensive level.
- If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.
- All WellVision Exams should be billed with the appropriate refractive diagnosis code; materials must be billed with the appropriate refractive disorder diagnosis code.
- Enter additional diagnosis codes if other medical conditions exist.
- Bill non-covered materials on a private invoice, even if a VSP contract lab is used. Non-covered lenses may be fabricated at any lab of your choice, including in-office labs.
- When billing progressive lenses remember to bill your U&C fee on two lines, one for the base bifocal lenses and the second for the progressive add-on.
- For Post-Lasik patients only: When billing plano sunglasses for VSP Signature Plan members:
 - Bill as frame only (don't include lenses). The patient is responsible for the cost of lab supplied plano lenses and lens enhancements.
 - Indicate "frame only" in the box.
 - Document your patient's LVC history in their medical file.

Value-Added Benefits

The Value-Added benefits below are considered a private transaction between you and the patient. The patient is fully responsible for the payment of any additional items.

EXAM SERVICES

Deduct 20% on additional eye exams, including if only a refraction is performed.

MATERIALS

Under the VSP Signature Plan, patients are eligible for additional materials at 70% U&C when they purchase a complete pair of glasses, including plano sunglasses, on the same day as their eye exam from your office. If a patient purchases a complete pair of glasses, including plano sunglasses, within 12 months of the exam, charge 80% U&C.

For all other plans, charge 80% U&C for additional materials when a complete pair of glasses, including plano sunglasses, is dispensed within 12 months of the exam.

Benefits should:

- be based on your total U&C fee,
- be unlimited for 12 months on or following the date of the last covered eye exam,
- be available through a VSP Network Doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of your U&C fee,
- apply to prescription and non-prescription lenses,
- not apply to cleaning products or repairs of prescription lenses or frames.

Note: If eligible for lens only or frame only and a complete pair of glasses is purchased, charge 80% of U&C for the non-covered material.

CONTACT LENS SERVICES

Charge 85% of U&C on all elective, and replacement contact lens services. The benefit:

- is subtracted from your U&C fee for evaluation/fitting services;
- is unlimited for 12 months on or following the date of the covered eye exam;
- is available only through a VSP Network Doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at 80% of your U&C fee;
- does not apply to materials, solutions, cleaning products, and service agreements.

RETINAL SCREENING VALUE ADDED FEATURE

- Patients are eligible for routine retinal screening as a value added feature to complement their WellVision Exam[®] benefit.
- Please see the [Retinal Screening section](#) on the **VSP Manual** for more information.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome, Custom PRK, or IntraLase.
- Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP network doctors. Most VSP Signature Plan patients who've had laser correction surgery can use their frame benefit for plano sunglasses.
- If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price.
- Please see the **Laser VisionCare Program** section under **Programs** on **VSPOnline** for information on how to participate or for a list of participating facilities.

DIABETIC EYECARE PROGRAMSM

- The Diabetic Eyecare Program provides medical eyecare services for members with type 1 diabetes.
- Diabetic Eyecare is available to eligible members with a VSP Signature Plan[®] who don't already have VSP Primary EyeCare services.
- Please see the [Diabetic Eyecare ProgramSM](#) section for more information.

DIABETIC EYECARE PLUS PROGRAMSM

- The Diabetic Eyecare Plus Program provides medical eyecare services for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease.

- Diabetic Eyecare Plus is available to eligible members with a VSP Signature Plan® who don't already have VSP Primary EyeCare services.
- Please see the [Diabetic Eyecare Plus ProgramSM](#) section for more information

CONTACT LENS BENEFITS

VSP patients may have the following [contact lens benefits](#):

- **Contact Lens Exam Copay with Materials Allowance:** The routine eye exam is covered. Your patient has a not-to-exceed patient copay toward contact lens exam services (fitting and evaluation, or F&E) and a separate allowance for contact lens materials.
- **Exam And (Combined Contact Lens Allowance):** The routine eye exam is covered. Your patient has a combined allowance toward contact lens exam services (fitting and evaluation) and materials.
- **Total Allowance:** Your patient has a single allowance for the routine eye exam, contact lens exam services (fitting and evaluation), and materials.
- **Visually Necessary Contact Lenses:** With an approved diagnosis, your patient is covered for visually necessary contact lenses. See [Visually Necessary Contact Lenses](#) in this section for specific benefit coverage criteria.
- **Covered Contact Lenses:** Your patient is covered after a copay for contact lens exam services (fitting and evaluation) and an annual supply of contact lenses.

Note: For Visually Necessary Contact Lenses and Covered Contact Lenses, VSP will only cover an annual supply of materials based on the manufacturer's replacement schedule. No additional contact lens materials may be billed to VSP through additional VSP plans/coverage's the patient may have.

This rule also applies to Elective Contact Lens patients when the allowance exceeds an annual supply of contact lens materials based on the manufacturer's replacement schedule.

You may only coordinate benefits up to the annual supply of contact lens materials if plans permit. See [Coordination of Benefits Between Multiple VSP® Plans](#) in the VSP Manual.

Contact lens exam services are also known as the contact lens fitting and evaluation. These services are separate from the WellVision Exam and should be dispensed only to patients who wear or want to wear contact lenses and specifically request a contact lens exam.

Eligibility & Authorization

You can find client-specific exceptions in the special comments section of the Patient Record Report.

Copays

Contact Lens Exam Copay with Materials Allowance: Your patient pays an exam copay if you provide WellVision Exam. Your patients who request a contact lens exam pay a contact lens exam services (fitting and evaluation, or F&E) copay or 85% of your U&C fees, whichever is less. There is no copay for contact lens materials, which are covered under a separate allowance.

Exam And (Combined Contact Lens Allowance): Your patient pays an exam copay if you provide a WellVision Exam. There is no copay for contact lens materials.

Total Allowance: No exam or materials copay is required if materials are purchased on the same date of service. The exam copay may apply if the WellVision Exam is given on a different date of service.

Covered Contact Lenses: Your patient pays the contact lens copay.

Materials and Services Coverage

EXCLUSIONS

Some materials aren't covered under VSP's contact lens benefits. There are no benefits for professional services or materials connected with the following:

- Corneal refractive therapy or orthokeratology (under the Covered Contact Lens benefit). Under the Elective Contact Lens benefit, the contact lens materials allowance can be used toward the cost of corneal refractive therapy or orthokeratology; however, any costs for contact lens exam services (fitting and evaluation) are a private matter between your office and the patient.
- Replacement of lost or damaged lenses
- Modifications of lenses
- Artistically painted lenses
- Routine maintenance such as polishing, cleaning, etc.
- Refitting after the initial (90-day) fitting period
- Insurance policies or service agreements
- Plano (non-prescription) lenses or lenses that don't meet our minimum prescription requirement
- Plano lenses to change eye color cosmetically
- More office visits to treat contact lens pathology
- Solutions and other contact lens supplies
- Bandage contact lenses aren't covered under VSP® plans, but can be billed under Primary EyeCare for eligible patients. See [VSP Primary EyeCare PlanSM](#) in this section.

Visually Necessary Contact Lenses

Contact lenses are covered in full for patients meeting the established conditions below. Those patients must be eligible for materials on the date of service. Coverage is limited and may require special handling to ensure proper reimbursement. Exam and material (prescription lenses and frame) copays for contact lenses apply unless otherwise specified.

Note: If piggyback lenses are needed, see the [Piggyback Lenses Benefit](#) below.

Benefit Coverage Criteria

- Aphakia—379.31 or 743.35
- Nystagmus—379.50 through 379.56, 386.11, 386.12 or 386.2
- Keratoconus—371.60, 371.61, 371.62, 743.41, or 743.42
- Aniridia—743.45
- Corneal transplant—V42.5
- Hereditary corneal dystrophies—371.50 through 371.58
- Anisometropia greater than or equal to 3.00 diopters difference based on the spectacle prescription as of 7/11/2012. For dates of service prior to 7/11/2012, 2.00 diopters difference.
- High ametropia greater than or equal to ± 10.00 diopters in either eye based on the spectacle prescription.
- Please see [Visually Necessary Contact Lens Specialty Maximums](#) below for a complete listing of covered diagnosis codes.

Note: Irregular Astigmatism (ICD-9 code 367.22) billed in the primary position as the chief medical complaint does not meet NCL coverage criteria. Irregular astigmatism is a condition caused by other underlying disorders

TO SUBMIT NECESSARY CONTACT LENS CLAIMS THROUGH ECLAIM FOR THESE CONDITIONS:

Select Necessary Contact Lens as the Contact Lens Reason. Indicate the appropriate ICD-9 diagnosis code and/or spectacle prescription verifying the condition. For anisometropia and/or high ametropia, enter the spectacle prescription on the lab invoice for verification purposes. Not all conditions can be verified on Eyefinity. See [Submitting Claims](#) for additional instructions.

Note: To change the lens type, submit the change within 30 days from the original contact lens claim submission date.

SCLERAL LENSES

Bill scleral lenses using HCPCS V2530 or V2531. Please note that hybrid contact lenses are not scleral lenses and will not be reimbursed as sclerals. Bill hybrid lenses using V2599.

When submitting a claim using V2530 or V2531, you must provide the following information in Box 19:

- Type of lens – Scleral
- The scleral lens manufacturer/brand

If this information is missing or incomplete, it will result in claim reimbursement at the V2599 rate, whichever is lower.

HYBRID AND PROPRIETARY LENSES

Use V2599 for hybrid lenses, as well as proprietary lenses that do not have specific HCPCS codes.

When submitting a claim using V2599, you must provide the following information in Box 19:

- Type of lens (e.g., hybrid contact lens, Rose K™)
- The lens manufacturer/brand

If the information is missing or incomplete, it will result in claim reimbursement at the V2510 rate.

PIGGYBACK LENSES BENEFIT

Piggyback lenses are a covered benefit for patients meeting one of the conditions above, and who aren't able to tolerate rigid gas permeable contact lenses. This requires the use of soft contact lenses and rigid gas permeable contact lenses, in the manner of a piggyback fitting.

When submitting a claim for piggyback lenses, you must provide the following information in Box 19:

- Piggyback lenses

SPECTACLE LENSES TO WEAR OVER CONTACTS BENEFIT

Contacts with spectacle lenses to wear over contacts are covered benefits for patients with the following conditions:

- Aphakia—379.31 or 743.35
- High ametropia—10.00 diopters or greater
- Presbyopia—367.4
- Pseudophakia—V43.1
- Accommodative disorder
- Binocular function disorder
- Different prism requirements for distance and near vision

A prescription is required for the lenses. Plano lenses aren't a covered benefit.

When your patient qualifies for spectacle lenses to be worn over contact lenses, request the spectacle lenses claim number at the same time or within 30 days of the contact lens claim submission date. For patients with keratoconus, request a claim number for spectacle lenses to be worn over contact lenses within 12 months of the contact lens claim submission date. Frames are a private transaction between you and your patient.

If your patient meets the benefit criteria for visually necessary contact lenses above and also requires spectacle lenses to wear over the contacts, please verify that the above criteria is met, and call VSP at 800.615.1883 to obtain a claim number. Please have the relevant criteria information available when calling.

SUBMITTING CLAIMS

Request a case number when your patient meets the benefit coverage criteria above, but you can't submit your claim through eClaim at eyefinity.com. To get a case number so you

can submit your claim through eClaim, complete a **Materials Verification Form**, which must include at least one of the qualifying criteria listed above. Put your case number in Box 23.

Fax the **Materials Verification Form** to us at 916.851.4733. Or mail them to VSP, PO Box 997100, Sacramento, CA 95899. You can find the form on VSPOnline on eyefinity.com or in the Tools and Forms section of this manual.

Reimbursement for Visually Necessary Contact Lenses

An annual supply of contact lenses is covered in full for patients meeting the stated benefit criteria. We'll reimburse you:

- Your assigned fee for the examination
- Allowed amount for the type and quantity of contacts provided (85% of your U&C fee for the contact lens exam services, including fitting and evaluation plus U&C fee for contact lens materials)

Don't balance bill your patient. Exam and material (spectacle lenses and frame) copays apply unless otherwise specified.

Covered and Base Visually Necessary Contact Lens Maximums			
HCPCS	Annual Replacement¹	Planned Replacement¹	Daily Replacement¹
V2500*	\$251	—	—
V2501*	\$385	—	—
V2502*	\$491	—	—
V2503*	\$405	—	—
V2510*	\$450	—	—
V2511*	\$650	—	—
V2512*	\$750	—	—
V2513*	\$500	—	—
V2520	\$375	\$525	\$750
V2521	\$525	\$650	\$810
V2522	\$537	\$650	\$1000
V2523	\$475	\$600	\$625
V2530*	\$499	—	—
V2531*	\$987	—	—
V2599**	\$1,150	\$1,500	—
Piggyback	\$1,150	\$1,500	—

¹Annual Replacement is 1-2 units. Planned Replacement is 3-360 units. Daily Replacement is 361+ units.

*These services shouldn't be billed for more than 2 units. If billed with higher unit counts, we'll pay up to the Annual Replacement lens maximum.

**These services shouldn't be billed for more than 360 units. If billed with higher unit counts, we'll pay up to the Planned Replacement lens maximum.

Visually Necessary Contact Lens Specialty Maximums					
If billing with CPT code 92072, 92311 or 92312, 92313 or one of these diagnosis codes:					
264.6	370.63	371.16	371.46	371.58	871.0
279.50	370.8	371.20	371.48	371.60	871.1
370.00	371.00	371.23	371.49	371.61	871.5
370.01	371.01	371.30	371.50	371.62	871.6
370.02	371.02	371.31	371.51	371.70	871.9
370.03	371.03	371.40	371.52	371.71	940.2
370.04	371.04	371.41	371.53	371.73	996.51
370.05	371.05	371.42	371.54	379.31	V42.5
370.06	371.11	371.43	371.55	743.35	V43.1
370.07	371.12	371.44	371.56	743.41	
370.61	371.13	371.45	371.57	743.42	

HCCPS	Annual Replacement¹	Planned Replacement¹	Daily Replacement¹
V2500*	\$451	—	—
V2501*	\$585	—	—
V2502*	\$691	—	—
V2503*	\$605	—	—
V2510*	\$657	—	—
V2511*	\$800	—	—
V2512*	\$900	—	—
V2513*	\$825	—	—
V2520	\$500	\$650	—
V2521	\$679	\$804	—
V2522	\$750	\$863	—
V2523	\$650	\$775	\$800
V2530*	\$700	—	—
V2531*	\$2,300	—	—
V2599**	\$1,300	\$1,650	—
Piggyback	\$1,300	\$1,650	—

¹Annual Replacement is 1-2 units. Planned Replacement is 3-360 units. Daily Replacement is 361+ units.

*These services shouldn't be billed for more than 2 units. If billed with higher unit counts, we'll pay up to the Annual Replacement lens maximum.

**These services shouldn't be billed for more than 360 units. If billed with higher unit counts, we'll pay up to the Planned Replacement lens maximum.

Please refer to the VSP Select Network Manual for information about contact lens reimbursement under the Value Plan.

Submitting Claims/Billing & Reimbursement

SUBMITTING THE CLAIM

	Contact Lens Exam Copay with Materials Allowance	Exam And (Combined Contact Lens Allowance)	Total Allowance	Covered Contact Lenses
Eye Exam (WellVision Exam)	Use your patient's routine benefit for exam services.		Bill the appropriate CPT code and your U&C fee.	Use your patient's routine benefit for exam services.
Contact Lens Exam Services (Fitting and Evaluation)	Bill the appropriate CPT code and your U&C fee for the contact lens exam services (fitting and evaluation) provided.		Bill the appropriate CPT code and your U&C fee for the contact lens exam services (fitting and evaluation) provided. Must be billed with materials.	
Contact Lens Materials	<ul style="list-style-type: none"> Bill the appropriate HCPCS code(s) for the materials provided. Submit your U&C fee and indicate the number of units (contacts) dispensed. To maximize your patient's benefit, dispensing an annual supply of contact lenses at one time is required under the Covered Contact Lenses and the NCL benefit, and we recommend it for all contact lens benefits, if the patient is going to need an annual supply. VSP should only be billed for an annual supply of lenses and shouldn't be billed for additional lenses. Additional lenses should be handled as a private transaction between you and the patient. Each contact lens is considered one unit. Bill the total number of units provided based on the type of lenses dispensed: <p>Unit Count, Type of contacts</p> <ul style="list-style-type: none"> 1–2 units, Conventional (non-disposable) contacts 3–52 units, Planned replacement (month/quarter) or 14-day disposables 53–106 units, 7-day disposables 107–361+ units, 1-day disposables <p>To ensure proper payment for piggyback contact lenses, bill all the appropriate HCPCS code(s) for materials provided. For hybrid contacts, bill with the miscellaneous contact lens code.</p>			

REIMBURSEMENT

Important! Determine your U&C fees for contact lens exam services (fitting and evaluation), then add taxes if applicable (see chart below). Bill this amount on the claim. Follow your state tax guidelines.

New Mexico doctors: Determine your total fees for services and materials. Bill this amount on the claim.

	Contact Lens Exam Copay with Materials Allowance	Exam And (Combined Contact Lens Allowance)
VSP Payment	<p>You'll receive your assigned fee for the eye exam.</p> <p>In addition, we'll pay you 85% of your U&C fees, less the patient copay, for contact lens exam services (fitting and evaluation).</p> <p>We will also pay your U&C fees for materials up to your patient's contact lens materials allowance.</p>	<p>You'll receive your assigned fee for the eye exam.</p> <p>In addition, we'll pay 85% of your contact lens exam services (fitting and evaluation) U&C fees and your U&C fees for materials up to your patient's Exam And contact lens allowance.</p> <p>Contact lens exam services (fitting and evaluation) only (no materials): VSP will reimburse you up to \$60.</p> <p>Contact lens materials only (contact lens exam services received elsewhere): If your patient is not eligible for services, contact VSP at 800.615.1883 for more information.</p>
Balance Billing	<p>Your patient is responsible for the contact lens exam services copay or 85% of your U&C fees, whichever is less, and the difference between their contact lens materials allowance and U&C fee for materials.</p>	<p>Your patient is responsible for the difference between their allowance and 85% of U&C fee for contact lens exam services (fitting and evaluation) fee and 100% of your U&C fee for materials.</p> <p>Contact lens exam services (fitting and evaluation) only (no materials): Your patient is responsible for your U&C fees for contact lens exam services (fitting and evaluation) at 85% of U&C, less the \$60 paid by VSP.</p>

	Total Allowance	Visually Necessary Contact Lenses	Covered Contact Lenses
VSP Payment	<p>We'll pay your exam and contact lens exam services (fitting and evaluation) fees at 85% of U&C plus your U&C fees for</p>	<p>You'll receive your assigned fee for the eye exam.</p> <p>In addition, we'll pay your contact lens exam services (fitting</p>	<p>We'll pay your contact lens exam services (fitting and evaluation) fees at 85% of U&C and your U&C fees for materials up to the maximum allowed</p>

	materials up to the patient's Total contact lens allowance.	and evaluation) fees at 85% of U&C and your U&C fees for materials up to the maximum allowed for the type of contact lenses provided.	for the type of contact lenses provided.
Balance Billing	Your patient is responsible for the difference between their allowance and your discounted fees for the eye exam and contact lens exam services (fitting and evaluation) plus your U&C fees for materials.	For an annual supply, don't balance bill your patient for the difference between your U&C fees and our allowable amount.	For an annual supply, don't balance bill your patient for the difference between your U&C fees and our allowable amount.

VSP ACCESS PLAN[®] & VSP ACCESS INDEMNITY PLANSM

VSP's Access Plan is a vision savings program for. The Access Indemnity Plan combines the Access Plan with an indemnity schedule of allowances, established by the client.

VSP Access Plan[®]

ELIGIBILITY & AUTHORIZATION

Eligibility can be obtained on eyefinity.com or by calling VSP at 800.615.1883.

EXAM SERVICES

- Patients are eligible for eye exams, including if only a refraction is performed at 80% of U&C.
- Coverage only applies to services and procedures included in a WellVision[®] Exam. It doesn't apply to additional diagnoses and treatment.

MATERIALS

Charge patients 80% of U&C for frames, lenses, and lens enhancements when a complete pair of prescription glasses or non-prescription sunglasses are dispensed. The benefit:

- Is unlimited for 12 months on or following an exam from a VSP doctor.
- Use professional judgment when evaluating prescriptions from another doctor.
- You can request additional routine exams at a 80% of U&C..
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.

CONTACT LENS SERVICES

Charge patients 85% of U&C for contact lens exam services (F&E) and follow-up services
The benefit:

- .
- Applies to services for prescription lenses only.
- Is unlimited for 12 months on or following an exam from a VSP Network Doctor.
- Use professional judgment when evaluating prescriptions from another doctor.
- Doesn't apply to contact lens materials, solutions, cleaning products or service agreements.

The benefits are considered a private transaction between you and your patient; your patient is responsible for paying for the services or materials.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome, Custom PRK, or IntraLase.
- Members receive a complimentary screening as well as preoperative, and postoperative services through participating VSP doctors.
- If the laser center is offering a temporary price reduction, VSP members will get 5% off the advertised price if that's less than the usual discount price.
- Please see the **Laser VisionCare** section under **Programs** on **VSPOnline** on **eyefinity.com** for information on how to participate or for a list of participating facilities.

VSP Access Indemnity PlanSM

ELIGIBILITY & AUTHORIZATION

Eligibility can be obtained on eyefinity.com or by calling VSP at 800.615.1883.

Allowances are paid by us only once during each eligibility period.

EXAM COVERAGE

- Patients are eligible for an eye exam and additional eye exams, including if only a refraction is performed at 80% of U&C.
- Coverage only applies to services and procedures included in an eye exam. It doesn't apply to additional diagnoses and treatment.
- Deduct 20% from the exam first, then apply the allowance.

MATERIALS COVERAGE

Patients are eligible for prescription lens, lens enhancements **and/or** frame (complete pair not required) at 80% of U&C, plus a group-specific schedule of allowances. The benefit:

- Is unlimited for 12 months on or following the date of the last covered eye exam, however the allowance schedule applies only once.

- Use professional judgment when evaluating prescriptions from another doctor.
- You can request additional routine exams at 80% U&C.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Deduct 20% from the materials first, then apply the allowance.

CONTACT LENSES

Patients are eligible for contact lens professional services (evaluation/fitting services and follow-up services) at 85% U&C. Elective or visually necessary contact lenses are chosen in place of a complete pair of prescription glasses. You may bill the patient for any fees over the allowance and any applicable copay amount. The benefit:

- Is based on your total U&C fee.
- Applies to services for prescription contact lenses only.
- Is unlimited for 12 months on or following the date of the last covered eye exam, however the allowance schedule applies only once.
- Use professional judgment when evaluating prescriptions from another doctor.
- Doesn't apply to contact lens materials, solutions, cleaning products or service agreements.
- Deduct 15% from the evaluation/fitting services charge, then apply the allowance.

VALUE-ADDED BENEFITS

The value-added benefits below are considered a private transaction between you and your patient; your patient must pay for any additional items:

- Patients are eligible for additional complete sets of prescription glasses or non-prescription sunglasses from any VSP doctor within 12 months of the last eye exam at 80% of U&C. The benefit:
 - Is based on your total U&C fee.
 - Is unlimited for 12 months on or following the date of the last covered eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor.
 - You can request an additional routine exam at 80% of U&C.
 - Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for contact lens evaluations/fitting services and follow-up services at 85% of U&C.
 - Is based on your total U&C fee.
 - Applies to services for prescription contact lenses only.
 - Is unlimited for 12 months on or following the date of the last covered eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor.
 - Doesn't apply to solutions, cleaning products or service agreements.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome, Custom PRK, or IntraLase.
- Members receive a complimentary screening as well as preoperative, and postoperative services through participating VSP doctors.
- If the laser center is offering a temporary price reduction, VSP members will get 5% off the advertised price if that's less than the usual discount price.
- Please see the **Laser VisionCare** page under the **Programs** section of **VSPOnline** on **eyefinity.com** for information on how to participate or for a list of participating facilities.

Submitting Claims/Billing & Reimbursement

VSP ACCESS PLAN[®]

Apply the VSP Access Plan vision savings, as follows: exam at 80% of U&C; glasses at 80% of U&C; contact lens exam at 85% of U&C. Handle the visit as a private pay transaction. Don't submit a claim to VSP. Collect the appropriate fees from the patient.

VSP ACCESS INDEMNITY PLANSM

- Apply the VSP Access Indemnity Plan benefit to your U&C professional fees.
- Subtract your patient's indemnity allowance (found in the comment codes of the **Patient Record Report**) from adjusted U&C fees.
- Bill your patient for the difference between your adjusted U&C fees and the indemnity allowance.
- Bill VSP for services.
- For your patients with combined allowances, bill all services at the same time so your patients get their full benefits.

Glasses: Bill using eClaim.

- Complete the Invoice Services page and select "Non-VSP lab (Private Invoice)."
- Click on the "Calculate HCPCS and Continue" button.
- Complete the Diagnosis and Services page by entering your full U&C fees next to the appropriate CPT/HCPCS code.

Contact Lenses: Bill using our electronic claims submission system.

- Choose the type of contacts dispensed.
- Click on the "Calculate HCPCS and Continue" button.
- Complete the Diagnosis and Services page by entering your full U&C fees next to the appropriate CPT/HCPCS code.
- Please see the **Necessary Contact Lens Benefit Criteria section** of your VSP Provider Reference Manual for more information regarding benefit criteria and claim submission.

Following is an example of an exam, prescription lenses and frame provided under the VSP Access Indemnity Plan. The indicated U&C fees and indemnity allowance amounts are examples only.

	Eye Exam	Lenses	Tint	Frame
Your U&C fee is:	\$65	\$45	\$20	\$100
Subtract 20% from your U&C fee:	-\$13	-\$9	-\$4	-\$20
Subtract indemnity allowance:	-\$30	-\$30	-\$0	-\$40
Patient pays:	\$22	\$6	\$16	\$40

VSP INTEGRATED PRIMARY EYECARE PROGRAMSM

The Integrated Primary EyeCare Program lets VSP network doctors work directly with VSP's health plan clients to obtain eligibility, authorizations, and submit claims for medical eyecare. The program is an addition to the VSP medical product portfolio that supports the ability of all VSP network doctors to practice to their full scope of licensure.

Through Integrated Primary EyeCare, enrollees of VSP-contracted health plan clients will gain access to VSP network doctors. At the time a health plan client contracts with VSP to provide this program in your area, you will be provided with specific health plan client information, including the negotiated reimbursement rate.

Enrollment/Doctor Participation

Enrollment will be automatic for each network in which a doctor participates (e.g., VSP, Select, Advantage, Choice, and Medicaid). Integrated Primary EyeCare patients can only be referred to another doctor or refused service, if you're not licensed to perform the service needed.

To render services through this program, VSP network doctors agree to:

- Maintain an active status with VSP.
- Follow each health plan client's policies and procedures relating to the delivery of medical eyecare.
- Be listed in the health plan's provider directory.
- Accept compensation that is based on a percentage of the Medicare or Medicaid fee schedule for your locality and/or state, and which may vary by client. (See **Section 5: Client Details** pages of the VSP Provider Reference Manual for specific details.)
- See all eligible members of VSP-contracted health plan clients.
- Submit Integrated Primary EyeCare claims to the patient's health plan carrier, not to VSP.
- Accept payment for services under the program from the patient's health plan carrier or its administrative services provider, not VSP.
- Accept payment, less any copays or coinsurance by the VSP-contracted health plan client, as payment in full for services covered under the Integrated Primary EyeCare Program.
- Submit all complaints and grievances regarding Integrated Primary EyeCare patients and claims to the health plan client, and hold VSP harmless from such complaints and grievances.

Eligibility & Authorization

Please refer to **Section 5: Client Details** for additional information.

Submitting Claims/Billing & Reimbursement

Compensation is based on a percentage of either the Medicare RBRVS allowables for your location or the state Medicaid fee schedule. VSP will negotiate the reimbursement rate with

the health plan client on the doctors' behalf. Each client contract requires clients to follow state and federal guidelines when paying doctors.

VSP PRIMARY EYECARE PLANSM

Primary EyeCare plans are designed to provide supplemental medical eyecare coverage to VSP patients. VSP Primary EyeCare coverage is secondary to other medical eye insurance coverage that may reimburse you. Please refer to [Coordination of Benefits](#) in this section for more information.

The VSP Primary EyeCare Plan covers detection, treatment and management of ocular and/or systemic conditions that produce ocular or visual symptoms.

Effective July 1, 2013, Primary Eyecare will also cover retinal screening; a service linked to measurable health benefits and cost savings. Retinal screening is available to eligible patients who have diabetes but don't show signs of diabetic eye disease. Refer to CPT 92250 below for information on claims submittal.

Symptoms & Conditions

Examples of conditions that may be covered under the Primary EyeCare Plan include, but aren't limited to:

- Ocular discomfort or pain
- Episodic or recent field loss
- Red eyes
- Conjunctivitis
- Ocular foreign body sensation
- Recent onset of flashes or floaters
- Swollen lids
- Pain in or around the eyes

Exclusions

The following services aren't covered under the Primary EyeCare Plan:

- Pre- and post-operative services
- A and B scans
- Laser surgery
- Services provided for refractive diagnoses (this may be covered under your patient's routine benefit).
- Most lab tests, including surgical pathology and microbiology (coordinate this with your patient's primary medical doctor).
- Prescriptions (Depending on your license and state law, you may be able to write prescriptions for your patients to submit directly to their medical prescription plans. Otherwise, give your prescription recommendation to your patient's primary care physician.)
- Materials such as glasses or contact lenses

Some clients cover services beyond what's usually covered under the Primary EyeCare Plan. Please refer to Section 5: **Client Details** for more information on clients with **Expanded Primary EyeCare** benefits.

Eligibility & Authorization

Your patients don't need a referral from their primary care physician before their first visit, unless the employer requires it. Patients can call for an appointment or be seen immediately if they need urgent care.

Check your patient's eligibility before giving services. Refer ineligible patients back to their primary care physicians, unless you participate on their medical plan panel. Patients choosing to get services without checking eligibility should sign a [Patient Responsibility Statement](#) before receiving services. You can find the statement on **VSPOnline** on [eyefinity.com](#).

Note: Bill according to the reason the patient stated for making the appointment (chief complaint). If, during the course of the routine exam, you discover a medical condition, you should still report and bill the visit as routine. You can then follow up with additional services and/or procedures, as appropriate, to treat or monitor the pathology and bill the appropriate medical CPT codes.

Referrals

If your patient needs more treatment than you're licensed for, or if your patient does not have Primary EyeCare coverage and does not agree to pay out of pocket for services, refer the patient to a doctor in the patient's network whose office can provide such services or to the patient's primary care physician.

When making referrals, use the following guidelines and those listed under [Patient Referrals](#) in **Section 3: Eye Exams**:

- Follow all referral protocols set by your patient's health plan. Typically, an HMO requires that patient referrals be coordinated by the primary care physician (PCP). However, a PPO allows patients to receive care from any medical provider without a PCP referral.
- Provide your findings, in writing, to the doctor you're referring the patient to.
- Forward your diagnostic findings, treatment plan and follow-up results to your patient's primary care physician. To help you coordinate care for patients with diabetes, we provide the optional Eye Health Management Primary Care Physician Communication Form, available on VSPOnline on [eyefinity.com](#) and in eClaim. This easy-to-use form is a convenient way to help manage eye health for patients with diabetes and underscores the importance of regular eye exams.

Instructions for the administration of specific client plans are outlined in **Section 5: Client Details**. Please check client details before providing services to covered patients.

Copays

Copays apply only to exams and consultations. HMO patients' ID cards may show copay amounts. Or you can contact VSP for copay information.

Note: Patient's paid copay amount should never exceed your VSP payable fee for the service provided.

Coordination of Benefits

Coordination of benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If a member has medical benefits under another plan, that plan is primary and VSP is secondary. You're responsible for verifying other coverage, as well as billing and collecting from other carriers.

Note: We'll only coordinate Primary EyeCare benefits with services provided for medical eyecare.

VSP AS SECONDARY PAYOR

If we're the secondary payor, bill us for your patient's out-of-pocket expenses. Examples are copays, deductibles, charges for non-covered services, or charges for services not covered fully by the primary carrier. We follow plan policies for reimbursing these charges. However, we don't pay more for approved services than what you would have received if we were the primary carrier.

To coordinate benefits, submit the following information to us within six months from the issue date of the Explanation of Payment (EOP) or Explanation of Benefits (EOB) of the primary carrier:

- A copy of the EOP indicating patient expenses and/or service denials from the primary carrier
- A copy of the original CMS-1500 claim form

Exam Coverage

A new patient is someone who hasn't received services from you, or any doctor of the same specialty in your practice, in the past three years.

Note: Comprehensive exams are covered once in a 12-month period. We'll reimburse additional comprehensive exams at the intermediate level.

Code	Services
92002, 92004	Ophthalmological services, new patient
92012, 92014	Ophthalmological services, established patient
99201-99205	Office or other outpatient visit, new patient
99211-99215	Office or other outpatient visit, established patient

Exceptions: Reimbursements aren't available for ophthalmological exams or office visits when:

- An intermediate or comprehensive general ophthalmological exam with the same date of service was already submitted for this or any other VSP plan.
- An evaluation and management office visit with the same date of service was already submitted for this or any other VSP plan.
- Established benefit criteria hasn't been met.

Eye Exams for Diabetic Patients

Bill annual eye exams for diabetic patients without ocular complications or symptoms as a routine exam to your patient's VSP WellVision plan, if available. If WellVision benefits aren't available and ocular complications or symptoms exist, you can bill these exams under the Primary EyeCare Plan, if your patient has Primary EyeCare. Indicate evidence and progression of retinopathy with ICD-9-CM codes. Use the most specific diagnosis codes whenever possible.

Note: We consider fundus photos and **optomap**[®] retinal exams to be separate procedures. They are not acceptable as a replacement for performing direct or indirect ophthalmoscopy or dilation for diabetic patients.

Medical and Surgical Services

Use the following procedure codes to report only those services appropriate for your licensure and your state's current regulations.

Coverage for some services is limited to the allowance guidelines. These allowances should accommodate the required quality eyecare needs of most patients.

SPECIAL OPHTHALMOLOGICAL SERVICES

Code	Description
76514	<p>Corneal pachymetry</p> <p>Service Allowance: Allowable once per lifetime per patient. Allowable twice per lifetime with the following diagnoses: V45.69 Other states following surgery of eye and adnexa Allowable once per 12-month period for the following diagnoses: 371.60 Keratoconus not otherwise specified 371.61 Keratoconus, stable</p>
92020	<p>Gonioscopy</p> <p>Service Allowance: Allowable once per 12-month period Allowable twice per 12-month period for patients with the following diagnoses: 365.00 (Pre-glaucoma, unspecified) through 365.32 (Corticosteroid induced glaucoma, residual stage) 362.01-362.07 Diabetic retinopathy 362.30 (Retinal vascular occlusion, unspecified) through 362.37 (Venous engorgement)</p>
92025	<p>Computerized corneal topography, unilateral or bilateral, with interpretation and report. Allowable once or twice per 12-month period, depending on specific diagnosis.</p> <p>Allowable diagnosis codes (once a year): 367.22 Irregular astigmatism 372.40-372.45 Pterygium 743.41 Congenital anomalies of corneal size and shape</p>

Code	Description
	Allowable diagnosis codes (twice a year): 370.00-370.07 Corneal ulcer 371.00-371.04 Corneal scars and opacities 371.20-371.23 Corneal edema unspecified 371.40 Corneal degeneration, unspecified 371.42 Recurrent erosion of cornea 371.46 Nodular degeneration of cornea 371.48 Peripheral degenerations of cornea 371.49 Other corneal degenerations 371.50-371.58 Hereditary corneal dystrophies 371.60-371.62 Keratoconus 371.70-371.73 Other corneal deformities V42.5 Organ or tissue replaced by transplant - cornea 940.2 Alkaline chemical burn of cornea and conjunctival sac 940.3 Acid chemical burn of cornea and conjunctival sac 940.4 Other burn of cornea and conjunctival sac
92071	Fitting of contact lens for treatment of ocular surface disease Allowable diagnosis codes: 370.20 Keratitis, superficial, unspecified 370.21 Keratitis superficial, punctate 370.9 Keratitis unspecified 371.23 Corneal edema, bullous keratopathy 371.42 Corneal erosion, recurrent erosion of cornea 371.46 Degeneration, nodular degeneration 371.52 Dystrophy, other anterior corneal dystrophies 371.54 Dystrophy, lattice corneal dystrophy 371.57 Dystrophy, endothelial corneal dystrophy 371.82 Corneal disorder due to contact lens 918.1 Corneal abrasion 930.0 Corneal foreign body 996.51 Post surgery, graft complications V42.5 Post surgery, previous corneal surgery Provide location modifier RT or LT.
99070	Supplies and materials (except spectacles). Use for bandage contact lens only. Bill with 92071 only. Provide location modifier RT or LT.
92081-92083	Visual field exam, unilateral or bilateral, with interpretation and report Service Allowance: Allowable twice per 12-month period when visual necessity is established.
92100	Serial tonometry with multiple measurements of intraocular pressure over an extended interval of time with interpretation and report, same day. See Special Handling Procedures for more information.
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve

Code	Description
	<p>Allowable once per 12-month period for the following diagnoses:</p> <p>361.33 Multiple defects of retina without detachment 362.03-362.05 Nonproliferative diabetic retinopathy 362.10 Background retinopathy, unspecified 362.57 Drusen (degenerative) 362.60-362.66 Other retinal disorders - peripheral retinal degenerations 362.70-362.77 Other retinal disorders - hereditary retinal dystrophies 368.40-368.45 Vision field defects 377.00-377.04 Papilledema 377.10-377.16 Optic atrophy 377.21-377.24 Other disorders of optic disc 377.30-377.39 Optic neuritis 377.41-377.49 Other disorders of optic nerve 377.51-377.54 Disorders of optic chiasm 377.61-377.63 Disorders of other visual pathways 377.71-377.75 Disorders of visual cortex 377.9 Unspecified disorder of optic nerve and visual pathways 743.20-743.22 Buphthalmos</p> <p>Allowable twice per 12-month period for the following diagnoses:</p> <p>224.6 Benign neoplasm of eye; choroid 360.21 Progressive high myopia – considered pathological condition 361.00-361.19 Retinal detachments and defects 361.2 Serous retinal detachment 361.30-361.32 Retinal detachments and defects 361.81 Traction detachment of retina 361.89 Other forms of retinal detachment 361.9 Unspecified retinal detachment 362.01 Background diabetic retinopathy 362.02 Proliferative diabetic retinopathy 362.06 Severe nonproliferative diabetic retinopathy 362.07 Diabetic macular edema 362.11-362.18 Other background retinopathy and retinal vascular changes 362.21 Retrolental fibroplasias 362.29 Other nondiabetic proliferative retinopathy 362.30-362.37 Retinal vascular occlusion 362.40-362.43 Separation of retinal layers 362.50-362.56 Degeneration of macula and posterior pole 362.81-362.89 Other retinal disorders 362.9 Unspecified retinal disorder 365.00-365.06 Glaucoma: borderline glaucoma (glaucoma suspect) 365.10-365.15 Glaucoma: open-angle glaucoma 365.20-365.24 Glaucoma: primary angle-closure glaucoma 365.31-365.32 Glaucoma: corticosteroid-induced glaucoma 365.41-365.44 Glaucoma associated with congenital</p>

Code	Description
	anomalies, dystrophies, systemic syndromes 365.51-365.59 Glaucoma associated with disorders of the lens 365.60-365.65 Glaucoma associated with other ocular disorders 365.70-365.74 Glaucoma stage 365.81-365.89 Glaucoma - Other specified forms of glaucoma 365.9 Unspecified glaucoma 743.57-743.59 Congenital anomalies of posterior segment 921.3 Contusion of eyeball Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina Service Allowance: Allowable once or twice per 12-month for same diagnosis codes allowed in 92133 above. Cannot be billed with extended ophthalmoscopy (initial or subsequent) or fundus photography.
92140	Provocative tests for glaucoma, with interpretation and report, without tonography
92225	Ophthalmoscopy, extended, with retinal drawing; initial. See Special Handling Procedures for more information. Service Allowance: Allowable once per 12-month period per eye for: 036.81 Meningococcal optic neuritis 091.50-091.52 Uveitis due to syphilis 094.83 Syphilitic disseminated retinochoroiditis 115.02 Histoplasmosis retinitis 115.12 Histoplasmosis duboisii retinitis 115.92 Histoplasmosis unspecified retinitis 130.2 Chorioretinitis due to toxoplasmosis 136.1 Behcet's syndrome 190.0-190.9 Malignant neoplasm of the eye 224.5-224.6 Benign neoplasm 234.0 Carcinoma in situ, eye 237.70-237.72 Neurofibromatosis 250.50-250.53 Diabetes with ophthalmic manifestations 360.00-360.9 Disorders of the globe 361.00-362.9 Retinal detachments; defects and disorders 363.00-363.9 (Disorders of the choroid) 364.00-364.9 Disorders of iris and ciliary body 365.00-365.9 Glaucoma 376.40-376.6 Disorders of the orbit 377.00-377.54 Disorders of optic nerve and visual pathways 379.11-379.19 Disorders of the sclera 379.21-379.29 Disorders of the vitreous body 714.0 Rheumatoid arthritis 714.30-714.33 Juvenile chronic polyarthritis

Code	Description
	743.51743.59 Congenital anomalies of posterior segment 871.5-871.9 Wound of the eyeball 921.0-921.9 Contusion of eye and adnexa Provide location modifier RT or LT. Cannot be billed with fundus photography or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).
92226	Ophthalmoscopy, extended, with retinal drawing; subsequent. See Special Handling Procedures for more information. Service Allowance: Allowable once per 12-month period per eye, for same diagnosis codes allowed in 92225 above. Provide location modifier RT or LT. Cannot be billed with fundus photography or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).
92250	Fundus photography with interpretation and report Service Allowance: Allowable once per 12-month period. Allowable twice per 12-month period for retinal disorders of 361.0-363.9. Cannot be billed with extended ophthalmoscopy (initial or subsequent) or scanning computerized ophthalmic diagnostic imaging (of optic nerve or retina).
92250	Fundus photography (retinal screening) Service Allowance: Allowable once per 12-month period. Only for patients who have diabetes but don't show signs of diabetic eye disease are eligible. Bill diagnosis code V80.2 as in the primary position and diagnosis code 250.00 in the secondary position. Submit claims for retinal screening with modifier 52.
92260	Ophthalmodynamometry Service Allowance: Allowable once per 12-month period
92270	Electro-oculography with interpretation and report Service Allowance: Allowable once per 12-month period.
92275	Electroretinography with interpretation and report Service Allowance: Allowable once per 12-month period. Provide location modifier RT or LT.
92283	Color vision exam, extended Service Allowance: Allowable once per 12-month period.
92284	Dark adaptation exam with interpretation and report Service Allowance: Allowable once per 12-month period.
92285	External ocular photography with interpretation and report for documentation medical progress. Procedure 92285 is covered

Code	Description
	for monitoring possible progression of anterior chamber neoplasm and is not covered for pre-cataract diagnoses. Provide location modifier RT or LT.
92286	Special anterior segment photography with interpretation and report; with specular endothelial microscopy and cell count. Procedure 92286 is covered only for the following diagnoses: 371.23 Bullous keratopathy 371.57 Endothelial cell dystrophy Provide location modifier RT or LT.
92287	Special anterior segment photography with interpretation and report; with fluorescein angiography Provide location modifier RT or LT.
95930	Visual evoked potential (VEP) testing central nervous system, checkerboard or flash Service Allowance: Allowable once per 12-month period.

SURGICAL SERVICES

Code	Description
65205	Removal of foreign body, external eye; conjunctival superficial
65210	Removal of foreign body, external eye; conjunctival embedded, subconjunctival or scleral nonperforating
65220	Removal of foreign body, external eye; corneal, without slit lamp
65222	Removal of foreign body, external eye; corneal, with slit lamp
65430	Scraping of cornea, diagnostic, for smear and/or culture
65435	Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage)
67820	Correction of trichiasis; epilation, by forceps only Provide location modifier E1, E2, E3 or E4.
67938	Removal of embedded foreign body, eyelid
68761	Closure of lacrimal punctum; by plug, each. Allowable diagnosis codes: 373.00-373.9 Inflammation of eyelids 375.00-375.9 Disorders of lacrimal system 370.21 Punctate keratitis 370.33 Keratoconjunctivitis sicca Temporary plugs are limited to one per lid per 24-month period — four (4). Permanent plugs are limited to one per lid per 24-month period with two additional plugs (with no more than two per lid) — six (6). Provide location modifier E1, E2, E3 or E4 for permanent plugs. Provide location modifier E1, E2, E3 or E4 plus –SC for temporary plugs.
68801	Dilation of lacrimal punctum, with or without irrigation

Code	Description
68810	Probing of nasolacrimal duct, with or without irrigation
68815	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent

PATHOLOGY AND LABORATORY

Code	Description
83861	<p>Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity</p> <p>Allowable diagnosis codes:</p> <p>365.11 Primary open angle glaucoma 370.23 Filamentary keratitis 370.33 Keratoconjunctivitis sicca, not specified as Sjögren's syndrome 371.42 Recurrent corneal erosion 372.21 Angular Blepharoconjunctivitis 372.22 Contact blepharoconjunctivitis 373.01 Ulcerative blepharitis 373.12 Meibomian gland infection 373.71 Hyperemic conjunctiva 374.01 Entropion 374.10 Ectropion 375.15 Tear Film Insufficiency, Unspecified; Dry Eye Syndrome 375.21 Epiphora excess lacrimation 375.22 Epiphora insufficient drainage 375.41 Canaliculitis 375.51 Punctal eversion 375.52 Punctal stenosis 710.2 Sicca syndrome, keratoconjunctivitis sicca Sjögren's disease</p> <p>Provide location modifier RT or LT. Provide modifier QW.</p>
87809	<p>Infectious agent antigen detection by immunoassay with direct optical observation; Adenovirus</p> <p>Allowable diagnosis codes:</p> <p>077.0 Inclusion conjunctivitis 077.1 Epidemic keratoconjunctivitis 077.2 Pharyngoconjunctival fever 077.3 Other adenoviral conjunctivitis 077.4 Epidemic hemorrhagic conjunctivitis 077.8 Other viral conjunctivitis 077.98 Unspecified diseases of conjunctiva due to chlamydiae 077.99 Unspecified diseases of conjunctiva due to viruses 372.00 Acute conjunctivitis unspecified 372.01 Acute serous conjunctivitis except viral 372.02 Acute follicular conjunctivitis 372.03 Acute catarrhal conjunctivitis 372.04 Acute membranous conjunctivitis 372.05 Acute atopic conjunctivitis 372.10 Chronic conjunctivitis unspecified</p>

	372.11 Simple chronic conjunctivitis 372.12 Chronic follicular conjunctivitis 372.13 Vernal conjunctivitis 372.14 Chronic allergic conjunctivitis Provide modifier QW.
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URGENT/EMERGENCY SERVICES

Code	Description
99050	Service(s) provided in the office at times other than regularly scheduled office hours, or day when the office is normally closed (e.g., holidays, Saturday or Sunday, in addition to basic service)
99051	Service(s) provided in the office during regularly scheduled evening, weekend or holiday office hours, in addition to basic service

Consultations

Use the following procedure codes to report your office's consultation services only when another doctor requested the consultation or you don't assume responsibility for managing the patient's condition.

Code	Description
99241–99245	Office consultation, new or established patient

SPECIAL HANDLING PROCEDURES

Procedure	Special Handling Procedures
92100	Serial tonometry is defined as a separate procedure with multiple measurements, interpretation and report of intraocular pressure over an extended time period during a single day (e.g., diurnal curve or medical treatment of acute elevation of intraocular pressure). A single tonometry check is considered part of the ophthalmic exam and is not reported separately.
92225-92226	<p>Extended ophthalmoscopy is included in the global reimbursement for retinal surgery. Extended ophthalmoscopy (direct or binocular indirect) may not be billed separately during a exam except when all of the following conditions are met: patient's presenting symptoms and/or diagnosis of retinal or vitreoretinal problems support the need for extended ophthalmoscopy. The medical record indicates that extended ophthalmoscopy was performed. Dilated retinal evaluation with direct or binocular indirect ophthalmoscopy does not constitute extended ophthalmoscopy unless additional procedures (e.g., contact lens or three mirror evaluations) were required. Additional procedures must be clearly indicated in the patient's chart.</p> <p>The medical record should contain a detailed drawing that describes the retina, including defects. The drawing does not have to accompany the claim but should be available</p>

	for review upon request.
92250 Fundus Photography with Interpretation and Report	<p>Fundus photography is a procedure in which bilateral photographs of the retina are obtained for diagnostic purposes. Coverage is provided when fundus photography is:</p> <p>Performed during initial glaucoma care, if:</p> <ol style="list-style-type: none"> 1. intraocular pressures are clearly documented in the patient's medical record and are at or above 21 mm Hg; or 2. intraocular pressures are between 15 and 20 mm Hg and there is clear funduscopic evidence of glaucomatous optic nerve damage (such as abnormal cup size, thinning or notching of the disc rim, progressive change, disc hemorrhage or nerve fiber layer defects). <p>In either instance, repeat studies by the same doctor are covered if submitted at greater than one-year intervals, unless there are other clinical indications to justify the study. Preglaucoma, borderline glaucoma and glaucoma are generally slow disease processes that can be followed by modalities other than fundus photography.</p> <p>Used in evaluating rapid, progressive diabetic retinopathy. In this instance, coverage is provided only when there is no prior retinal laser surgery and photography is not performed more than once every six months. Fundus photography is not covered if used to evaluate stable or minimal diabetic retinopathy.</p>
92285-92286	<p>Procedure 92285 is covered for monitoring possible progression of anterior chamber neoplasm. It is not covered for pre-cataract diagnoses.</p> <p>Procedure 92286 is covered only for the following diagnoses:</p> <p>371.23 Bullous keratopathy 371.57 Endothelial cell dystrophy</p>

Note: For more information about the Interpretation and Report requirement for medical procedures, refer to [Guidelines for the Interpretation and Report of Diagnostic Procedures](#).

Submitting Claims/Billing & Reimbursement

Indicate each procedure code and related diagnosis codes (ICD-9-CM) when completing the claim online or manually on the CMS-1500 Claim Form. For full procedure code descriptions, refer to a current CPT code book. **Note:** Don't bill your patients for services denied as a result of incorrect coding.

Always code to the highest degree of specificity when indicating diagnosis.

REIMBURSEMENT

Reimbursement for non-Medicaid eye exams will meet your current Signature Plan payable fees. Approved additional services (except Pathology/Laboratory and Urgent/Emergency

services) are reimbursed at 80% of your U&C fee, up to the Medicare allowance in your area. Reimbursement for approved Medicaid procedures will be the lesser of 80% of your U&C fee or your state's VSP Medicaid fee schedule.

Note: Primary EyeCare claims must be submitted on a separate claim from routine vision.

VSP DIABETIC EYECARE PROGRAMSM

The Diabetic Eyecare Plus Program provides medical eyecare services for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease.

Eligibility & Authorization

Patients don't need a primary care physician's referral before their first visit, unless their employer requires it. Patients can make appointments or be seen immediately.

Check eligibility before providing services. Refer ineligible patients back to their medical primary care doctors, unless you participate on their medical plan panel. Patients choosing to get services without checking eligibility should sign the [Patient Responsibility Statement](#). You can find it under the **Forms** section of the **Administration** menu on **VSPOnline** on [eyefinity.com](#).

COPAYS

A copay is required for exams only.

Note: Patient's paid copay amount should never exceed your VSP payable fee for the service provided.

COORDINATION OF BENEFITS

Coordination of benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If a member has medical benefits under another plan that you're contracted with, that plan is primary and VSP is secondary. You're responsible for verifying other coverage, as well as billing and collecting from the other carrier(s).

See [Coordination of Benefits](#) section for more information about how to coordinate benefits.

Covered Services for Diabetic Eye Disease

Type 1 and type 2 diabetic members with coverage under the Diabetic Eyecare Plus Program receive their routine eye exam as usual. If diabetic eye disease (e.g., diabetic retinopathy or rubeosis) is present and follow-up care is needed, additional services are available. Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease. Check the Patient Record Report to identify if a patient is covered under Diabetic Eyecare Plus.

Use the following procedure codes to report only those services appropriate for your licensure and your state's current regulations.

Note: All services require two diagnosis codes: one for the manifestation of the diabetic eye disease, and another for the diabetes. Remember to include both diagnosis codes and corresponding diagnosis pointers (e.g., A, B, C, D, F) for each service on your claim form. Services billed with a single diagnosis code will be denied.

92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes and diabetic retinopathy or rubeosis. Use the diagnosis codes below. Include both diabetes and diabetic retinopathy or rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled	
250.53	Diabetes with ophthalmic manifestations, uncontrolled	
250.60**	Diabetes with neurological manifestations	
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled	
250.62**	Diabetes with neurological manifestations, uncontrolled	
250.63**	Diabetes with neurological manifestations, uncontrolled	

	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
	364.42	Rubeosis iridis

**Not billable in primary position.

92020	Gonioscopy	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> rubeosis. Use the diagnosis codes below. Include <u>both</u> diabetes and rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled

250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication

	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	364.42	Rubeosis iridis

**Not billable in primary position.

92133 (1x per 12- month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled	

250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy

92133 (2x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Allowable twice per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled

	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
92134 (1x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication

250.01**	Type 1 (juvenile type), not stated as uncontrolled
250.02**	Diabetes mellitus without mention of complication, uncontrolled
250.03**	Type 1 (juvenile type), uncontrolled
250.10**	Diabetes with ketoacidosis
250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
250.12**	Diabetes with ketoacidosis,, uncontrolled
250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled

	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
92134 (2x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	<p>Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled

250.22**	Diabetes with hyperosmolarity, uncontrolled
250.23**	Diabetes with hyperosmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled

	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

**Not billable in primary position.

92225 92226	Extended Ophthalmoscopy (initial and subsequent)	Service Allowance*: Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below (location modifier RT/LT required). Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations

250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy
362.06	Severe nonproliferative diabetic retinopathy
362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

*Not covered if fundus photography is provided within six months.

**Not billable in primary position.

92250	Fundus Photography	Service Allowance:* Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled
	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders

	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
92250	Fundus Photograph (Retinal Screening)	Service Allowance: Allowable once per 12-month period. Only patients who have diabetes but do not show signs of diabetic eye disease are eligible. Bill diagnosis code V80.2 in the primary position and diagnosis code 250.00 in the secondary position. Submit claims for retinal screening with modifier 52.

*Not covered if extended ophthalmoscopy is provided within six months.

**Not billable in primary position.

Covered Services for Members with Glaucoma

Members with glaucoma and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP Glaucoma Approved Diagnosis Codes chart below).

VSP Glaucoma Covered Services

Service Allowance: Allowable once per 12-month period for patients with glaucoma.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
76514	Pachymetry
92020	Gonioscopy
92081-92083	Visual Field Exams
92100	Tonometry
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)
92140	Glaucoma Test
92225-92226	Extended ophthalmoscopy
92250	Fundus photography

VSP Glaucoma Approved Diagnosis Codes

Glaucoma services must be billed with one of the following diagnosis codes.	
365.00	Preglaucoma unspecified
365.01	Open angle, borderline findings, low risk
365.02	Anatomical narrow angle
365.03	Steroid responders
365.04	Ocular hypertension
365.05	Open angle, borderline findings, high risk
365.06	Primary angle closure without glaucoma damage
365.10	Open-angle glaucoma, unspecified
365.11	Primary open-angle glaucoma (chronic)
365.12	Low tension glaucoma
365.13	Pigmentary glaucoma
365.14	Glaucoma of childhood
365.15	Residual stage of open-angle glaucoma
365.20	Primary angle-closure Glaucoma, unspecified
365.21	Intermittent angle-closure glaucoma
365.22	Acute angle-closure glaucoma
365.23	Chronic angle-closure glaucoma
365.24	Residual stage of angle-closure glaucoma
365.31	Corticosteroid-induced glaucoma glaucomatous stage
365.32	Corticosteroid-induced glaucoma residual stage
365.41	Glaucoma associated with chamber angle anomalies
365.42	Glaucoma associated with anomalies of iris

365.43	Glaucoma associated with other anterior segment anomalies
365.44	Glaucoma associated with systemic syndromes
365.51	Phacolytic glaucoma
365.52	Pseudoexfoliation glaucoma
365.59	Glaucoma associated with other lens disorders
365.60	Glaucoma associated with unspecified ocular disorder
365.61	Glaucoma associated with pupillary block
365.62	Glaucoma associated with ocular inflammations
365.63	Glaucoma associated with vascular disorders of eye
365.64	Glaucoma associated with tumors or cysts
365.65	Glaucoma associated with ocular trauma
365.70	Glaucoma stage, unspecified
365.71	Mild stage glaucoma
365.72	Moderate stage glaucoma
365.73	Sever stage glaucoma
365.74	Intermediate stage glaucoma
365.81	Hypersecretion glaucoma
365.82	Glaucoma with increased episcleral venous pressure
365.83	Aqueous misdirection
365.89	Other specified glaucoma
365.90	Unspecified glaucoma

Covered Services for Members with AMD

Members with AMD and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP AMD Approved Diagnosis Codes chart below).

VSP AMD Covered Services

Service Allowance: Allowable once per 12-month period for patients with AMD.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
92081-92083	Visual Field Exams
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)

VSP AMD Approved Diagnosis Codes

AMD services must be billed with one of the following diagnosis codes.	
362.50	Macular degeneration (senile), unspecified

362.51	Nonexudative senile macular degeneration
362.52	Exudative senile macular degeneration
362.53	Cystoid macular degeneration
362.54	Macular cyst, hole, or pseudohole
362.55	Toxic maculopathy
362.56	Macular puckering
362.57	Drusen (degenerative)

Note: For more information about the Interpretation and Report requirement for medical procedures, refer to [Guidelines for the Interpretation and Report of Diagnostic Procedures](#).

Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes (ICD-9-CM) when completing the claim online or manually on the **CMS-1500 Claim Form**. For full procedure code descriptions, refer to a current CPT code book. Don't bill patients for services denied as a result of incorrect coding. Always code to the highest degree of specificity when indicating diagnosis.

Reimbursement for eye exams will meet your current VSP Signature Plan payable fees. Approved additional services are reimbursed at 80% of your U&C fee, up to the Medicare allowance in your area.

Note: Diabetic Eyecare Plus claims must be submitted separately from routine vision claims.

VSP DIABETIC EYECARE PLUS PROGRAMSM

The Diabetic Eyecare Plus Program provides medical eyecare services for members with diabetic eye disease, glaucoma, or age-related macular degeneration (AMD). Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease.

Eligibility & Authorization

Patients don't need a primary care physician's referral before their first visit, unless their employer requires it. Patients can make appointments or be seen immediately.

Check eligibility before providing services. Refer ineligible patients back to their medical primary care doctors, unless you participate on their medical plan panel. Patients choosing to get services without checking eligibility should sign the [Patient Responsibility Statement](#). You can find it under the **Forms** section of the **Administration** menu on **VSPOnline** on **eyefinity.com**.

COPAYS

A copay is required for exams only.

Note: Patient's paid copay amount should never exceed your VSP payable fee for the service provided.

COORDINATION OF BENEFITS

Coordination of benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If a member has medical benefits under another plan that you're contracted with, that plan is primary and VSP is secondary. You're responsible for verifying other coverage, as well as billing and collecting from the other carrier(s).

See [Coordination of Benefits](#) section for more information about how to coordinate benefits.

Covered Services for Diabetic Eye Disease

Type 1 and type 2 diabetic members with coverage under the Diabetic Eyecare Plus Program receive their routine eye exam as usual. If diabetic eye disease (e.g., diabetic retinopathy or rubeosis) is present and follow-up care is needed, additional services are available. Retinal screening is also available to eligible patients who have diabetes but don't show signs of diabetic eye disease. Check the Patient Record Report to identify if a patient is covered under Diabetic Eyecare Plus.

Use the following procedure codes to report only those services appropriate for your licensure and your state's current regulations.

Note: All services require two diagnosis codes: one for the manifestation of the diabetic eye disease, and another for the diabetes. Remember to include both diagnosis codes and corresponding diagnosis pointers (e.g., 1, 2, 3, 4) for each service on your claim form. Services billed with a single diagnosis code will be denied.

92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes and diabetic retinopathy or rubeosis. Use the diagnosis codes below. Include both diabetes and diabetic retinopathy or rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled	
250.53	Diabetes with ophthalmic manifestations, uncontrolled	
250.60**	Diabetes with neurological manifestations	
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled	
250.62**	Diabetes with neurological manifestations, uncontrolled	
250.63**	Diabetes with neurological manifestations, uncontrolled	

	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
	364.42	Rubeosis iridis

**Not billable in primary position.

92020	Gonioscopy	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> rubeosis. Use the diagnosis codes below. Include <u>both</u> diabetes and rubeosis diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled

250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication

	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	364.42	Rubeosis iridis

**Not billable in primary position.

92133 (1x per 12- month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled	

250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy

92133 (2x per 12- month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; optic nerve	Allowable twice per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled

	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders
	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
92134 (1x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.
	250.00**	Diabetes mellitus without mention of complication

250.01**	Type 1 (juvenile type), not stated as uncontrolled
250.02**	Diabetes mellitus without mention of complication, uncontrolled
250.03**	Type 1 (juvenile type), uncontrolled
250.10**	Diabetes with ketoacidosis
250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
250.12**	Diabetes with ketoacidosis,, uncontrolled
250.13**	Diabetes with ketoacidosis
250.20**	Diabetes with hypersmolarity
250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled

	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
92134 (2x per 12-month period)	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, bilateral; retina	<p>Service Allowance: Allowable once per 12-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes. Not billable with either extended ophthalmoscopy (initial or subsequent) or fundus photography.</p>
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled

250.22**	Diabetes with hypersmolarity, uncontrolled
250.23**	Diabetes with hypersmolarity, uncontrolled
250.30**	Diabetes with other coma
250.31**	Diabetes with other coma, not stated as uncontrolled
250.32**	Diabetes with other coma, uncontrolled
250.33**	Diabetes with other coma, uncontrolled
250.40**	Diabetes with renal manifestations
250.41**	Diabetes with renal manifestations, not stated as controlled
250.42**	Diabetes with renal manifestations, uncontrolled
250.43**	Diabetes with renal manifestations, uncontrolled
250.50	Diabetes with ophthalmic manifestations
250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled

	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

**Not billable in primary position.

92225 92226	Extended Ophthalmoscopy (initial and subsequent)	Service Allowance*: Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below (location modifier RT/LT required). Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations

250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
250.52	Diabetes with ophthalmic manifestations, uncontrolled
250.53	Diabetes with ophthalmic manifestations, uncontrolled
250.60**	Diabetes with neurological manifestations
250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
250.62**	Diabetes with neurological manifestations, uncontrolled
250.63**	Diabetes with neurological manifestations, uncontrolled
250.70**	Diabetes with peripheral circulatory disorders
250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
250.80**	Diabetes with other specified manifestations
250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
250.82**	Diabetes with other specified manifestations, uncontrolled
250.83**	Diabetes with other specified manifestations, uncontrolled
250.90**	Diabetes with unspecified complication
250.91**	Diabetes with unspecified complication, not stated as uncontrolled
250.92**	Diabetes with unspecified complication, uncontrolled
250.93**	Diabetes with unspecified complication, uncontrolled
362.01	Background diabetic retinopathy
362.02	Proliferative diabetic retinopathy
362.03	Nonproliferative diabetic retinopathy NOS
362.04	Mild nonproliferative diabetic retinopathy
362.05	Moderate nonproliferative diabetic retinopathy
362.06	Severe nonproliferative diabetic retinopathy
362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)

*Not covered if fundus photography is provided within six months.

**Not billable in primary position.

92250	Fundus Photography	Service Allowance.* Allowable once per 6-month period for patients with type 1 or type 2 diabetes <u>and</u> diabetic retinopathy. Use the diagnosis codes below. Include <u>both</u> diabetes and diabetic retinopathy diagnosis codes.
	250.00**	Diabetes mellitus without mention of complication
	250.01**	Type 1 (juvenile type), not stated as uncontrolled
	250.02**	Diabetes mellitus without mention of complication, uncontrolled
	250.03**	Type 1 (juvenile type), uncontrolled
	250.10**	Diabetes with ketoacidosis
	250.11**	Diabetes with ketoacidosis, not stated as uncontrolled
	250.12**	Diabetes with ketoacidosis,, uncontrolled
	250.13**	Diabetes with ketoacidosis
	250.20**	Diabetes with hypersmolarity
	250.21**	Diabetes with hypersmolarity, not stated as uncontrolled
	250.22**	Diabetes with hypersmolarity, uncontrolled
	250.23**	Diabetes with hypersmolarity, uncontrolled
	250.30**	Diabetes with other coma
	250.31**	Diabetes with other coma, not stated as uncontrolled
	250.32**	Diabetes with other coma, uncontrolled
	250.33**	Diabetes with other coma, uncontrolled
	250.40**	Diabetes with renal manifestations
	250.41**	Diabetes with renal manifestations, not stated as controlled
	250.42**	Diabetes with renal manifestations, uncontrolled
	250.43**	Diabetes with renal manifestations, uncontrolled
	250.50	Diabetes with ophthalmic manifestations
	250.51	Diabetes with ophthalmic manifestations, not stated as uncontrolled
	250.52	Diabetes with ophthalmic manifestations, uncontrolled
	250.53	Diabetes with ophthalmic manifestations, uncontrolled
	250.60**	Diabetes with neurological manifestations
	250.61**	Diabetes with neurological manifestations, not stated as uncontrolled
	250.62**	Diabetes with neurological manifestations, uncontrolled
	250.63**	Diabetes with neurological manifestations, uncontrolled
	250.70**	Diabetes with peripheral circulatory disorders

	250.71**	Diabetes with peripheral circulatory disorders, not stated as uncontrolled
	250.72**	Diabetes with peripheral; circulatory disorders, uncontrolled
	250.73**	Diabetes with peripheral circulatory disorders, uncontrolled
	250.80**	Diabetes with other specified manifestations
	250.81**	Diabetes with other specified manifestations, not stated as uncontrolled
	250.82**	Diabetes with other specified manifestations, uncontrolled
	250.83**	Diabetes with other specified manifestations, uncontrolled
	250.90**	Diabetes with unspecified complication
	250.91**	Diabetes with unspecified complication, not stated as uncontrolled
	250.92**	Diabetes with unspecified complication, uncontrolled
	250.93**	Diabetes with unspecified complication, uncontrolled
	362.01	Background diabetic retinopathy
	362.02	Proliferative diabetic retinopathy
	362.03	Nonproliferative diabetic retinopathy NOS
	362.04	Mild nonproliferative diabetic retinopathy
	362.05	Moderate nonproliferative diabetic retinopathy
	362.06	Severe nonproliferative diabetic retinopathy
	362.07	Diabetic macular edema Note: 362.07 must be used with a code for diabetic retinopathy (362.01-362.06)
9225 0	Fundus Photography (Retinal Screening)	Service Allowance: Allowable once per 12-month period. Only Signature and Choice patients who have diabetes but do not show signs of diabetic eye disease are eligible. Bill diagnosis code V80.2 in the primary position and diagnosis code 250.00 in the secondary position. Submit claims for retinal screening with modifier 52.

*Not covered if extended ophthalmoscopy is provided within six months.

**Not billable in primary position.

Covered Services for Members with Glaucoma

Members with glaucoma and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP Glaucoma Approved Diagnosis Codes chart below).

VSP Glaucoma Covered Services

Service Allowance: Allowable once per 12-month period for patients with glaucoma.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
76514	Pachymetry
92020	Gonioscopy
92081-92083	Visual Field Exams
92100	Tonometry
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)
92140	Glaucoma Test
92225-92226	Extended ophthalmoscopy
92250	Fundus photography

VSP Glaucoma Approved Diagnosis Codes

Glaucoma services must be billed with one of the following diagnosis codes.	
365.00	Preglaucoma unspecified
365.01	Open angle, borderline findings, low risk
365.02	Anatomical narrow angle
365.03	Steroid responders
365.04	Ocular hypertension
365.05	Open angle, borderline findings, high risk
365.06	Primary angle closure without glaucoma damage
365.10	Open-angle glaucoma, unspecified
365.11	Primary open-angle glaucoma (chronic)
365.12	Low tension glaucoma
365.13	Pigmentary glaucoma
365.14	Glaucoma of childhood
365.15	Residual stage of open-angle glaucoma
365.20	Primary angle-closure Glaucoma, unspecified
365.21	Intermittent angle-closure glaucoma
365.22	Acute angle-closure glaucoma
365.23	Chronic angle-closure glaucoma
365.24	Residual stage of angle-closure glaucoma
365.31	Corticosteroid-induced glaucoma glaucomatous stage
365.32	Corticosteroid-induced glaucoma residual stage
365.41	Glaucoma associated with chamber angle anomalies
365.42	Glaucoma associated with anomalies of iris

365.43	Glaucoma associated with other anterior segment anomalies
365.44	Glaucoma associated with systemic syndromes
365.51	Phacolytic glaucoma
365.52	Pseudoexfoliation glaucoma
365.59	Glaucoma associated with other lens disorders
365.60	Glaucoma associated with unspecified ocular disorder
365.61	Glaucoma associated with pupillary block
365.62	Glaucoma associated with ocular inflammations
365.63	Glaucoma associated with vascular disorders of eye
365.64	Glaucoma associated with tumors or cysts
365.65	Glaucoma associated with ocular trauma
365.70	Glaucoma stage, unspecified
365.71	Mild stage glaucoma
365.72	Moderate stage glaucoma
365.73	Sever stage glaucoma
365.74	Intermediate stage glaucoma
365.81	Hypersecretion glaucoma
365.82	Glaucoma with increased episcleral venous pressure
365.83	Aqueous misdirection
365.89	Other specified glaucoma
365.90	Unspecified glaucoma

Covered Services for Members with AMD

Members with AMD and coverage under the Diabetic Eyecare Plus Program are eligible for the services listed below. All services must be billed with appropriate diagnosis codes (see VSP AMD Approved Diagnosis Codes chart below).

VSP AMD Covered Services

Service Allowance: Allowable once per 12-month period for patients with AMD.	
92002, 92004, 92012, 92014, 99201 - 99205, 99211 - 99215	Medical follow-up exam
92081-92083	Visual Field Exams
92133	SCODI-P (optic nerve)
92134	SCODI-P (retina)

VSP AMD Approved Diagnosis Codes

AMD services must be billed with one of the following diagnosis codes.	
362.50	Macular degeneration (senile), unspecified

362.51	Nonexudative senile macular degeneration
362.52	Exudative senile macular degeneration
362.53	Cystoid macular degeneration
362.54	Macular cyst, hole, or pseudohole
362.55	Toxic maculopathy
362.56	Macular puckering
362.57	Drusen (degenerative)

Note: For more information about the Interpretation and Report requirement for medical procedures, refer to [Guidelines for the Interpretation and Report of Diagnostic Procedures](#).

Submitting Claims/Billing & Reimbursement

Include each procedure code and related diagnosis codes (ICD-9-CM) when completing the claim online or manually on the **CMS-1500 Claim Form**. For full procedure code descriptions, refer to a current CPT code book. Don't bill patients for services denied as a result of incorrect coding. Always code to the highest degree of specificity when indicating diagnosis.

Reimbursement for eye exams will meet your current VSP Signature Plan payable fees. Approved additional services are reimbursed at 80% of your U&C fee, up to the Medicare allowance in your area.

Note: Diabetic Eyecare Plus claims must be submitted separately from routine vision claims.

VSP ELEMENTS PROGRAM[®]

VSP Elements is a new covered-in-full program that supports the pediatric vision essential health benefit under the Affordable Care Act (ACA). Featuring Otis & Piper™ Eyewear, VSP Elements offers a covered-in-full annual eye exam and quality eyewear from a collection of frames designed specifically for children.

Enrollment/Doctor Participation

VSP Elements can be offered to patients with a Signature, Choice, or Advantage Plan. Only participating Choice Network doctors can provide services to VSP Elements patients with the Choice Plan. Only participating Advantage Network doctors can provide services to VSP Elements patients with the Advantage Plan.

Plan Type

Refer to the Patient Record Report to determine which Plan type the patient has. For Cigna Vision Patients, refer to the [Cigna Quick Reference Chart](#) on VSPOnline at eyefinity.com.

Eligibility & Authorization

COPAYS

Copay information is provided on the Patient Record Report when you obtain an authorization.

EXAM COVERAGE

Covered comprehensive eye exams are generally available to patients once every 12 months on a calendar year basis. Other exam frequencies can also be accommodated. Refer to the Patient Record Report for specific coverage details.

MATERIALS COVERAGE

VSP Elements coverage is for children typically age 0 to 19 and includes covered prescription lenses and a frame. Covered-in-full frames are available from the Otis & Piper Eyewear Collection. Patients can select a non-Otis & Piper frame, but it will not be covered. Contact lenses in lieu of eyeglasses are also covered with a minimum three-month's supply for varying modalities (see below for details). Please review your patient's coverage before providing materials.

Patients are also eligible for savings on additional services and materials (see [Value-Added Benefits](#) below).

LENSES

Single vision, bifocal, trifocal, or lenticular lenses in polycarbonate, plastic or glass are covered, as well as UV protection and scratch-resistant coatings. You receive a combined \$25 lens and frame dispensing fee for covered lenses.

VSP only covers lenses that meet the minimum prescription criteria. The minimum prescription criteria are:

The combined power in any meridian must be ± 0.50 diopter or greater in at least one eye. If not, you can apply one of the following exceptions:

- Necessary prism is 0.50 diopter or greater in at least one eye.
- Anisometropia is 0.50 diopter or greater.
- Cylinder power is ± 0.50 diopter or greater.

LENS ENHANCEMENTS

Some clients, who offer VSP Elements, provide the following coverage. Patients must be eligible for materials on the date of service.

- Photochromic lenses
- Solid and gradient tints

Covered with Copay

For lens enhancements that are covered with a copay, charge the patient according to the appropriate Lens Enhancements Charts ([Signature](#), [Choice](#), or [Advantage](#)) depending on the network selected as indicated on the Patient Record Report.

COVERED FRAMES

Frames from the [Otis & Piper Eyewear Collection](#) are covered for patients and will be lab supplied through VSPOne™ Columbus. You receive a combined \$25 lens and frame dispensing fee.

You can also use Otis & Piper frames to satisfy the needs of non-Elements patients. Order frames through Altair just as you do today. You may choose any lab or in-office finishing to fill patient prescriptions.

To request an Otis & Piper frame kit, contact VSP at 800.615.1883.

Frame Warranty

A two-year warranty is included with the frame.

OUT-OF-KIT FRAMES

Elective Frame

A patient has the option of providing their own frame or purchasing a non-Otis & Piper frame from you at 80% of U&C. If the patient purchases a non-Otis & Piper frame, it would be a private transaction and the frame will not be covered by VSP. You'll still receive a combined \$25 dispensing fee for the lens and frame, regardless of the frame brand selected.

Regardless of the frame brand that's purchased, the benefit for lenses and a frame will be exhausted for the patient's eligibility period.

Lenses

Lenses in out-of-kit frames remain covered for the patient under VSP Elements. Your fee for polycarbonate, scratch-coating, and UV protection is included in the reimbursement for the base lens.

All orders for VSP Elements patients must be fulfilled at VSPOne Columbus.

Medically Necessary Frame

Out-of-kit frames are allowed and covered if medically necessary due to frame material allergies and/or the appropriate eye size is unavailable within the kit selection. For Signature and Choice plans, you receive your standard assigned frame dispensing fee; Advantage frames are reimbursed up to 55% of your billed amount.

Use a KX modifier to indicate medical necessity, and be sure to complete the frame section and provide your wholesale frame cost.

Lenses, as outlined in the lens section, will still be covered under VSP Elements.

CONTACT LENSES

Elective Contact Lenses

VSP Elements provides coverage for contact lens services and materials in lieu of prescription glasses with a minimum three-month's supply (limited to two boxes of lenses) for the following modalities:

- Standard
- Monthly
- Bi-weekly
- Dailies

To qualify, patients must first be eligible for contact lenses. Refer to the Patient Record Report for the patient's specific type of coverage. The contact lens exam (fitting and evaluation) is covered in full. Providers will be reimbursed 85% of their U&C fees for the contact lens exam, and 100% for materials up to the quantity allowed.

When submitting a paper claim, please indicate the contact lens modality and number of boxes in Box 19 on the [CMS-1500 claim form](#).

Note: Contact lens exam services are also known as the contact lens fitting and evaluation, or F&E. These services are separate from the WellVision Exam and should be dispensed only to patients who wear or want to wear contact lenses and specifically request a contact lens exam.

Visually Necessary Contact Lenses

We'll cover contacts in full for patients meeting the established necessary contact lens benefit criteria if those patients are eligible for materials on the date of service. Refer to the [Visually Necessary Contact Lenses](#) section in the VSP Manual for more information.

Don't balance bill your patient. Apply material (spectacle lenses and frame) copays for necessary contact lenses, unless otherwise specified.

Visually necessary contact lenses aren't typically covered for patients who've received any elective cosmetic surgery, such as LASIK, PRK, or RK.

Note: For Visually Necessary Contact Lenses and Covered Contact Lenses, VSP will only cover an annual supply of materials based on the manufacturer's replacement schedule.

Lab

All orders must be submitted to VSP**One** Columbus.

Low Vision

Some VSP Elements clients provide this coverage. Low vision evaluations and aids are covered for eligible enrollees. Pre-service verification is required. Submit a [Low Vision Verification Form](#).

A low vision evaluation is covered for members who present with moderate, severe, or profound visual impairment. A low vision evaluation includes, but is not limited to, a detailed case history, effectiveness of any low vision aids in use, visual acuity in each eye with best spectacle correction, steadiness of fixation, assessment of aids required for distance vision and near vision, evaluation of any supplemental aids, evaluation of therapeutic filters, development of treatment, counseling of patient, and advice to patient's family (if appropriate).

Note: The diagnosis code describes the level of visual impairment in each eye. The AMA defines the level of visual impairment using best corrected visual acuity (BCVA) and/or visual field limitation. For example, severe visual impairment ranges are BCVA from 20/200 to 20/400, or visual field of 20 degrees or less, whichever is worse. Profound visual impairment ranges are BCVA 20/500 to 20/1000, or visual field of 10 degrees or less. VSP follows these guidelines for low vision coverage.

LOW VISION EVALUATION AND AIDS COVERAGE

We'll cover an annual low vision evaluation and aids if your patient's best corrected visual acuity is 20/70 or worse in at least one eye, or if there is a visual field of 20 degrees or less, or a hemianopsia (368.46 or 368.47). The request and claim should contain the correct low vision diagnosis code(s) (368.46, 368.47, 369.02-369.76).

Don't use the low vision coverage to provide conventional glasses or additional contact lenses. Lenses must be either specialty low vision lenses, or glasses specifically designed for use in conjunction with low vision aids. VSP's minimum prescription requirements apply. Please include a manufacturer's invoice when submitting a [Low Vision Verification Form](#).

ELIGIBILITY & AUTHORIZATION

If your patient meets the benefit criteria above and is eligible for low vision services, obtain a case number. To get one, complete a [Low Vision Verification Form](#). A copy of the invoice or catalog page is needed for each low vision aid requested. Fax the form to 916.851.4733. Or mail this form to: VSP, PO Box 997100, Sacramento, CA 95899.

LOW VISION EXAM COVERAGE

Coverage includes an annual low vision evaluation. There's no copay.

LOW VISION MATERIALS COVERAGE

Coverage includes all appropriate low vision aids, including prescription services and optical/non-optical aids.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

Submit low vision claims using our electronic claims submission system. You'll need an authorization number, which can be found on the Benefit Authorization notice. Indicate the case number in Box 23 located on the Diagnosis and Services screen.

For proper payment, bill all covered services with the appropriate CPT or HCPCS codes from this list.

Bill with the appropriate diagnosis codes and modifier KX. Visual necessity must be documented in the patient's file.

Low Vision Evaluation	
92499	Unlisted ophthalmological service or procedure
Fitting of Low Vision Aids (not reimbursed separately; payment is bundled with aids)	
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
Low Vision Aids	
V2600	Hand held low vision aids and other non-spectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens systems, including distance vision, telescopic

Note: Low vision claims must be submitted on a separate claim from routine vision. CPT and HCPCS codes are not selectable from the drop-down box and must be manually entered.

Value-Added Benefits

The following are considered a private transaction between you and your patient. Your patient is fully responsible for the payment.

GLASSES

Charge 80% of U&C on eligible additional pairs of glasses, including plano sunglasses, if dispensed within 12 months of the exam. The benefit:

- Is based on your total U&C fee.
- Is unlimited for 12 months on or following the date of the last covered eye exam.
- Is available through any VSP doctor. Use professional judgment when evaluating prescriptions from another provider. You may request an additional exam at a 80% of your U&C fee.
- Applies to prescription and non-prescription lenses.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Doesn't apply to lenses, solutions, cleaning products, and service agreements.

VSP LASER VISIONCARESM PROGRAM

Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP doctors.

The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome only.

If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price.

Please see the **Laser VisionCare** program page on **VSPOnline** for information on how to participate or for a list of participating facilities.

Sales Tax

Charge sales tax to your patients, as you normally would, based on your state's sales tax laws and regulations. Refer to Sales Tax under Dispensing and Patient Options on VSPOnline for more information.

Coordination of Benefits (COB)

Coordination of Benefits is not allowed for VSP Elements patients.

Authorization Effective Dates

For some VSP Elements patients, authorizations will expire on the last day of the month in which they are issued. You'll receive an "Invalid Authorization" error message in eClaim if you submit a claim for a date of service not within the effective dates. If this happens, obtain a new authorization valid for the date of service and resubmit.

Practice Management Software

VSP Elements claims for exam, lenses and frames may be submitted through a Practice Management Software System. Claims for contact lens materials may NOT be submitted through a Practice Management Software system, at this time, even if integrated with Eyefinity because they will not pay your practice correctly. To ensure proper payment, submit contact lens claims directly through Eyefinity or on paper. Contact Eyefinity for questions at 800.942.5353.

Redos

Orders should be returned to VSP**One** Columbus. Contact the lab at 800.251.5150 for additional information.

If you need to return a defective Otis & Piper frame, contact the lab for return instructions. If a patient wants to change a frame, the lab will do a one-time redo at no charge.

REDOS DUE TO LAB ERROR

Within 60 days, redos will be expedited and redone at no cost. Call VSP**One** Columbus at 800.251.5150 with any questions.

REDOS DUE TO DOCTOR OR STAFF ERROR

You'll be charged \$10 for redos due to doctor or staff error within 60 days. Do not charge the patient for the redo. Call VSP**One** Columbus for complete details.

REDOS DUE TO PRESCRIPTION CHANGES

Lens redos due to prescription changes within 60 days are a private transaction between your practice, the patient, and the lab. VSP^{One} Columbus will complete a redo for \$10 or you may use another lab of your choice on a private basis.

Do not send the order back to the lab. Lab will redo lenses and send them to you so you can replace old lenses.

VSP EXAM PLUS PLANSM AND VSP EXAM PLUS WITH ALLOWANCES PLANSM

VSP Exam Plus PlanSM

EXAM COVERAGE

Exam Plus patients are covered for a comprehensive eye exam.

MATERIALS

The benefits below are considered a private transaction between you and your patient. Your patient must pay for any additional items.

- Patients are eligible for complete sets of prescription glasses or plano (non-prescription) sunglasses from a VSP doctor within 12 months of the last eye exam at 80% of U&C. The benefit:
 - .
 - Is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at 80% of U&C.
 - Deduct 20% on additional eye exams, including if only a refraction is performed.
 - Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for contact lens exam services (F&E) and follow-up services at 85% U&C. the benefit:
 - Applies to services for prescription lenses only.
 - Is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at 80% of U&C.
 - Doesn't apply to contact lens materials, solutions, cleaning products, or service agreements.

VSP Exam Plus With Allowances PlanSM

EXAM COVERAGE

VSP Exam Plus With Allowance patients are covered for a comprehensive eye exam.

MATERIALS COVERAGE

Lenses and Frames

Patients are eligible for prescription lens, lens enhancements **and/or** frame (complete pair not required), plus they have a group-specific schedule of allowances. The lens allowance is applied to the complete lens service—including both the base lens and any lens enhancements selected.

VSP only covers frames that are used for prescription lenses that meet VSP's minimum prescription criteria (refractive error is at least +/- 0.50 diopter), unless the patient has plano coverage.

The benefit is available for 12 months on or following the date of the last covered eye exam, however the allowance schedule applies only once. Deduct 20% from the materials first, then apply the allowance.

Contact Lenses

Charge patients with Elective Contact Lens (ECL) or Visually Necessary Contact Lens (NCL) coverage 85% U&C for contact lens professional services. Elective or necessary contact lenses are covered in place of a complete set of prescription glasses. Your patient must pay any costs over the allowances listed in their client-specific schedule of allowances.

LAB

Lab work is handled privately. You may provide lenses through any lab, including in-office labs.

VALUE-ADDED BENEFITS

The Value-Added benefits below are considered a private transaction between you and your patient. Your patient must pay for any additional items.

- Patients are eligible for complete sets of prescription glasses or plano (non-prescription) sunglasses from a VSP doctor within 12 months of the last eye exam at 80% of U&C. The benefit:
 - Is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor. You can request an additional routine exam at 80% of U&C.
 - Deduct 20% on additional eye exams, including if only a refraction is performed.
 - Doesn't apply to cleaning products or repairs of prescription lenses or frames.
- Patients are eligible for contact lens exam services (F&E) and follow-up services at 85% of U&C. The benefit:
 - Applies to services for prescription lenses only.
 - Is unlimited for 12 months on or following the date of the last eye exam.
 - Use professional judgment when evaluating prescriptions from another doctor.
 - Doesn't apply to contact lens materials, solutions, cleaning products, or service agreements.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

VSP Exam Plus With Allowances

- Your patient pays the difference between the schedule of allowances and the plan's coverage. You may charge your U&C fees for contact lens materials. Progressive lenses are reimbursed at the bifocal allowance.
- For patients with combined allowances, bill all services at the same time so your patients get their full benefits. Remaining allowances can't be carried forward. The combined allowance applies to only one set of services. Your patients may use their benefits for a complete pair of prescription glasses or contact lens fitting/materials.

SUBMITTING THE CLAIM ELECTRONICALLY

Glasses: Bill using our electronic claims submission system.

- Complete the Invoice Services page and select Non-VSP lab (Private Invoice).
- Click on the Calculate HCPCS and Continue button.
- Complete the Diagnosis and Services page by entering your full U&C fees next to the appropriate CPT/HCPCS code.

Contact Lenses: Bill using our electronic claims submission system.

- Choose the type of contacts dispensed.
- If contact lens evaluation/fitting services were provided, show this in the dropdown.
- Click on the Calculate HCPCS **and Continue** button.
- Complete the Diagnosis and Services page by entering your full U&C fees next to the appropriate CPT/HCPCS code.
- Please see the [Necessary Contact Lens Benefit Criteria section](#) of your VSP Provider Reference Manual for more information regarding benefit criteria and claim submission.

SUBMITTING THE CLAIM ON PAPER

Glasses:

- Enter your full U&C fees next to the right CPT/HCPCS code.
- Complete the **CMS-1500 Claim Form** by entering your full U&C fees next to the right CPT/HCPCS code for lens and frame.
- Enter all **eight** digits of the authorization number in **Box 23**.

Contact Lenses

- Enter your full U&C fees next to the right CPT/HCPCS code.
- Select the type of contacts dispensed.
- Enter all **eight** digits of the authorization number in **Box 23**.

VSP LASER VISIONCARESM PROGRAM

- The program includes access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome, Custom PRK, or IntraLase.
- Members receive a complimentary screening as well as pre-operative and post-operative services through participating VSP doctors.
- If the laser center is offering a temporary price reduction, VSP members will get 5% off the advertised price if that's less than the usual discount price.
- Please see the **Laser VisionCare** page under **Programs** on **VSPOnline** at **eyefinity.com** for information on how to participate or for a list of participating facilities.

LASER VISIONCARESM PROGRAM

VSP considers co-management to be an integral part of refractive surgery and encourages a co-management relationship between our VSP Laser VisionCare Doctor and Laser VisionCare Facilities. We understand there may be instances when a Laser VisionCare surgeon may determine that it would be in the patient's best interest to provide pre- and post-operative care, therefore VSP allows co-management flexibility.

VSP's Laser VisionCare Program provides discounted access to facilities and surgeons for most VSP members who wish to pursue laser vision correction services. There are two plans: the standard Laser VisionCare Program (discount only) and the Laser VisionCare Preferred Program.

Laser VisionCare Program (discount only)	Laser VisionCare Preferred Program
<ul style="list-style-type: none"> • Members receive a complimentary screening as well as preoperative and postoperative services through participating VSP Primary EyeCare Providers. • The program includes discounted access to either Photorefractive Keratectomy (PRK) or Laser In-Situ Keratomileusis (LASIK) at a reduced cost, up to a maximum fee to the patient of \$1,500 per eye for PRK, \$1,800 per eye for LASIK, and \$2,300 per eye for Custom LASIK with wavefront technology using the microkeratome, Custom PRK, or IntraLase.. • If the laser center is offering a temporary price reduction, VSP members will receive 5% off the advertised price if it is less than the usual discount price. 	<p>In addition to discounted pricing available through the Laser VisionCare Program, the patient receives an allowance that may be applied to the cost of surgery. The allowance is provided through one of the following two options:</p> <ul style="list-style-type: none"> • Per eye allowance: This option enables the member to receive an allowance toward the cost of surgery for each eye, once per eye per lifetime. • Total allowance: This option enables the member to receive an allowance toward the cost of surgery regardless if it is on one or both eyes, once per lifetime.

Note: Information about the Laser VisionCare Program is available to members and consumers at vsp.com.

Eligibility & Authorization

PATIENT COMMUNICATION

The Laser VisionCare Program emphasizes the need for a patient to visit a VSP Laser VisionCare doctor to initiate services. If you are not participating in the Laser VisionCare Program and a VSP patient inquires about receiving services under the program, refer the patient to vsp.com or Member Services.

VSP contracts only with facilities and surgeons who meet our stringent quality standards. **Please don't refer members to facilities that are not in VSP's network.** Members of the LVC Preferred Program often have no benefit for out-of-network services, or a reduced allowance amount available. There is no guaranteed discount on services received from an out-of-network provider.

DETERMINING ELIGIBILITY

Select **View Plans** in the **Check Patient Eligibility** area on eyefinity.com. If eligible, you will see one of the two plans listed:

- Laser VisionCare Program–Discounted Services Only (nearly all VSP patients are eligible)
- Laser VisionCare Preferred Program
 - LASIK: Allowance amount \$XXX (per eye or both eyes)
 - PRK: Allowance amount \$XXX (per eye or both eyes)
 - Custom LASIK or Custom PRK with wavefront technology or IntraLase: Allowance amount \$XXX (per eye or both eyes)

Note: Services are available once per eye per member's lifetime unless otherwise indicated by member's VSP coverage.

Exam Coverage

COMPLIMENTARY SCREENING

Evaluate the patient's viability for surgery. At minimum, you are required to determine refractive error and briefly discuss laser vision correction. Laser surgery can't be guaranteed until a complete preoperative exam has been performed.

PREOPERATIVE EXAM

If you and the patient agree to proceed, perform a complete preoperative exam to obtain all clinical data required by the facility.

FACILITY SELECTION

After completing all preoperative testing, assist the patient in selecting a VSP contracted facility and surgeon with whom you are affiliated. The facility confirms eligibility and is provided with a tracking number. This number is used for the Laser VisionCare Preferred

Program claim submissions or for the collection of encounter data where the patient does not have an allowance.

SURGERY

The patient is responsible for paying the facility the discounted surgery fee (less the allowance if covered by the Preferred Program). The surgery is performed at the facility by a VSP Laser VisionCare surgeon. Patient out-of-pocket expenses are not to exceed the stated maximums.

POSTOPERATIVE CARE

VSP Laser VisionCare patients should return to you for postoperative care as soon as you and the surgeon, along with the patient, agree it is appropriate.

Inform the patient about the importance of regular exams after their surgery. And don't forget—most VSP Signature Plan[®] patients can use their frame benefit for plano sunglasses (off the board or office stocked) after their surgery.

Note: Please see VSP Signature Plan for billing instructions.

Submitting Claims/Billing & Reimbursement

CLAIM SUBMISSION/ENCOUNTER DATA

The facility is required to submit CMS-1500 form data to VSP electronically.

COMPENSATION

The facility is responsible for paying you and the surgeon.

BILLING

Services provided as part of the Laser VisionCare process can't be billed against the members' routine benefits.

There is no charge to the patient for complimentary screening and no doctor compensation is offered, even if the patient chooses not to proceed with the surgery after the screening.

Compensation for pre- and post-operative services is disbursed to you by the facility as part of the global fee. Do not submit a claim to VSP for services.

If the patient receives a pre-operative exam and chooses not to proceed with the surgery or if you determine that the patient is not a viable candidate then:

- If the patient has Preferred Program coverage, coordinate with the facility to submit a claim to VSP for this exam.
- If the patient does not have Preferred Program coverage, you may bill the patient for the exam at 75% of your U&C fee up to \$100. There should be no charge to the patient if you would not customarily charge a private patient for this exam.

Enrollment/Doctor Participation

To participate in VSP's Laser VisionCare Program, you should:

- Maintain current TPA certification, as applicable for your state.
- Find a participating facility on VSPOnline.
- Contact facilities directly to become affiliated. It is the facility's responsibility to offer laser vision correction training at no cost and to inform VSP of all changes in affiliation.

It is your responsibility to learn the facility's reimbursement policies, including compensatory fees for pre- and post-operative services, prior to the affiliation process. All Laser VisionCare compensation is disbursed directly to you by the facility.

Once you become affiliated with a Laser VisionCare facility, the facility will explain their process for coordinating patient care. Like reimbursement, this process will vary from facility to facility.

LOW VISION

VSP's Low Vision plan offers members low vision exams and low vision aids, up to a specified maximum, every two service years. Pre-service verification is required. Submit a [Low Vision Verification Form](#).

A low vision evaluation is covered for members who present with moderate, severe, or profound visual impairment. A low vision evaluation includes, but is not limited to, a detailed case history, effectiveness of any low vision aids in use, visual acuity in each eye with best spectacle correction, steadiness of fixation, assessment of aids required for distance vision and near vision, evaluation of any supplemental aids, evaluation of therapeutic filters, development of treatment, counseling of patient, and advice to patient's family (if appropriate).

Note: The diagnosis code describes the level of visual impairment in each eye. The AMA defines the level of visual impairment using best corrected visual acuity (BCVA) and/or visual field limitation. For example, **severe** visual impairment ranges are BCVA from 20/200 to 20/400, or visual field of 20 degrees or less, whichever is worse. **Profound** visual impairment ranges are BCVA 20/500 to 20/1000, or visual field of 10 degrees or less. VSP follows these guidelines for low vision coverage.

Low Vision Evaluation and Aids Benefit Coverage

We'll cover Low Vision Evaluation and Aids if your patient's best corrected visual acuity is 20/70 or worse in at least one eye, or if there is a visual field of 20 degrees or less, or a hemianopsia (368.46 or 368.47). The request and claim should contain the correct low vision diagnosis code(s) (368.46, 368.47, 369.02-369.76).

Don't use the Low Vision benefit to provide conventional glasses or additional contact lenses. Lenses covered under the Low Vision plan must be either specialty low vision lenses, or glasses specifically designed for use in conjunction with low vision aids. VSP's minimum prescription requirements apply. Please include a manufacturer's invoice when submitting a [Low Vision Verification Form](#).

NOTE: Patients with a diagnosis of photophobia (368.13) are eligible for sun filters. Lenses do not have to meet VSP's minimum prescription requirements.

Eligibility & Authorization

If your patient meets the benefit criteria above and is eligible for low vision benefits, obtain a case number. To get one, complete a [Low Vision Verification Form](#). A copy of the invoice or catalog page is needed for each low vision aid requested. Fax the form to 916.851.4733. Or mail this form to: VSP, PO Box 997100, Sacramento, CA 95899. You can find this form under the **Forms** section of the **Administration** menu on VSPOnline on eyefinity.com, or in the Tools and Forms section of this manual.

Signature Plan and VSP Choice Service Allowance: \$1,000 maximum benefit every two service years.

The maximum benefit includes coverage for two supplemental exams*. The remaining allowance is for materials.

*VSP covers additional exam if benefit dollars are available.

Exam Coverage

Coverage includes two low vision supplemental exams every two service years*. We'll pay up to \$125 for each exam. Don't balance bill for this service. There's no copay.

*VSP covers additional exams if benefit dollars are available.

Materials Coverage

Coverage includes an allowance for low vision aids every two years, including prescription services and optical/non-optical aids. Your patient must pay any overages.

Signature Plan and VSP Choice Plan: We'll pay 75% of the covered amount up to \$1,000 (minus any amount paid for supplemental exams) for each person every two service years. Bill your patient for the remaining 25% of the covered amount, plus any amount over the maximum benefit.

Patients with Sight for Students Gift Certificates: We'll pay 100% of the allowed amount up to \$1,000 for each person every two service years.

Submitting Claims/Billing & Reimbursement

Submit Low Vision claims using our electronic claims submission system. You'll need an authorization number, which can be found on the Benefit Authorization notice. Indicate the case number in Box 23 located on the Diagnosis and Services screen.

For proper payment, bill all covered services with the appropriate CPT or HCPCS codes from this list.

Low Vision Evaluation

92499	Unlisted ophthalmological service or procedure
Fitting of Low Vision Aids (not reimbursed separately; payment is bundled with aids)	
92354	Fitting of spectacle mounted low vision aid; single element system
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system
Low Vision Aids	
V2600	Hand held low vision aids and other nonspectacle mounted aids
V2610	Single lens spectacle mounted low vision aids
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system

Note: Low vision claims must be submitted on a separate claim from routine vision. CPT and HCPCS codes are not selectable from the drop-down box and must be manually entered.

SAFETY EYECARE PLAN

There are two types of Safety EyeCare plans: the Safety Supplemental Plan and the Safety Stand-Alone Plan. Most clients that provide safety benefits purchase the Safety Supplemental Plan, in addition to our VSP Signature Plan®.

The Safety Stand-Alone Plan is similar to our Signature Plan, with two exceptions:

- Prescribed materials must meet American National Standards Institute (ANSI) standards for safety eyewear.
- Value-Added benefits don't apply to non-covered materials.

Eligibility & Authorization

SAFETY REQUIREMENTS QUESTIONNAIRE

Safety EyeCare Plan patients should fill out questionnaires about their work environments and related safety requirements before exams. A sample [Safety Requirements Questionnaire](#) is located in the **Tools and Forms** section of the **Manuals on VSPOnline on eyefinity.com**. Keep a copy of the questionnaire or the information it contains in your patient's record.

COORDINATION OF BENEFITS

There's no coordination of benefits under most Safety EyeCare Plans.

Exam Coverage

When your patient has Safety Supplemental coverage, use the patient's Signature Plan coverage for a routine eye exam and the Safety Supplemental Plan for supplemental exams. Give an intermediate or comprehensive eye exam under your patient's Safety Supplemental Plan only if that patient isn't eligible for an eye exam under the Signature Plan.

Materials Coverage

Necessary corrective lenses (i.e. single vision, bifocal, trifocal, or lenticular) in glass or plastic (CR-39) that meet the American National Standards Institute (ANSI) standards are detailed below for safety eyewear.

Certified safety eyewear, lenses and frames must meet the following standards set by ANSI, effective April 13, 2010:

Lenses	Frames
<ul style="list-style-type: none"> • No safety lenses can be less than 2mm thick at the thinnest point. This applies to any lens used in a frame marked Z87-2 and all Impact Rated Protector prescription lenses. • General Purpose Protector: Lens must be engraved with the manufacturer's logo. General Purpose Protector lenses can't be less than 3.0 mm thick. • Impact Rated Protector: Minimum of 2.0 mm thickness. Lens must be marked with the manufacturer's logo and with a plus sign (+), indicating that it meets Impact Rated Protector test requirements. • If the finished product meets the General Purpose Protector requirements, the lab is no longer required to attach a hangtag stating, "This eyewear meets the Basic Impact Requirements..." 	<ul style="list-style-type: none"> • Prescription spectacles must be tested as a complete device. • Frames that meet the Impact Rated Protector requirement must bear the mark Z87-2 (a + will be required once manufacturers can change their markings and existing inventory is depleted) and may be used for both General Purpose Protector and Impact Rated Protector applications. • Detachable side shields are marked with Z87+. If side shields are permanent they don't need to be marked.

OTHER LENS ENHANCEMENTS

If your patient selects a lens enhancement that is covered with copay, charge your patients the amount listed on the VSP Signature Plan Lens Enhancements Chart or your U&C, whichever is lower. Check the Patient Record Report. Examples of lens enhancements for patients:

- Anti-reflective coating
- UV coatings
- Blended lenses
- Progressive lenses
- Tints (Solid or Gradient)
- Oversize lenses
- Polycarbonate lenses
- Frames that exceed the frame allowance

Non-covered Items

The items below aren't a benefit under the Safety EyeCare plan and VSP will deny the claim if submitted for reimbursement:

- Contact lenses

- Everyday eyewear instead of safety materials
- Materials obtained from a non-VSP doctor, unless the group has out-of-network coverage
- Plano (non-prescription) lenses (unless otherwise indicated)
- Rimless mounting

FRAMES

After determining patient eligibility and lens needs, have your patient choose a frame from your safety selection or the ProTec Eyewear® [online catalog](#). ProTec Eyewear offers ANSI Z87-2 certified frames in a variety of styles and colors, including Titanium and wrap-around. If your practice carries ProTec Eyewear, please note that the frames in the kit are for display purposes only. All ProTec Eyewear should be ordered through a participating lab and will be supplied by the labs.

Side shields and a frame case are included with ProTec Eyewear frames at no additional cost. If a client requires permanent side shields, a comment on the Patient Record Report will indicate the requirement.

Under the Safety EyeCare plan, patients can choose a frame with detachable or permanent side shields. If the frame and shields are priced separately, add the cost of the shields to the cost of the frame to determine the total cost. Depending upon the patient's frame allowance, ProTec Eyewear frames may not be fully covered under the VSP Safety EyeCare Plan. Refer to the Patient Record Report for more information on the patient's frame allowance. Overages should be determined using the VSP Signature Plan frame overage policy.

Note: If a patient with or without the [VSP Safety Eyecare Plan](#) is interested in a frame from the ProTec Eyewear kit, you'll need the wholesale cost of the frame. To obtain wholesale costs please see the [Frame Data® Price Book](#), available through Jobson, or contact the manufacturer directly for the list price.

Uvex by Honeywell ([formerly Titmus](#)) at 800.446.1802

OnGuard (Hilco) at 800.955.6544

Wiley X, Inc. at 800.776.7842*

*If a patient that does not have the ProTec Safety Plan, is interested in a Wiley X, Inc. frame, you must contact Wiley X directly. Wiley X requires an account to be set up to sell their frames outside of the ProTec Safety Plan.

Lab

All safety orders must be sent to a participating lab:

VSPOne Columbus

800.251.5150

2605 Rohr Road, Lockebourne, OH 43137

VSPOne Sacramento

800.952.5518

3131 Fite Circle, Sacramento, CA 95827

Paper claim practices: You must order lab-supplied materials from one of the participating labs listed above.

EMERGENCY

In emergencies, you can use any lab capable of producing ANSI certified safety eyewear (see the [National Contract Lab List](#)); choose lab 100 when billing on eClaim.

Use one of the following comments when indicating emergency status:

- Patient's safety glasses are lost, stolen, or broken and he or she doesn't own a back-up pair.
- Patient needs safety glasses to work or drive and is unable to see well enough to do so and doesn't have a back-up pair of safety glasses.
- Patient's safety and well-being will be jeopardized without the immediate delivery of his or her prescription safety eyewear.

Submitting Claims/Billing & Reimbursement**SUPPLEMENTAL SAFETY EYECARE EXAMS**

The level of eye exam or the evaluation and management service that you provide depends on the location and the time elapsed since the patient's last routine eye exam:

Time Since WellVision [®] Routine Exam	Reimbursement Percentage
Same day	No Reimbursement
1 day or more	65% of the doctor's comprehensive exam fee when supplemental exam is billed*

When possible, perform your supplemental and comprehensive or intermediate exams in the same visit.

*If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.

STAND-ALONE SAFETY EYECARE PLAN EXAMS

Exams for Stand-Alone Safety EyeCare Plans are reimbursed at your Signature Plan comprehensive or intermediate exam payable fee.

DISPENSING FEES

Supplemental Safety EyeCare Plans have a lens dispensing fee only. The lens dispensing is reimbursed at a flat rate of \$25.

Stand-alone Safety Eyecare Plans have a lens and frame-dispensing fee that is also reimbursed at a flat rate. Both lens and frame dispensing are reimbursed at \$25 each.

PROTEC SAFETY[®] PLAN

The ProTec Safety Plan will be offered to new clients seeking a safety plan and also to current VSP Safety Eyecare clients as they renew their contracts. With ProTec Safety, your patients can see you for their safety eyewear needs, which provide continuity of care for your patients.

Eligibility & Authorization

SAFETY REQUIREMENTS QUESTIONNAIRE

ProTec Safety patients should complete a questionnaire about their work environments and related safety requirements before receiving safety services. You can use [VSP's Safety Requirements Questionnaire](#) if you'd like or one you've created. Keep a copy of the completed questionnaire in your patients' record.

COORDINATION OF BENEFITS

There's no coordination of benefits under the ProTec Safety plan.

Exam Coverage

ProTec Safety is a materials-only plan, so a safety exam isn't typically covered. In some cases, ProTec Safety patients may have routine VSP coverage that covers their routine exam. Please refer to the Patient Record Report for exam coverage and benefit information because different patients may have different coverage.

To receive safety eyewear, the patient's prescription must be under two years old. You can choose to require a new exam prior to providing materials based on your professional judgment. If you decide that an exam is necessary, deduct 20% from the exam.

Materials Coverage

Necessary corrective lenses (i.e. single vision, bifocal, trifocal, or lenticular) in glass or plastic (CR-39) that meet the American National Standards Institute (ANSI) standards are detailed below for safety eyewear.

ANSI REQUIREMENTS

The lenses and frames provided under this plan are certified as safe for the work environment by meeting the necessary requirements set forth by ANSI effective April 13, 2010.

Lenses	Frames
<ul style="list-style-type: none"> • No safety lenses can be less than 2mm thick at the thinnest point. This applies to any lens used in a frame marked Z87-2 and all Impact Rated Protector prescription lenses. • General Purpose Protector: Lens must be engraved with the manufacturer's logo. General Purpose Protector lenses can't be less than 3.0 mm thick. 	<ul style="list-style-type: none"> • Prescription spectacles must be tested as a complete device. • Frames that meet the Impact Rated Protector requirement must bear the mark Z87-2 (a + will be required once manufacturers can change their markings and existing inventory is depleted) and may be used for both General Purpose Protector and Impact Rated Protector

<ul style="list-style-type: none"> • Impact Rated Protector: Minimum of 2.0 mm thickness. Lens must be marked with the manufacturer's logo and with a plus sign (+), indicating that it meets Impact Rated Protector test requirements. • If the finished product meets the General Purpose Protector requirements, the lab is no longer required to attach a hangtag stating, "This eyewear meets the Basic Impact Requirements..." 	<p>applications.</p> <ul style="list-style-type: none"> • Note: Detachable side shields are marked with Z87+. If side shields are permanent they don't need to be marked.
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LENSES

Covered Lens Enhancements

Covered lens enhancements are available and will vary depending on the patient's benefit. VSP will pay the lab for any covered lens enhancement and there's no charge to the patient. Refer to the Patient Record Report for lens enhancement coverage. In most cases, ProTec Safety patients will be covered for polycarbonate lenses.

Other Enhancements

If your patient selects a lens enhancement that is covered with copay, charge the patient your usual and customary fee (U&C) for the lens enhancement or their lens enhancement copay. (refer to the VSP Signature Plan Lens Enhancement Chart), whichever is lower. Refer to the Patient Record Report for lens enhancement coverage.

Here are several examples of lens enhancements that patients can choose to purchase for safety eyewear:

- Anti-reflective coating
- UV coating
- Blended lenses
- Tints (Solid or Gradient)
- Oversize lenses
- Progressive lenses

Non-covered Items

These options and items aren't covered under the ProTec Safety plan and VSP will deny the claim if submitted for reimbursement:

- Contact lenses
- Everyday eyewear instead of safety materials
- Materials obtained from a non-VSP doctor, unless the group has out-of-network coverage
- Plano or non-prescription lenses, unless otherwise indicated on the Patient Record Report (minimum prescription ± 0.50 diopters required for lenses)

FRAMES

Covered Frames

ProTec Safety patients must choose one of the 30 ANSI-approved frames from the ProTec Eyewear kit or [online catalog](#). ProTec Eyewear frames are fully-covered for the patient and

will be supplied by a participating lab (see the Lab section for more details). Don't charge patients for any frame overages.

Non-Covered Frames

Non-covered ProTec Eyewear frames can only be dispensed, if one of the following occurs:

- The needed eye size isn't available in any of the covered frames
- None of the frames meets the hazardous work environment of your patient.
- The patient has an allergy to the standard safety frame materials used in the covered frames.

If a non-ProTec Eyewear frame is selected due to one of these circumstances, the frame is not covered in full. The patient will have a retail frame allowance of \$65 (wholesale allowance of \$25). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, deduct 20% from the retail overage. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Important! You must submit a [ProTec Safety® Verification Form](#) to VSP to document the exception.

ADDITIONAL MATERIALS

When a complete pair of glasses, including plano sunglasses, is dispensed within 12 months from the date of the last eye exam, charge the patient 80% of U&C for non-covered materials. Refer to the **Value-Added Benefits** in the [VSP Signature Plan®](#) section for details.

Lab

All ProTec Safety orders must be sent to a participating lab:

VSPOne Columbus
800.251.5150
2065 Rohr Road, Lockbourne, OH 43137

VSPOne Sacramento
800.952.5518
3131 Fite Circle, Sacramento, CA 95827

When billing electronically, eClaim will only offer these lab choices for ProTec Safety orders. If you don't already have an account with the lab, you may submit the order, but they may contact you for more information.

Paper claim practices: You must order lab-supplied materials from the any of the participating labs listed above.

EMERGENCY SITUATIONS

In emergencies, you can use any lab capable of producing ANSI certified safety eyewear (see the [National Contract Lab List](#)); choose lab 100 when billing on **eClaim**.

The following situations are considered emergencies. Include the reason for the emergency when submitting claims to VSP:

Use one of the following comments when indicating emergency status:

- Patient's safety glasses are lost, stolen, or broken and he or she doesn't own a back-up pair.
- Patient needs safety glasses to work or drive, is unable to see well enough to do so, and doesn't have a back-up pair of safety glasses.
- Patient's safety and well-being will be jeopardized without the immediate delivery of his or her prescription safety eyewear.

Note: If a non-ProTec frame is selected due to an emergency situation, the frame is not covered in full. To obtain wholesale costs of ProTec Eyewear safety frames please see the Frame Data[®] Price Book, available through Jobson, or contact the manufacturer directly for the list price.

Uvex by Honeywell (formerly Titmus) at 800.446.1802

OnGuard (Hilco) at 800.955.6544

Wiley X at 800.776.7842

Refer to the [Frame](#) section for complete details and instructions on emergency situations.

Submitting Claims/Billing & Reimbursements

LENSES

You'll receive a flat rate dispensing fee of \$25 for covered lenses. There are no additional reimbursements for dispensing progressive lenses or covered lens enhancements Use CPT code 99022 (for shipping) when submitting for progressive lenses to be reimbursed up to the maximum allowable.

FRAME

Patients must choose a covered ProTec Eyewear frame which will be supplied by a participating lab. You won't receive a dispensing fee or material reimbursement for the frame. When submitting the claim, be sure to look for the Collection with ProTec next to it (i.e. Baseline Collection – ProTec) when entering frame information on EasyFind.

Note: If a patient with or without the [VSP Safety Eyecare Plan](#) is interested in a frame from the ProTec Eyewear kit, you'll need the wholesale cost of the frame. To obtain wholesale costs please see the Frame Data[®] Price Book, available through Jobson, or contact the manufacturer directly for the list price.

Uvex by Honeywell (formerly Titmus) at 800.446.1802

OnGuard (Hilco) at 800.955.6544

Wiley X, Inc. at 800.776.7842*

*If a patient that does not have the ProTec Safety Plan, is interested in a Wiley X, Inc. frame, you must contact Wiley X directly. Wiley X requires an account to be set up to sell their frames outside of the ProTec Safety Plan.

COMPUTER VISIONCARESM PLAN

Computer VisionCare services are usually provided at the same time as your patient's routine eye exam to treat Computer Vision Syndrome (CVS). There are two Computer VisionCare plans: Supplemental Computer VisionCare and Computer VisionCare Only.

Eligibility & Authorization

COORDINATION OF BENEFITS

There's no coordination of benefits for services provided under the Computer VisionCare Plan.

Exam Coverage

Computer VisionCare patients should complete a questionnaire about their work environments and viewing distance from the computer before the exam. A sample [Computer VisionCare Questionnaire](#) can be found in the **Patient Education** section in the **Forms Library** area under **Administration** on **VSPOnline** on **eyefinity.com**. Keep a copy of the questionnaire or the information in your patient's record.

Supplemental Computer VisionCare patients are eligible for a supplemental exam to determine computer vision requirements in addition to the tests listed below.

Computer VisionCare Only: Patients receive a comprehensive exam and the tests listed below.

ADDITIONAL TESTS AND RECORDS

In addition to services provided under the VSP Signature Plan[®], include the following tests and records with the Computer VisionCare eye exam:

- Occupational history, including viewing distances, lighting, viewing angles, and symptoms
- Binocular vision assessment (at least two of the following):
 - Near point of convergence test
 - Cover test or heterophoria test at the near working distance of the computer monitor
 - Fusion quality (assessment of fusion ranges when indicated)
- Accommodative Function (at least two of the following):
 - Facility of accommodation
 - Amplitude of accommodation
 - Plus and minus lenses to blur at the computer monitor working distance
- Refraction determination at computer viewing distance
- Dry eye discussion, when indicated (only during initial visit; no coverage for ongoing treatment)
- Other testing as indicated, to support the diagnosis

Treatment requirements

- Determination if computer glasses are indicated
- Occupational prescription, if indicated

- Recommendation regarding the visual environment and work station
- Dry eye discussion, when indicated
- Vision therapy, when indicated

Materials Coverage

Patients qualify for Computer VisionCare materials only if they have one of the following diagnoses. Claims require at least one of the following diagnosis codes.

Diagnosis	Code
Presbyopia	367.4
Hyperopia	367.0
Disorder of Accommodation	367.51, 367.52, 367.53
Heterophoria	378.40, 378.41, 378.42, 378.43, 378.44, 378.45
Astigmatism	367.20, 367.21, 367.22
Disorder of Convergence	378.81, 378.82, 378.83, 378.84, 378.85, 378.86, 378.87

LENSES

Under both plans, patients are eligible for covered lenses and a wholesale/retail frame allowance. Value-Added benefits don't apply. Materials prescribed are for **computer use only**.

Spectacle lens coverage includes:

- Minimum prescription of ± 0.50 diopters required for lenses.
- Single vision, bifocal, and trifocal specifically designed for working at a computer glass/plastic.
- Near Variable Focus lenses (VSP lens enhancement code IA or IL) are covered
- The following occupational progressive lenses are covered and are available under Near Variable Focus B (VSP lens enhancement code IL): Essilor Computer Clear (patient must pay out of pocket for polycarbonate portion of lens, unless covered by their plan benefit) and Zeiss Gradal RD.
- Eye sizes up to and including 60 mm.
- The prescription for Computer VisionCare materials must differ by more than ± 0.50 diopters from the patient's everyday eyewear. Due to the design characteristics of Essilor Computer Clear and Zeiss Gradal RD, these lenses do not need to meet this requirement.
- Pink I, II or Rose tints, up to 20% absorption level.

Note: If an "S" appears in the tint position on the grid, a pink or rose tint is only available if it's a #1, #2 or has up to a 20 % absorption level.

Frame

Most VSP plans provide a blended wholesale/retail allowance toward the purchase of a new frame. Patients may also use a serviceable existing frame. If the member chooses a frame

with a cost that exceeds both the wholesale and retail allowances, deduct 20% from the retail overage

Other Lens Enhancements

If your patient selects a lens enhancement that is covered with copay, charge your patient according to the VSP Signature Plan Lens Enhancements Chart or your U&C, whichever is lower. Examples of lens enhancements patients can choose:

- Blended lenses
- Polycarbonate
- Mid or Hi-Index
- UV coating
- Anti-reflective coating
- Oversize lenses
- Non-pink or non-rose tints, up to 20% absorption level
- Scratch resistant coating
- Edge treatment

Non-covered Materials

The following items aren't benefits under the Computer VisionCare Plan. Clients may make exceptions to this list. Please check the Patient Record Report for coverage. If these items are provided, the lenses and frame will be denied.

- Everyday eyewear materials instead of Computer VisionCare materials
- Any tint greater than 20% absorption level, even if patients choose to incur the added cost
- Progressives not listed above under "Lenses"
- Photochromic lenses
- Plano lenses
- Polarized
- Lenticular lenses
- Clip-on lenses
- X-Ray lenses
- Didymium lenses
- Mirror/Ski coating
- Sunglasses

Labs

- Use VSP contract labs.
- Submit orders through eClaim at eyefinity.com.
- For redos, please check the [First-Time Doctor Redos](#) policy in **Dispensing and Patient Lens Enhancements** section.
- You can use non-contract labs in emergency situations only.
- Doctor in-office lens enhancements are acceptable if they follow Computer VisionCare guidelines for tints. See [Doctor In-Office Lens Enhancements](#) for details.

Submitting Claims/Billing & Reimbursement

Claims submitted under the Computer VisionCare Plan must meet the following criteria:

- All materials prescribed are for computer use only.
- Claims include at least one of the diagnoses listed above. Please note that the electronic default diagnosis code, V72.0, isn't sufficient.

- The prescription for Computer VisionCare materials must differ by more than ± 0.50 diopters from your patient's everyday eyewear. (Due to the design characteristics of Essilor Computer Clear and Zeiss Gradal RD, these lenses don't need to meet this requirement.)
- A patient can't get Computer VisionCare glasses that are the same as everyday eyewear.

VSP will verify that Computer VisionCare glasses meet all requirements. Paid materials claims that don't meet the above criteria may be reversed. You may not bill your patients for claims that are reversed.

If your patient can't adjust to occupational progressive lens, benefits won't be reinstated. Payment becomes a private transaction between you and your patient.

Note: Use the authorization number issued under the Computer VisionCare Plan when submitting claims for Computer VisionCare exams/materials.

CLAIM REIMBURSEMENT

Supplemental Computer VisionCare: When your patient has Supplemental Computer VisionCare coverage, use their routine benefit for the eye exam and the Computer VisionCare coverage for supplemental Computer Vision Syndrome testing.

Please refer to the chart below to determine your reimbursement:

Time Since WellVision [®] Routine Exam	Reimbursement Percentage
Same day	30% of comprehensive exam payable fee*
1 day or more	65% of comprehensive exam payable fee*

When possible, perform your supplemental and comprehensive or intermediate exams in the same visit.

*If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.

Computer VisionCare Only: We'll reimburse you for exams at your VSP Signature Plan comprehensive or intermediate exam payable fee.

Computer VisionCare-Related Vision Therapy

Computer VisionCare-related vision therapy provides evaluations and orthoptic and/or pleoptic sessions for patients with one of the following conditions:

- Convergence insufficiency—378.83
- Accomodative insufficiency—367.50
- Accomodative spasm—367.53

If your patient meets the benefit criteria above and is eligible for Computer VisionCare-related vision therapy, please refer to the Vision Therapy section of this manual for billing instructions.

Coverage:

- VSP will pay up to a maximum of \$200.

- The \$200 allowance includes any supplemental testing. VSP does not provide coverage for supplemental testing without treatment.
- The patient is responsible for additional therapy above the \$200 allowance.
- No additional copay is required.

VDT EYECARE PLAN

VDT EyeCare services are usually provided at the same time as your patient's routine eye exam to treat Computer Vision Syndrome. There are two VDT EyeCare plans: Supplemental VDT and VDT Only.

Eligibility & Authorization

COORDINATION OF BENEFITS

There is no coordination of benefits for services provided under the VDT EyeCare Plan.

Exam Coverage

VDT EyeCare patients should fill out a questionnaire about their work environments and viewing distance from the computer before exams. A sample [Computer VisionCare Questionnaire](#) can be found in the **Patient Education** section in the **Forms Library** area under **Administration** on **VSPOnline** on **eyefinity.com**. Keep a copy of the questionnaire or the information in your patient's record.

Supplemental VDT patients can qualify for a supplemental exam to determine computer vision requirements, in addition to the tests listed below.

VDT Only patients must receive a comprehensive exam, in addition to the tests listed below.

ADDITIONAL TESTS AND RECORDS

In addition to services given under the VSP Signature Plan, please include the following tests and records with the VDT eye exam:

- Occupational history, including viewing distances, lighting, viewing angles, and symptoms
- Near point of convergence test
- Cover test or heterophoria test at the near working distance of the VDT
- Plus and minus lenses to blur at the VDT working distance
- Plan of treatment
- Other testing, as indicated, to support the diagnosis

Materials Coverage

Your patients qualify for VDT materials only if they have one of the following diagnoses. Claims require at least one of the following diagnosis codes:

Diagnosis	Code
Presbyopia	367.4
Hyperopia	367.0
Disorder of Accommodation	367.51, 367.52, 367.53
Heterophoria	378.40, 378.41, 378.42, 378.43, 378.44, 378.45
Astigmatism	367.20, 367.21, 367.22
Disorder of Convergence	378.81, 378.82, 378.83, 378.84, 378.85, 378.86,

	378.87
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LENSES

Under both VDT plans, patients qualify for covered lenses and have a wholesale/retail frame allowance. Value-added benefits don't apply to non-covered materials. Materials prescribed are for **computer use only**.

Spectacle lens coverage includes:

- Necessary corrective lenses (Single vision, bifocal, and trifocal) specifically designed for working at a computer
- Eye sizes up to and including 60 mm
- The prescription for VDT materials must differ by more than ± 0.50 diopters from your patient's everyday eyewear

Covered Lens Enhancements

- Pink or rose tints, up to 20% absorption level

Other Lens Enhancements

If your patient selects a lens enhancement that is covered with copay, charge patients according to the Patient Lens Enhancement Chart or your U&C, whichever is lower. Examples of lens enhancements patients can choose include:

- Blended lenses
- Oversize lenses
- Polycarbonate
- Hi-Index
- UV Coating
- Anti-Reflective Coating
- Non-pink or non-rose tints, up to 20% absorption level

Non-covered Materials

Some clients may make exceptions to the following list. Check the Patient Record Report for coverage information to be sure. If these items are provided, we won't cover the lenses and frame.

- Contact lenses
- Two pairs of single vision lenses, instead of bifocal lenses
- Plano lenses
- Photochromic lenses
- Polarized
- Mirrored
- Sunglasses
- Everyday eyewear materials instead of VDT materials

- Any tint greater than 20%, even if patients choose to incur the added cost

Note: If an “S” appears in the tint position on the grid, a pink or rose tint is only available if it is a #1, #2 or has up to a 20% absorption level.

Labs

- Use VSP contract labs.
- Submit orders through eClaim.
- For redos, please check the [First-Time Doctor Redos](#) policy in **Section 4: Dispensing and Patient Lens Enhancements**.
- Use non-contract labs in emergency situations only.
- Doctor in-office lens enhancements are acceptable if they follow VDT VisionCare guidelines for tints. See [Doctor In-Office Lens Enhancements](#) for details.

Submitting Claims/Billing & Reimbursement

VDT EyeCare Plan claims must meet the following criteria:

- All materials prescribed are for computer use only.
- Claims include at least one of the diagnoses indicated in “Diagnosis Qualifications” above. Please note the electronic default diagnosis code, V72.0, is not sufficient.
- The prescription for VDT materials must differ by more than ± 0.50 diopters from the patient’s everyday eyewear.
- Your patient can’t get VDT glasses that are the same as their everyday eyewear.

We must make sure *VDT* glasses meet all requirements. Paid materials claims that don’t meet the above criteria may be reversed. You may not bill your patients for claims that are reversed.

Note: Use the authorization number issued under the VDT EyeCare Plan when submitting claims for VDT EyeCare Plan exams/materials.

CLAIM REIMBURSEMENT

Supplemental VDT: When your patient has Supplemental VDT coverage, use their routine benefit for the eye exam and VDT coverage for supplemental Computer Vision Syndrome testing.

Use the chart below to determine your reimbursement:

Time Since WellVision® Routine Exam	Reimbursement Percentage
Same day	30% of comprehensive exam payable fee*
1 day or more	65% of comprehensive exam payable fee*

When possible, perform your supplemental and comprehensive or intermediate exams in the same visit.

*If you choose to use 920XX codes to bill your WellVision Exams, please remember to bill refraction (92015) separately for accurate reimbursement.

VDT Only: Exams for VDT Only are reimbursed at your Signature Plan comprehensive or intermediate exam payable fee.

You'll be reimbursed both your lens and frame dispensing fees.

VDT-Related Vision Therapy

VDT-related vision therapy provides evaluations and orthopic and/or pleoptic sessions for patients with one of the following conditions:

- Convergence insufficiency—378.83
- Accommodative insufficiency—367.50
- Accommodative spasm—367.53

If your patient meets the benefit criteria above and is eligible for VDT-related vision therapy, please refer to the Vision Therapy section of this manual for billing instructions.

Coverage:

- VSP will pay up to a maximum of \$200.
- The \$200 allowance includes any supplemental testing. VSP does not provide coverage for supplemental testing without treatment.
- The patient is responsible for additional therapy above the \$200 allowance.
- No additional copay is required.

VISION THERAPY

Authorization

Evaluations for qualified conditions are to be submitted directly through **eClaim** with the appropriate diagnosis codes indicated.

Sessions for a patient who meets the benefit criteria and is eligible for Vision Therapy are authorized when you obtain a case number. To get one, complete a [Vision Therapy Verification Form](#). Fax it to 916.851.4733, or mail the form to: VSP, PO Box 997100, Sacramento, CA 95899. You can find this form under **Benefit Administration** in the **Forms** section of the **Administration** menu on **VSPOnline** at **eyefinity.com** or in the Tools and Forms section of this manual.

Coverage

EVALUATIONS

We'll pay a maximum of \$85 for one approved sensorimotor exam per service year. You may not balance bill the patient for any amount over the approved amount. The \$85 maximum per year for the exam is not included in the \$750 yearly vision therapy allowance described below.

SESSIONS

The number of vision therapy sessions is dependent upon pre-established benefit criteria, indicated on the Benefit Authorization Notice along with the case number. This information is available after we receive your completed [Vision Therapy Verification Form](#).

The maximum allowable amount for vision therapy sessions is \$750 per service year. We'll pay 75% of the allowable amount for vision therapy sessions up to the \$750 limit. Your patient will pay 25%. Additional sessions beyond those covered by us are a private transaction between you and your patient.

Patients with Sight for Students Gift Certificates: We'll pay 100% of the allowed amount up to \$750 for each person per service year.

Submitting Claims/Billing

For Vision Therapy sessions, include the authorization number from the Benefit Authorization notice in Box 23 located on the **Diagnosis and Services** screen on **eClaim**. Also include one of the CPT procedure codes and an appropriate diagnosis code from the tables below:

SENSORIMOTOR EXAM

92060 Sensorimotor examination with multiple measurements of ocular deviation, with interpretation and report.

368.33	378.06	378.07	378.11
378.14	378.15	378.18	378.20
378.21	378.22	378.23	378.24
378.41	378.42	378.83	378.84
378.85	379.57	379.58	

VISION THERAPY SESSIONS

92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation.

You can find a list of appropriate diagnosis codes for CPT 92065 on the [Vision Therapy Verification Form](#).

Note: Vision therapy claims must be submitted on a separate claim from routine vision. CPT and HCPCS codes are not selectable from the drop-down box and must be manually entered.

INTERIM BENEFITS

Interim Benefits covers services or materials for your patients when they're not eligible for services or materials under the core plan, and there's a significant prescription change. Interim benefits criteria may vary from client to client. Check your patient's interim benefits by calling VSP at 800.615.1883 before providing services or materials. Interim Benefits may be covered for exam, frame, and additional pairs of lenses, including elective contact lenses.

Exam	Lenses	Frames
Exams are approved only if your patient has interim benefits for exams and the change in prescription meets the criteria outlined under " Lenses. "	New lenses are allowed if: <ul style="list-style-type: none"> • your patient has interim benefits; • your patient meets the criteria for interim lens coverage; • you've received authorization for interim lenses. 	A new frame is allowed only if your patient has interim benefits for frames and interim lenses have been approved. Depending on your patient's coverage, frame benefits may be limited to lost or broken frames, or to prescription changes requiring a frame of a different shape or size. If a frame is approved, the benefit is limited to your patient's standard

		wholesale/retail frame allowance.
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Inform your patients that they must pay for services and/or materials provided if they:

- Don't qualify for the services or materials requested;
- Don't have interim benefits for the services or materials requested;
- Have interim benefits but don't meet the interim services/materials criteria;
- Have recently received laser vision correction surgery, as they are not entitled to use Interim Benefits.

Contact VSP at 800.615.1883 to obtain an authorization for interim benefits. You may need your patient's previous and new prescription, plus the current visual acuity achieved with each prescription. If approved, you'll get an authorization number.

REPAIR/REPLACE BENEFITS

Repair/Replace Benefits cover materials your patients get when they're not eligible for materials under their core plan. Refer to the Patient Record Report to determine if the patient is eligible for repair or replacement coverage. Patients are eligible if their spectacle lenses or frames are broken or damaged and need repair or replacement.

It also covers materials your patients receive when they're not eligible for materials under the core plan and they can no longer use their glasses.

Patients covered under this additional benefit may be entitled to eyeglass lens and frame repair. Frame repair includes temples only, front only, hinge, and miscellaneous repairs. The Repair Benefit may also include replacement of a complete frame and/or basic lens.

Benefit Instructions

- Patients need to bring the glasses to you before obtaining an authorization.
- You'll determine if glasses can be repaired. If they can't, replacement may be covered.

Exam	Lenses	Frames
Exams aren't covered.	<p>New lenses are allowed if:</p> <ul style="list-style-type: none"> • repair or replacement for single vision or multifocal lenses will be approved if the doctor determines the glasses can't be repaired; • the benefit is limited to the patient's standard lens coverage. <p>Note: Contact lens repair or replacement isn't covered under this plan.</p>	<p>Replacement parts are covered if:</p> <ul style="list-style-type: none"> • frame temples, front, and/or hinges are damaged beyond repair; • the benefit is limited to the patient's standard wholesale frame allowance. <p>Replacement of the complete frame is covered if:</p> <ul style="list-style-type: none"> • frame is damaged beyond repair or the cost of repairing the parts exceeds the cost of replacement; • the benefit will be limited to the patient's standard wholesale/retail frame allowance.

Inform your patients that they must pay for services and/or materials provided if they:

- Aren't eligible for the services/materials requested;
- Have Repair/Replace benefits but don't meet the criteria for repair or replacement services/materials.

Authorizations

Contact VSP at 800.615.1883 to obtain an authorization for repair/replace benefits.

SUNCARE ENHANCEMENT

Eligible members can use the Suncare enhancement for plano (non-prescription), ready-made sunglasses instead of contact lenses or prescription glasses, exhausting both their lens and frame eligibility.

Eligibility

Eligible members will be indicated with the following comment on the **Patient Record Report**:

Note: Members may receive non-prescription ready-made sunglasses instead of prescription glasses. This will exhaust both lens and frame benefits. Refer to the Client Detail page for additional information.

Materials Coverage

FRAMES

Coverage includes any ready-made, doctor-supplied sunglasses. Apply the patient's retail frame allowance to the cost of the complete pair (lens and frame). Deduct 20% from any amount over their retail allowance. Sunglasses can be ordered if not available at the time of the member's visit.

LENSES

To cover the lenses, the patient must select the lenses included in the frame with no additional enhancements or coatings. Members wishing to change the prefabricated plano sunglass lenses by adding lens enhancements (such as polarized, anti-reflective, or mirror coatings) can purchase new lenses and lens enhancements on a private-pay basis, at 80% U&C.

Submitting Claims

When submitting claims for non-prescription sunglasses on eClaim, indicate the order as a "frame only" order.

Reimbursement

For all eligible Suncare Plan Enhancement claims, you'll be reimbursed both your frame dispensing fee and a frame material fee (up to the patient's wholesale/retail frame allowance).

RETINAL SCREENING

Retinal Screening Value-Added Feature

Retinal screening is offered to VSP Signature Plan[®] and VSP Choice Plan[®] members as a value-added feature to complement their WellVision Exam[®] benefit. This value-added feature only pertains to routine, retinal or fundus photography or imaging such as Optos, but not a scanning laser procedure such as OCT, HRT, or GDX.

Please use your professional judgment to determine if this service is appropriate for your patient.

Important! Retinal screening does not replace pupil dilation. Dilation is still the best way to see inside the eye and is the standard of care for patients with diabetes.

ELIGIBILITY

For the value-added feature, all VSP Signature Plan and VSP Choice Plan patients are eligible.

Retinal screening is an enhancement to a patient's eye exam; therefore, patients are typically eligible every 12 months. However, there are no restrictions to the number of procedures performed each year.

CHARGING THE PATIENT

Charge the patient \$39 or your U&C fee (whichever is lower) for each routine retinal screening.

SUBMITTING CLAIMS

For the value-added feature, you do not need to submit a claim. This charge is considered a private transaction between you and the patient.

Retinal Screening Covered Benefit

Retinal screening is offered to VSP clients for purchase as an optional benefit enhancement to their WellVision Exam covered under their VSP Signature Plan or VSP Choice Plan benefit. This covered benefit only pertains to routine, retinal, or fundus photography or imaging such as Optos, but not a scanning laser procedure such as OCT, HRT, or GDX.

Important! Retinal screening does not replace pupil dilation. Dilation is still the best way to see inside the eye and is the standard of care for patients with diabetes.

ELIGIBILITY

Please refer to the Patient Record Report for eligibility. Retinal screening is an enhancement to an eye exam; therefore, patients are typically eligible every 12 months.

CHARGING THE PATIENT

Please refer to the Patient Record Report for coverage amount and/or applicable copays.

SUBMITTING CLAIMS

Retinal screening must be billed with a patient's eye health exam and refraction.

Note: If you're seeing the patient for medical reasons and retinal photography is appropriate, it must be billed under the patient's major medical plan or Primary EyeCare.

When submitting claims for routine retinal screening, use CPT code 92250 with modifier 52 to identify and separate the routine covered service from the medical service.

Note: No Interpretation and Report is required for pictures or images taken during a routine retinal screening procedure.

REIMBURSEMENT

For all eligible routine retinal screening claims, you'll be reimbursed \$39 or your U&C fees (whichever is lower) less any applicable patient copay.

SECTION 3: EYE EXAMS

LEVELS OF SERVICE

All covered services must be rendered in a VSP qualified office location. VSP follows AMA guidelines for exam requirements, as outlined in CPT. Below, you'll find guidelines, tests, and processes for each service level.

Comprehensive Exam

This level of service provides evaluation of the complete visual system with or without cycloplegia or mydriasis. A comprehensive level of service is considered to make up a single service. But you are not required to provide all of those services in one session. Where possible, record all tests with quantitative measurements.

Important! Don't charge your patients for any services included in the exam, as outlined below.

Appropriate evaluation and recording of data in each area outlined below is required. See the [Exam Documentation](#) for these requirements.

CASE HISTORY

- Your patient's chief complaint or reason for an exam (note: the chief complaint should also be the primary diagnosis on the claim and should determine whether to bill VSP for a routine exam or bill for a medical exam)
- Ocular and visual health history (your patient's and patient's family, past and present)
- General health status (e.g., significant illnesses and medical conditions)
- Current medication and medication allergies
- Visual demands for work, school, and recreation

VISUAL SYSTEM HEALTH STATUS EVALUATION

- External exam/Biomicroscopy* (anterior segment photos are a separate procedure and are not acceptable as a replacement for biomicroscopy without separate documentation of anterior segment findings)
- Visual field screening
- Tonometry (see guidelines for pediatric patients)
- Internal/Fundus exam including direct and/or indirect ophthalmoscopy, with or without dilation and, at minimum, a numerical notation of cup-to-disc ratio documented for each eye*

***Note:** We consider fundus photos and **optomap**[®] retinal exams to be separate procedures. They are not acceptable as a replacement for performing direct or indirect ophthalmoscopy, and they do not replace dilation for patients with diabetes or other conditions requiring dilation based on standard of care.

NEUROLOGICAL INTEGRITY

- Pupillary reflexes
- Ocular motility/Versions (versions must be recorded separately from binocular function testing)

REFRACTIVE STATUS EVALUATION

- Entering visual acuities (at 20 ft) with habitual Rx or unaided acuity, all recorded monocularly. Document monocular *distance* acuities for each eye for monovision contact lens patients.
- Subjective refraction with best corrected visual acuities (recorded monocularly). Testing may be delegated to qualified staff under the supervision of a licensed VSP Network Doctor (as permitted by state regulation) and may be done with or without DPAs.
- Accommodative function is based on the doctor's professional judgment and is not an exam requirement for all patients. Any near point accommodation testing should be performed when clinically indicated.

DIAGNOSIS & TREATMENT PLAN

We require ICD-9-CM diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the exam chart notes. V72.0 is not acceptable as the sole diagnosis when there is another more appropriate refractive or medical diagnosis to use.

A diagnosis taken from an eClaim printout, CMS-1500 Form, VSP Savings Statement, or a superbill will not be acceptable unless signed or initialed by the doctor. Subjective Rx findings will not be accepted as a replacement for the written diagnosis.

Documentation of a treatment plan, by the doctor, is required in your patient's chart notes.

Intermediate Exam

Use this level of service when your patient will not benefit from all services included in a comprehensive exam. Evaluation and data recording in each area outlined below is required to qualify a service as intermediate.

CASE HISTORY

- Your patient's chief complaint or reason for an exam
- Ocular and visual health history (your patient's and family, past and present)
- General health status (e.g., significant illnesses and medical conditions)
- Current medication and medication allergies
- Visual demands for work, school and recreation

VISUAL SYSTEM HEALTH STATUS EVALUATION

- External exam
- Biomicroscopy (anterior segment photos are a separate procedure and are not acceptable as a replacement for biomicroscopy without separate documentation of anterior segment findings)

- Internal/Fundus exam including direct and/or indirect ophthalmoscopy, with or without dilation and, at a minimum, a numerical notation of cup-to-disc ratio documented for each eye*

***Note:** Fundus photos and **optomap**® retinal exams are separate procedures. They are not acceptable as a replacement for performing direct or indirect ophthalmoscopy, and they do not replace dilation for patients with diabetes or other conditions requiring dilation based on standard of care.

REFRACTIVE STATUS EVALUATION

- Best corrected visual acuities through subjective refraction (recorded monocularly).
- Determination of refractive state. Testing may be delegated to qualified staff under the supervision of a licensed VSP Network Doctor (as permitted by state regulation) and may be done with or without DPAs.

DIAGNOSIS & TREATMENT PLAN

We require ICD-9-CM diagnosis codes and/or related descriptions, plus documentation of the diagnosis in the doctor's handwriting on exam chart notes. V72.0 is not acceptable as the sole diagnosis when there is another more appropriate refractive or medical diagnosis to use.

A diagnosis taken from an eClaim printout, CMS-1500 Form, VSP Savings Statement, or a superbill will not be acceptable unless it is signed or initialed by the doctor. Subjective Rx findings will not be accepted as a replacement for the written diagnosis.

Documentation of a treatment plan, by the doctor, is required in your patient's chart notes.

Patient Referrals

In some cases, you may need to refer your patient to another doctor, as appropriate under the circumstances. If you determine that your VSP patient needs care beyond your own scope of practice, please refer the patient to the appropriate doctor as follows:

- In case of a medical emergency, call the primary care doctor if required by your patient's medical plan, or refer your patient to the appropriate doctor. If the primary doctor and/or the appropriate doctor is/are not available, please refer your patient to a hospital emergency room.
- Provide your findings in writing and follow all referral protocols set by your patient's health plan. Typically, an HMO requires that patient referrals be coordinated by the primary care physician (PCP). However, a PPO usually allows patients to receive care from any medical provider without a PCP referral.
- Keep a copy of the referral letter in your patient's records

Evaluation and Management Services

We will cover Evaluation and Management exams under the [VSP Primary EyeCare PlanSM](#). Refer to your Physician's Current Procedural Terminology (CPT) codebook for explanation and a description of evaluation and management services.

Patients with Diabetes

The American Diabetes Association, American Optometric Association, and American Academy of Ophthalmology recommend that patients with diabetes receive an annual dilated eye exam. This exam is also a measure of clinical quality designated by the National Committee for Quality Assurance (NCQA).

We require that eye exams for VSP patients with diabetes include dilation. We recognize that at times there are good reasons for not providing a dilated exam. In those cases, documentation of the rationale for not performing dilation is required. Examples include:

- Patient refused
- Dilated exam was performed within the last 12 month
- Patient is under the care of an ophthalmologist
- Patient scheduled dilation for a later date

Additionally, communicating exam findings to a patient's primary care physician (PCP) is critical to ensuring continuity of care for patients with chronic and serious conditions. This communication also establishes you as an important part of the health care continuum and identifies your role in the care of patients with diabetes and other health conditions. To help you with this communication, we provide the optional **Primary Care Physician Communication Form**. You can find it in the **Forms Library** section of the **Administration** area on **VSPOnline**. If you prefer to use your own form, you are welcome to do so.

Please see our algorithm for [Diabetes](#), for further reference.

Note: Retinal photography, such as **optomap**[®], doesn't replace a dilated eye exam as the standard of care for a patient with diabetes.

PEDIATRIC EYE EXAMS

You can perform independent diagnostic and treatment procedures if a child's history indicates a development lag or learning problem. Please refer to the [Supplemental Testing](#) section.

Note: You can bill the following services at the comprehensive exam level if all parts of the age-related exam are completed and documented.

Infants and Toddlers (Birth to 2 years and 11 months)

CASE HISTORY AND VISUAL SYSTEM HEALTH

<p>Case History</p> <ul style="list-style-type: none"> • Visual and ocular history • Prenatal, perinatal, and postnatal general health history • Current medications and medication allergies • Family eye and medical histories • Child's developmental history 	<p>Visual System Health Status Evaluation</p> <ul style="list-style-type: none"> • External exam • Biomicroscopy (anterior segment photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings) • Internal/Fundus exam including direct and/or indirect ophthalmoscopy with or without pupillary dilation and at minimum, a numerical notation of cup-to-disc ratio documented for each eye* • Pupillary reflexes • Ocular motility/Versions (must be recorded separately from binocular function testing) <p>*Note: Fundus photos and optomap[®] retinal exams are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>
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REFRACTIVE STATUS EVALUATION

<p>Entering and Best Corrected Visual Acuity</p> <p>Suggested measure of acuity assessment, not limited to the following (recorded monocularly):</p> <ul style="list-style-type: none"> • Fixation preference tests • Bruckner's test • Preferential looking visual acuity test 	<p>Refraction or Autorefractation</p> <ul style="list-style-type: none"> • Cycloplegic retinoscopy
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Preschool Children (3 years to 5 years and 11 months)

CASE HISTORY AND VISUAL SYSTEM HEALTH

<p>Case History</p> <ul style="list-style-type: none"> • Identification and description of the chief complaint • Visual and ocular history • Prenatal, perinatal, and postnatal general health history and review of systems • Current medications and medication allergies • Family eye and medical histories • Child's developmental history 	<p>Visual System Health Status Evaluation</p> <ul style="list-style-type: none"> • External exam • Biomicroscopy (anterior segment photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings) • Internal/Fundus exam including direct and/or indirect ophthalmoscopy with or without pupillary dilation and at minimum, a numerical notation of cup-to-disc ratio documented for each eye* • Pupillary reflexes • Ocular motility/Versions (must be recorded separately from binocular function testing) • Screening visual fields/confrontations at doctor's discretion <p>*Note: Fundus photos and optomap[®] are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>
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REFRACTIVE STATUS EVALUATION

<p>Entering and Best Corrected Visual Acuity</p> <p>Suggested measure of quantitative acuity, not limited to the following (recorded monocularly):</p> <ul style="list-style-type: none"> • Broken wheel acuity cards • Lighthouse cards with matching blocks • HOTV test • Tumbling E chart • Snellen acuity chart 	<p>Refraction or Autorefraction</p> <p>At least one, with corrected visual acuity as stated at left:</p> <ul style="list-style-type: none"> • Static retinoscopy • Cycloplegic retinoscopy 	<p>Accommodative</p> <p>Function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing is performed when clinically indicated.</p>
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School-Age Children (6 years to 18 years and 11 months)

CASE HISTORY AND VISUAL SYSTEM HEALTH

<p>Case History</p> <ul style="list-style-type: none"> • Identification and description of the chief complaint 	<p>Visual System Health Status Evaluation</p> <ul style="list-style-type: none"> • External exam • Biomicroscopy (anterior segment
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<ul style="list-style-type: none"> • Visual and ocular history • Prenatal, perinatal, and postnatal general health history • Current medications and medication allergies • Family eye and medical histories • Child's developmental history 	<p>photos are separate procedures. They're not acceptable in place of biomicroscopy without separate documentation of anterior segment findings)</p> <ul style="list-style-type: none"> • Internal/Fundus exam including direct and/or indirect ophthalmoscopy with or without pupillary dilation and at minimum, a numerical notation of cup-to-disc ratio documented for each eye* • Pupillary reflexes • Ocular motility/Versions (must be recorded separately from binocular function testing) • Screening visual fields/confrontations at doctor's discretion • Tonometry Guideline: Attempt either applanation or noncontact at the earliest age that a child is cooperative. Tactile estimations acceptable if documentation supports the reason why numerical tonometry wasn't performed. <p>*Note: Fundus photos and optomap® retinal exams are separate procedures. They're not acceptable in place of performing direct or indirect ophthalmoscopy.</p>
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REFRACTIVE STATUS EVALUATION

<p>Entering and Best Corrected Visual Acuity</p> <p>Must be recorded monocularly:</p> <ul style="list-style-type: none"> • Snellen acuity chart 	<p>Refraction</p> <p>Both, with corrected visual acuity as stated at left:</p> <ul style="list-style-type: none"> • Static retinoscopy or Auto refractor results- acceptable in non-verbal patients • Subjective refraction with corrected visual acuity (as stated at left) Licensed VSP Network Doctor must perform and may be done with or without DPA) 	<p>Accommodation</p> <ul style="list-style-type: none"> • Accommodative Function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing is performed when clinically indicated.
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SUPPLEMENTAL TESTING

Supplemental testing isn't considered routine.

Your patient may need services beyond those included in the routine exam. Please follow the guidelines below when providing individually billable diagnostic and treatment services that aren't included in the routine eye exam. Please ensure that the following conditions are met:

- Procedure is associated with a medical eye-related condition and is visually, developmentally, or medically necessary for your patient.
- A CPT code has been established for the procedure.
- Procedure is covered by your patient's plan (see the [Primary EyeCare](#) or [Diabetic Eyecare Programs](#) sections for a complete list of covered services).

Note: Routine ophthalmoscopy (with or without dilation), routine tonometry, and confrontation or gross visual field screenings are part of our covered general vision services (routine exam). Please don't bill the patient separately for these services.

GUIDELINES FOR THE INTERPRETATION AND REPORT OF DIAGNOSTIC PROCEDURES

Some procedures require an Interpretation and Report. This report is a major part of the procedure which is being reimbursed and should be a separately identifiable document. Include the following information in your report write-up:

- **Clinical Findings** (pertinent findings of the procedure) – What did you do? What did you find? Was the procedure reliable?
- **Comparative Data** (change in condition) – If prior procedures have been performed and a comparison is possible, has the patient's condition gotten better, worse, or stayed the same?
- **Clinical Management** – Document what affect the test or procedure will have on your clinical management of the patient. For example, will you adjust medications, recommend surgery, or suggest further diagnostic testing?

EXAM DOCUMENTATION

The following exam records must be maintained:

- All exam, diagnostic, and treatment procedures should be filed in your patient's chart.
- Descriptive or quantitative data for all tests. Check marks or slash lines made on your patient's chart are not acceptable as evidence of test results, unless you check specific conditions/structures. We'll accept checking "lens, disc (with numerical cup-to-disc ratio at a minimum for each eye), fovea, and media" if the check indicates the structure has a normal appearance and function, but won't accept checking ophthalmoscopy if no results are provided.
- An itemized record of charges made to your patients for copays, eyewear overages, , and contact lens overages. Keep these records for ten years in some form (paper copy, on CD, etc.). Financial records are kept on your patient's record card, a separate ledger card, or a fee slip.

Acceptable VSP Exam Documentation

Actual findings for each patient must be recorded on medical exam records. All records submitted for evaluation must contain true findings. You can't alter, falsify, or add to records in any way.

Doctors using electronic record-keeping systems must record the actual results of tests and procedures done for each patient on the date of service. We won't accept computerized "default" entries. This standard applies to patients of all ages and exams of all levels.

Below, you'll find descriptive recording standards for adult (19 years and older), intermediate and comprehensive eye exams, and pediatric comprehensive exams. For pediatric exams (patients up to 18 years and 11 months), refer to [Pediatric Eye Exams](#).

You can find a sample [Patient Exam Form](#) in the **Practice Administration** section under the Administration area on **VSPOnline** on **eyefinity.com**.

Our guidelines for examination procedure and documentation requirements will supersede any specific state minimum requirements for care provided to VSP patients, except to the extent expressly limited by law.

Note: Reimbursement of a comprehensive service relies on the proper recording of all testing included in the comprehensive exam.

Procedure	Recorded Data
Case History (Hx)	<ul style="list-style-type: none"> • Patient's chief complaint or reason for exam • Ocular and visual health history (your patient and family, past and present) • General health status (e.g., significant illnesses and medical conditions) • Current medication and medication allergies • Occupational and vocational visual demands
Ophthalmoscopy	At minimum, a nerve head assessment, including a numerical cup-to-disc ratio or hand-drawing of cupping is required to satisfy this requirement. If the C/D ratio is the same for each

	<p>eye, indicate OU. If different for each eye, document OD and OS accordingly. Ophthalmoscopy may be done with or without diagnostic pharmaceutical agents (DPAs)*.</p> <p>In addition, we advise you record the following:</p> <ul style="list-style-type: none"> • Vascular assessment, including A/V size ratio or grading of hypertensive or arteriosclerotic retinopathy changes; • Descriptive retinal findings, macula assessment and grading of foveal reflex brightness; • Observations of media. <p>*Note: We consider Fundus photos and Optomap retinal exams separate procedures. They're not acceptable in lieu of performing direct or indirect ophthalmoscopy.</p>
Neurological Integrity (pupil reflexes)	Record descriptions of normal pupillary reflexes, such as "equal, round, reactive to light and accommodation (PERRLA)," WNL, pupils R&R (round and reactive), -APD, Ø APD, direct and consensual, and/or -Marcus-Gunn. Also, clearly record deviations from normal responses with diagnostic impressions. Measurement and documentation of pupil size in one level of illumination alone is <u>not</u> acceptable.
Versions	Record assessments of extraocular muscle motility, such as "full and smooth," FROM (full range of motion), SAFE, 1-4+, unrestricted, etc., describing any deviations from normal. Must be documented separately from binocularity testing results.
External/Adnexa Exam	Record lids, lacrimal apparatus, sclera and conjunctiva as "clear," describing any deviations from normal in the ocular adnexa.
Biomicroscopy (SLE)	When recording slit lamp exam, include a description of anterior segment, corneal clarity, media clarity or anterior chamber angle quantification. Anterior segment photos are separate procedures. They're not acceptable in lieu of biomicroscopy without separate documentation of anterior segment findings.
Screening Visual Fields	Gross visual fields or confrontation testing is acceptable for the comprehensive level of service. Record any depressions found in the gross visual fields or confrontation testing. Record a normal finding as "negative, WNL, FTFC (full to finger count), full in all quadrants, etc." or taken from automated visual field printouts. At minimum, a tangent screen is an acceptable device used to get gross visual fields. For visual field screening, at minimum, evaluate and record at least two meridians of visual field. Vision screeners that only test or measure single meridian fields won't be accepted.
Tonometry	Record a numerical pressure measurement for each eye, type of instrument, date and time performed. Tactile estimations of intraocular pressure are only acceptable if there's a documented reason for not having done a quantitative measurement. If tonometry is omitted for any reason on an adult, bill a lesser level of service. For pediatric patients, tonometry is a guideline, not a requirement. Attempt tonometry, either applanation or noncontact,

	at the earliest age the child is cooperative.
Visual Acuity (VA)	Record monocularly as: <ul style="list-style-type: none"> • Entering visual acuity (at 20 ft) with habitual Rx or unaided. Document monocular distance acuities for each eye for monovision contact lens patients. • Best corrected visual acuity at distance through the subjective refraction.
Subjective Refraction	<p>Include data regarding subjective refraction (manifest refraction) for distance, including assessment of accommodative function at near. Subjective refraction may be delegated to qualified staff under the supervision of a licensed VSP network doctor (as permitted by state regulation) and may be done with or without DPAs.</p> <p>Subjective refraction must be performed without spectacle or contact lenses. The only exceptions to this rule are:</p> <ul style="list-style-type: none"> • Spectacle overrefractions are acceptable if your patient can't respond properly to subjective testing (e.g., non-verbal, illiterate patients) and are recorded quantitatively. • Contact lens overrefractions are acceptable only in cases of corneal irregularity where the manifest refraction is inconclusive (keratoconus, corneal transplants, dystrophies, etc.). <p>For the above exceptions, indicate why you couldn't perform the subjective Rx.</p>
Accommodative Function	Accommodative Function is a guideline based on the doctor's professional judgment and not an exam requirement. Any near point accommodation testing (pediatric and adult exams) is performed when clinically indicated.
Diagnosis	<p>Document the diagnosis on the exam chart. The diagnosis must be supported by the documented clinical findings.</p> <p>Any charge to your patient for special testing procedures must be supported by a recorded diagnosis. Diagnoses, either written or coded, must have an ICD-9-CM billable code.</p> <p>A diagnosis taken from an eClaim printout, CMS-1500 Form, WellVision Savings Statement, or a superbill isn't acceptable unless it's signed, initialed, or has some unique identifier by the doctor. Subjective Rx findings, a written Rx copy, or optical materials order are not acceptable in lieu of the written diagnosis.</p> <p>*Note: V72.0 isn't acceptable as the sole diagnosis when there is another more appropriate refractive or medical diagnosis to use.</p>
Treatment Plan	<p>The treatment plan should be consistent with the diagnosis and/or reflect the clinical findings. The treatment plan/therapies can include specific treatments or documentation that no therapy was needed.</p> <p>Documentation of a treatment plan by the doctor is required in the patient's chart notes. Record the instructions provided to your patient.</p>

Eye Health Management Program Data Requirement

Doctors are required to report Eye Health Management patient conditions through Eyefinity's eClaim, practice management software, or paper claims. Reporting will be monitored as part of the Quality Assurance (QA) process.

VSP Network Doctors will be reimbursed for the additional education and services provided to patients who have certain chronic health conditions.

By reporting conditions to VSP doctors will earn:

- \$5 for reporting diabetes and/or diabetic retinopathy or
- \$2 for reporting hypertension and/or high cholesterol

Note: Payment will not exceed \$5 and is not cumulative. If a \$5 condition and a \$2 condition are checked, then \$5 is paid. If two \$2 conditions are checked, \$2 is paid. The patient's medical record must include the applicable condition that is submitted on a claim.

Please refer to the following sections for more information on the Eye Health Management Program.

- **Eligibility and Authorization:** [Submitting Claims/Timelines](#)
- **Policies:** [Eye Health Management](#)

MEDICAL-RECORD DOCUMENTATION

Requirements

The medical-record review ensures the doctor meets our documentation requirements.

VSP Network Doctors should keep all records related to providing covered services as required by federal and individual state law(s).

Medical records should be complete and legible; and should include the legible identity of the provider and the date of service.

Our definition of a medical-record is: “The documentation recorded by the doctor regarding the patient’s medical history, as well as every encounter between the doctor and the patient, and all information shared with the doctor related to other encounters with other doctors.”

For example:

- Patient history questionnaires or “welcome to the office” forms;
- Exam chart notes and follow-up related to the same date of service;
- Visual field, topography, auto-refractor, auto-keratometry or tonometry either electronic or hard copy documentation;
- Referral summaries and letters;
- Optical records and lab order forms, including spectacle order forms/sheets and contact lens order forms/sheets; and
- Superbills, eClaim billing printouts, or CMS-1500 Claim Forms.

Note: Fundus photos and Optomap retinal exams are not acceptable in lieu of performing a direct or indirect ophthalmoscopy. These are considered separate procedures.

Anterior Segment photos are also considered a separate procedure from biomicroscopy; and are not acceptable in lieu of biomicroscopy without separate documentation of anterior segment findings.

Medical Record Requirements	Description
Comprehensive or Intermediate Exams meet VSP guidelines	Ensure all procedures are documented following our recording guidelines for the level of service provided (explained in the Eye Exams section). Undocumented procedures are considered not performed.
Exam and claim record is the exact date the patient was seen	The exam date and date of service on the claim must be the same date the patient was seen. Inaccurate dates on a claim can negatively affect your patient’s vision care coverage in the future.
Past medical history	Record the patients past medical history including childhood diseases, past surgeries, illnesses, injuries, family medical history and the date of last eye exam or physical, old glasses or contact lens Rx. Note any information that’s unobtainable.

Current significant illnesses and medical conditions	Document and date any significant patient illnesses or medical conditions (or the absence of chronic problems) in the medical record or <u>currently</u> updated history form.
Current medications	Clearly document and date <u>current</u> medications. Medications should relate to the patients' specific condition(s). Also record "no medications" taken by the patient
Current medication allergies and reactions	Clearly document and date <u>current</u> medication allergies or reactions. List patient allergies to medications on the patient's chart. Also record "no known medication allergies/reactions".
Subjective/objective information	Subjective information must show the patients presenting reason or complaint for the exam. Objective information documents physical findings related to the presenting complaint, including <u>both</u> normal and abnormal findings. If the patient presents with "no complaint – routine exam" the level of exam billed must meet all service requirements for that exam level.
Diagnoses and exam findings are consistent	A diagnosis must be documented for each visit and support the documented clinical findings. The diagnosis (written or coded) must be recognized as an ICD-9-CM code. *Note: V72.0 is NOT acceptable as the sole diagnosis if there is another more appropriate refractive or medical diagnosis to use.
Diagnoses and treatment plan or therapies are consistent	Documentation should include all treatments, such as glasses, contact lenses, medication therapy or visual training. An order for optical materials, a written Rx copy or a note stating, 'no treatment', can meet this requirement. Treatment plans/therapies must be appropriate and consistent with the diagnosis. If a diagnosis isn't noted, the treatment plan should reflect the clinical findings.
Follow-up care/visits	Exam notes must indicate a specific time frame when your patient should return (one month, one year, etc.). Computerized recall documentation alone isn't sufficient. Electronic records must have recall dates present within the medical record and a Doctor identifier must also be present.
Signed entries	Indicate the doctor's initials, full signature or electronic identification on all chart notes, from the claim date forward.
No potential risk for Patient	Doctor interventions are appropriate for the clinical findings, patient history/complaints, and the diagnoses. There should be no indication that a patient was placed at potential risk due to diagnostic or therapeutic procedures given or not given.
Complete diagnostic contact lens procedures	Make sure all procedures for first-time contact lens wearers and refit patients are recorded following our recording guidelines.

Note: For California patients, include the following documentation. Refer to the [VSP Members Language Assistance Program](#) for more information.

Patient's preferred written and spoken language.	Include the patient's preferred written and spoken language on the patient history form and/or medical record.
Refusal of interpreter	If patient prefers a language that is not provided in the office and refuses the use of a trained, professional interpreter, document the refusal in the patient medical record or on the refusal form used by your office. Note: A trained, professional interpreter does not include friends or family members, unless the person is professionally trained, including knowledge of medical terminology.
Use of interpreter	Document the use of an interpreter in the patient medical record or the use of interpreter form used by your office when a person is providing interpreter services for the patient requiring interpreter services. Document who provided the interpretation (trained professional interpreter, office staff, family member, minor, friend, etc.)

CONTACT LENS CASE MANAGEMENT PROCEDURES

Contact lens services (evaluation/fitting) are in addition to eye exams.

Diagnostic contact lens fittings can be for a first-time contact lens wearer or a refit patient. The diagnostic fitting includes your patient's contact lens history, evaluation/fitting services, assessment, and a treatment plan. We define a contact lens refit for those patients who have worn contact lenses before but must fit into a different parameter (base curve, diameter, etc.) or different lens type (RGP to soft, spherical to toric, extended wear to daily wear, etc.).

If your patient's case is complex and you choose to refer them to another doctor, we'll reimburse you for the eye exam level of service provided. If the referral is to a doctor outside your practice and you've already billed us for a comprehensive level of service, we'll pay that doctor an intermediate exam service fee plus contact lens fees for services and materials. If you provide both services, we'll pay the global fees.

Procedures and Recording Guidelines

We require evaluation and record-keeping as outlined in each area below.

DIAGNOSTIC CONTACT LENS FITTING

Contact lens history	Additional case history impacting the use and care of contact lenses (e.g., work conditions, desired wearing schedule, previous lenses, and solutions).
Contact lens exam services (fitting and evaluation)	<ul style="list-style-type: none"> • Keratometry • Slit lamp evaluation (SLE):** <ul style="list-style-type: none"> ▪ With diagnostic contact lenses to assess lens fit (record the diagnostic lenses through which all tests are performed) ▪ Without contact lenses to assess condition of the cornea, sclera, conjunctiva, lids, or tear film • Over-refraction performed with diagnostic contact lenses • Monocular visual acuity measurements with and without new contact lenses • Patient's subjective and/or doctor's objective response to the diagnostic lenses <p>**Note: Anterior segment photos are a separate procedure. We won't accept them in place of biomicroscopy without separate documentation of anterior segment findings.</p>
Assessment	Record your clinical impressions and diagnosis.
Plan	<p>The treatment plan is related to the assessment above and includes the following:</p> <ul style="list-style-type: none"> • Ordering information, such as lens material and parameter: base curve, diameter, power, peripheral curves, and thickness, when applicable. • Prior to dispensing the contact lenses, verify the lens parameters, if possible.

	<ul style="list-style-type: none"> • At the time of dispensing the contact lenses, provide instructions for lens care, handling, and wearing schedule. Your patient must demonstrate at this time the ability to handle, insert, and remove the contact lenses. • Maintain complete records of financial data relating to contact lens materials, fitting, and management.
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ROUTINE PROGRESS EVALUATION OR SUBSEQUENT VISITS

Contact lens history	Case history, including lens care and wearing schedule compliance
Contact lens services (evaluation/fitting)	<ul style="list-style-type: none"> • Monocular visual acuities with new contact lenses • Over-refraction, if appropriate • Slit lamp exam with and without contact lenses** • Keratometry when indicated <p>**Note: Anterior segment photos are a separate procedure. We won't accept them in place of biomicroscopy without separate documentation of anterior segment findings.</p>
Assessment	Record your clinical impressions and diagnosis.
Plan	<ul style="list-style-type: none"> • Recommendations and advice, including the recording of any lens changes or modifications to the lens, wearing schedule, or care • Record of any financial transactions

CLINICAL PRACTICE GUIDELINES (ALGORITHMS)

Note: You must follow these clinical guidelines or document your clinical justification for not following the guidelines in the patient's medical record.

Purpose and Development

The following clinical practice guidelines, known as algorithms, detail recommended procedures for administering exams and treatments. Every patient is different. So these algorithms are offered only as recommendations—they shouldn't replace the doctor's professional clinical judgment.

The algorithms were first developed by a nationwide group of optometrists and ophthalmologists using requirements from NCQA. We then augmented the following guidelines from the American Optometric Association.

Medical Record Documentation

We'll reference the algorithms when we evaluate practice patterns for our continuous quality-improvement initiative. If you choose to deviate from recommended procedures, your decision should be supported by detailed medical-record documentation.

- [Acute Angle Closure Glaucoma](#)
- [Age-Related Macular Degeneration \(ARMD\)](#)
- [Diabetes](#)
- [Glaucoma](#)
- [Ocular Surface Disorder](#)
- [Posterior Capsular Opacification \(PCO\)](#)
- [Recurrent Corneal Erosion](#)

Acronyms

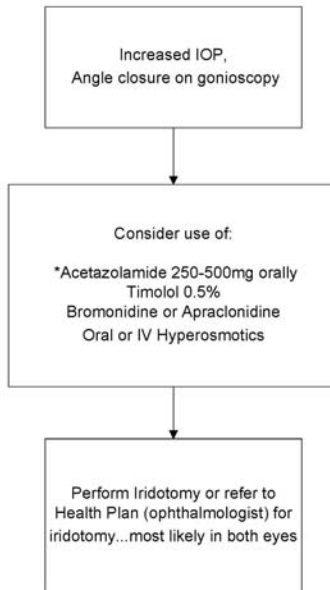
ALT	Argon laser trabeculoplasty
ARMD	Age related macular degeneration
BCVA	Best corrected visual acuity
BP	Blood pressure
BRVO	Branch retinal vein occlusion
CME	Cystoid macular edema
CMV	Cytomegalovirus
CNVM	Choroidal neovascular membrane
CRVO	Central retinal vein occlusion
CSME	Clinically significant macular edema
DD	Disc diameter

Nd: YAG	Neodymium yttrium-aluminum-garnet laser
NP	Non profusion
NSAID	Nonsteroidal anti-inflammatory drugs
PCP	Primary care physician
PDR	Proliferative diabetic retinopathy
PHVA	Previous history visual acuity
po	Postoperative
POTF	Production of tear film
prn	Pro re nata – As needed
PRP	Panretinal photocoagulation
q (e.g., q4h)	Every (e.g., every four hours)

DFE	Dilated fundus exam
DME	Diabetic macular edema
Dx	Diagnosis
E & M	Evaluation and management
ECL	Elective contact lens
FA	Fluorescein angiography
FTMH	Full thickness macular hole
Hgb	Hemoglobin
HgbA1C	Glycohemoglobin
Hs	Hora somni – at bedtime
Hx	History
IOL	Intraocular lens
IOP	Intraocular pressure

qid	Quater in die – four times a day
R/O	Rule out
RD	Retinal detachment
Rx	Prescription
SLE	Slit lamp exam
TA	Tension by applanation
TBUT	Tear breakup time
Tx	Treatment
UCVA	Uncorrected visual acuity
UV	Ultraviolet
VA	Visual acuity
VF	Visual field
YAG	Yttrium-aluminum-garnet laser

ACUTE ANGLE CLOSURE GLAUCOMA



*Depending on state guidelines



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AGE RELATED MACULAR DEGENERATION (ARMD)

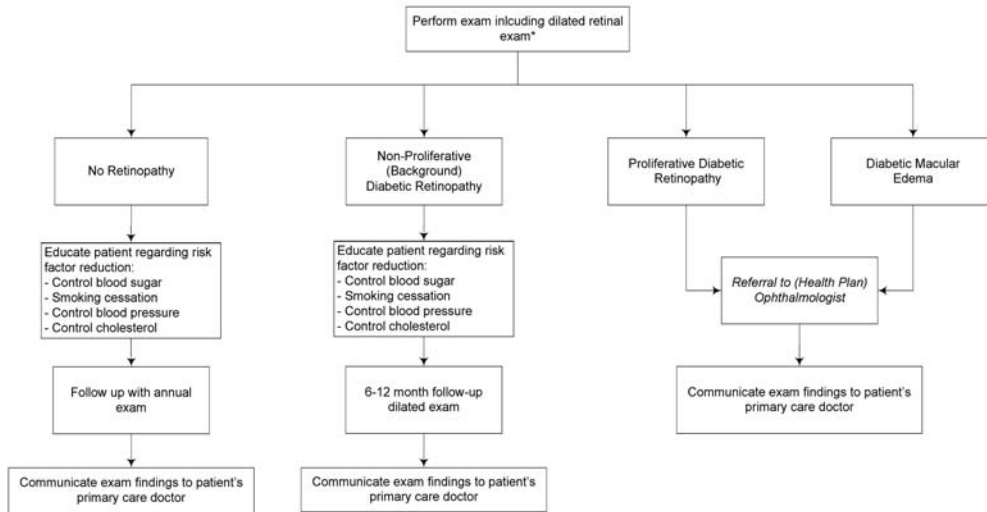


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Patients should return to the Primary EyeCare Provider for post-operative care as soon as the surgeon and Primary EyeCare Provider, along with the patient, agree it is appropriate.

DIABETES



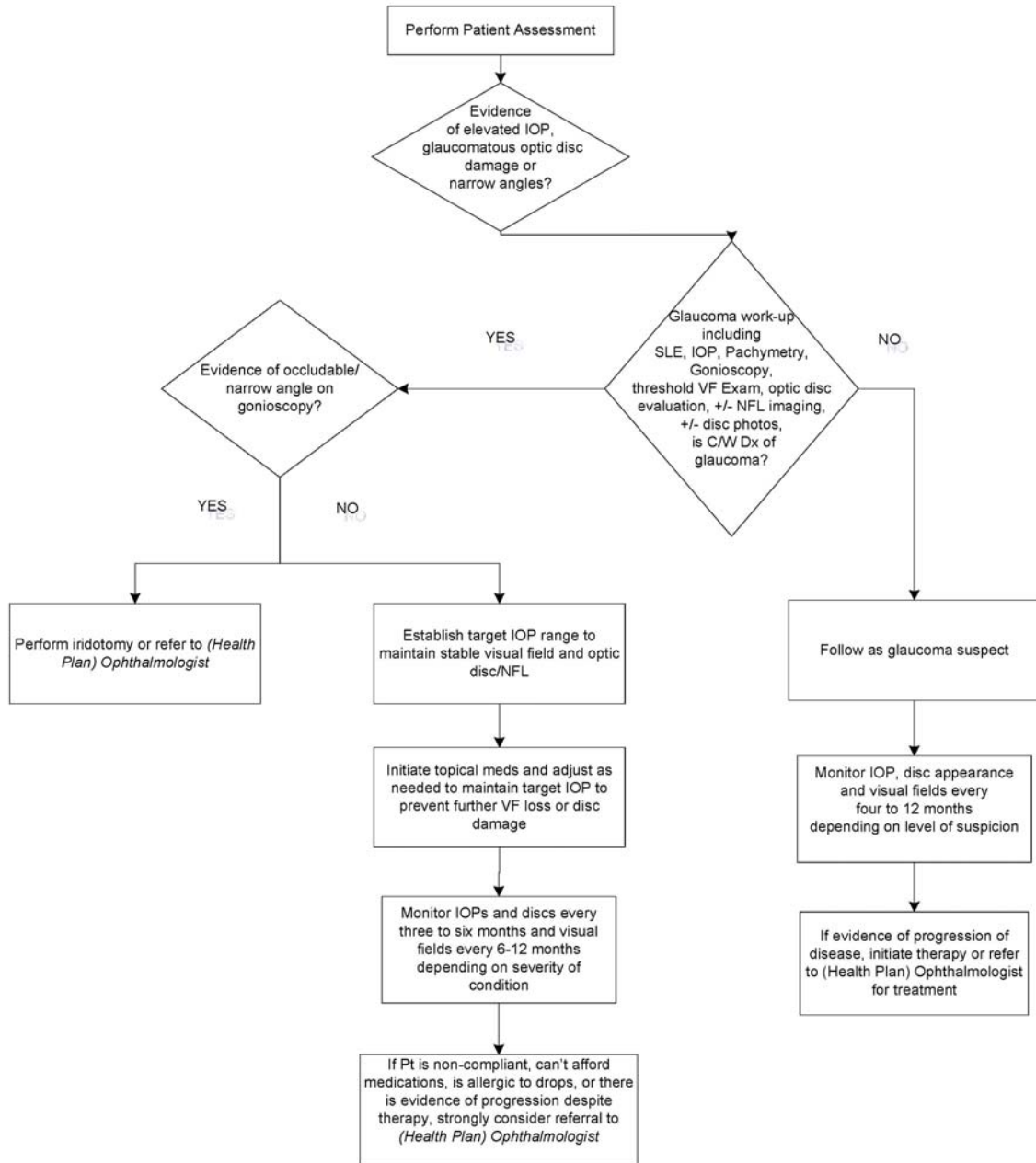
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*Dilated fundus exam is the recognized standard of care of diabetic patients. Retinal photography does not take the place of dilated exam of these patients. If dilation not performed, document clinical rationale in patient medical record.

NOTE: Submit ICD-9 code or check claim box for diabetes. So VSP can aid in the treatment and coordination of care of the patient by integrating medical data with the health care system. VSP will also mail an exam reminder to patients you've identified with diabetes/retinopathy who have not returned for their annual eye exam.

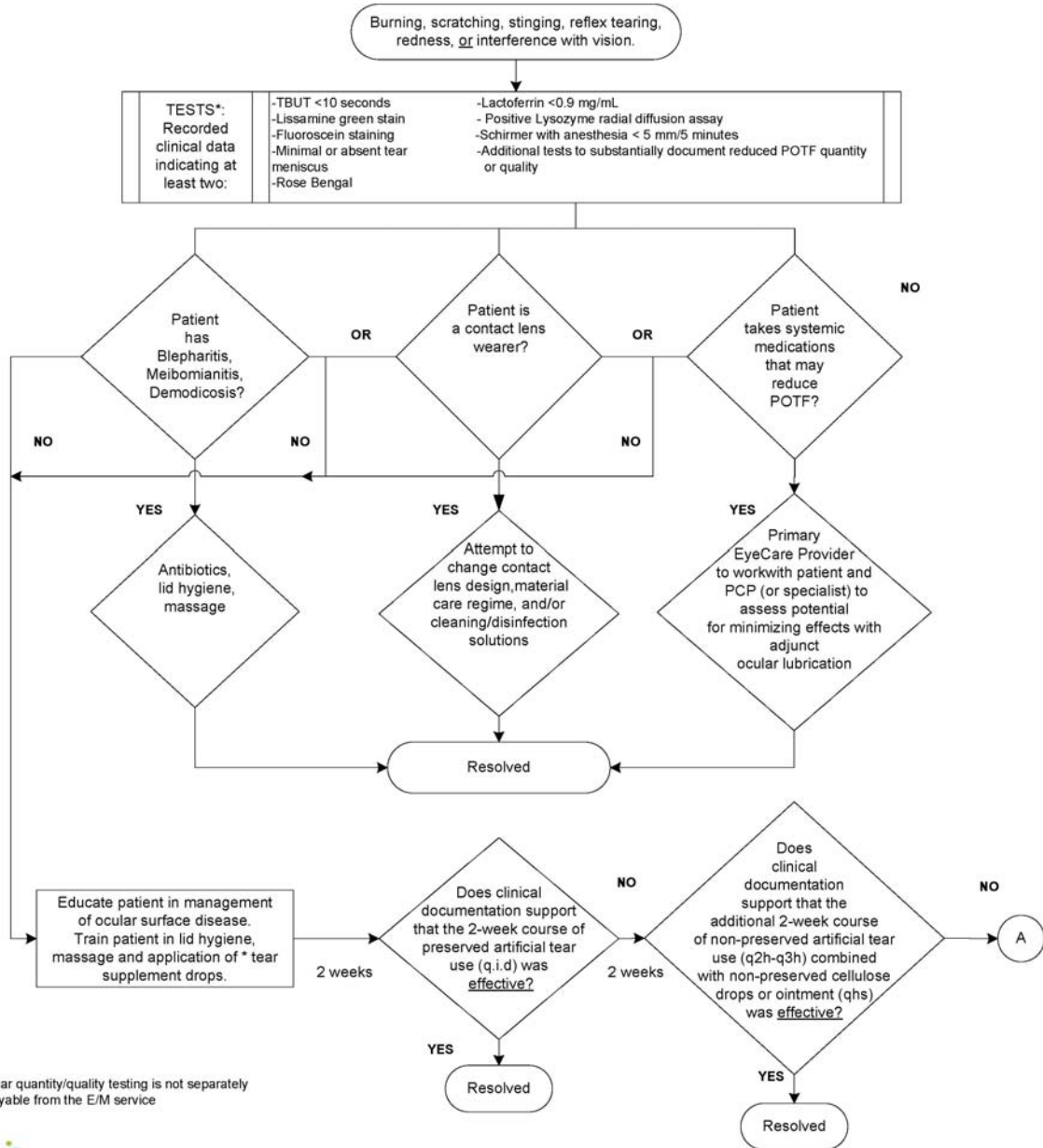
GLAUCOMA



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OCULAR SURFACE DISORDER



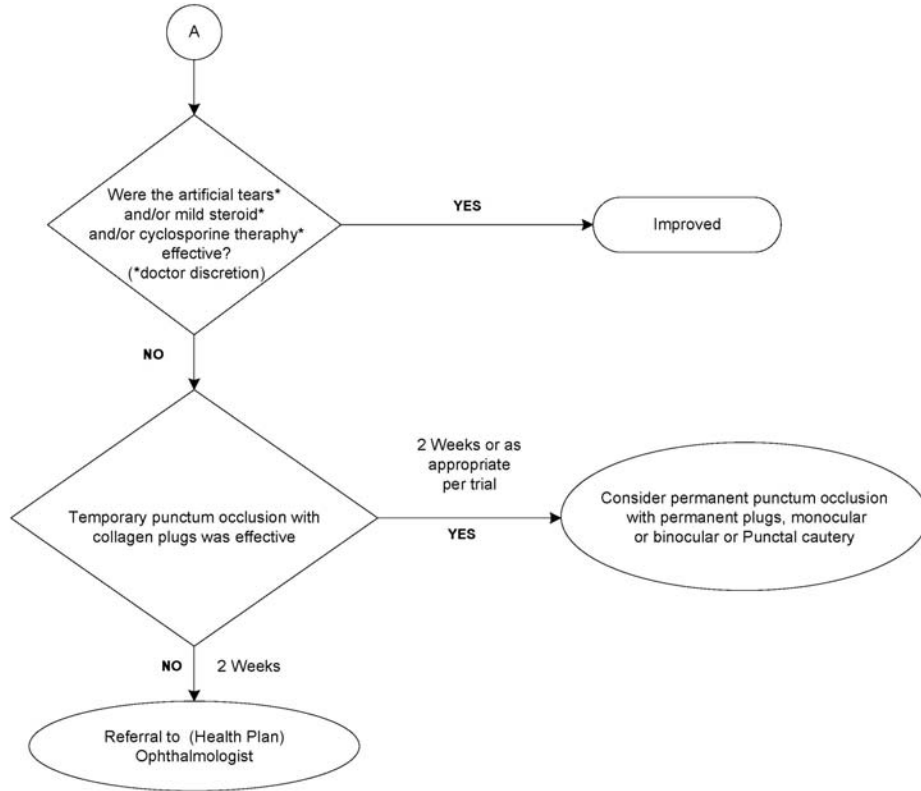
*Tear quantity/quality testing is not separately payable from the E/M service



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OCULAR SURFACE DISORDER, Continued

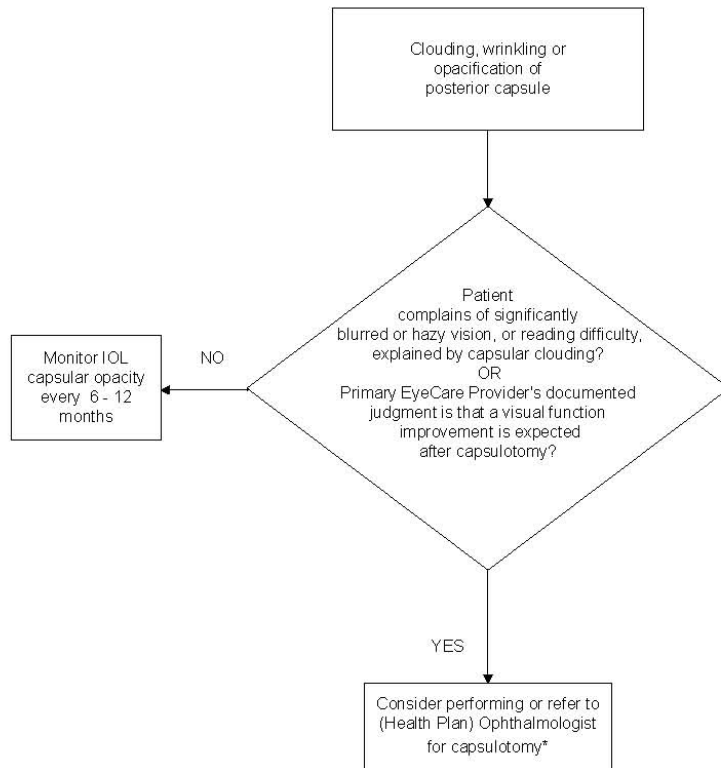


*Tear quantity/quality testing is not separately payable from the E/M service



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POSTERIOR CAPSULAR OPACIFICATION (PCO)

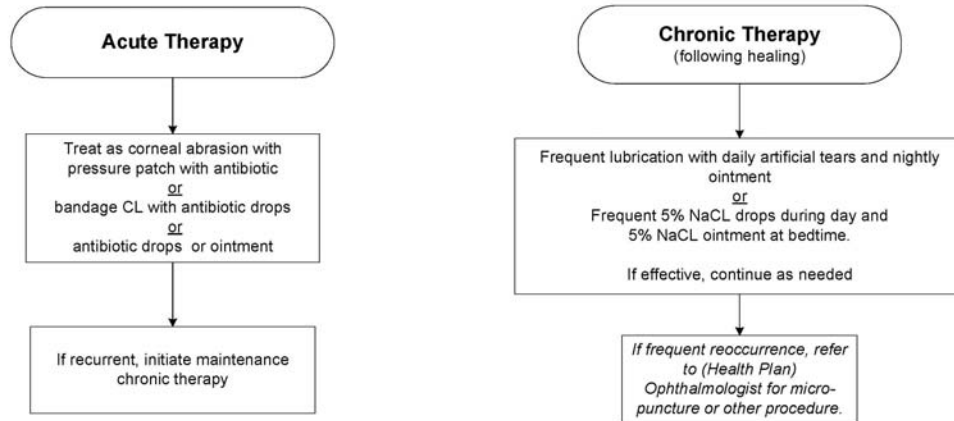


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*Patients should return to the Primary EyeCare Provider for post-operative care as soon as the Surgeon and Primary Eye Care Provider, along with the patient, agree it is appropriate.

RECURRENT CORNEAL EROSION



SECTION 4: DISPENSING & PATIENT OPTIONS

USING OUR CONTRACT LAB SYSTEM

We contract with optical labs throughout the United States to manufacture prescription orders submitted by VSP network doctors. Claim payment for orders with materials will only be processed after the contract lab completes a prescription and submits the claim to VSP for payment.

Important! The VSP Signature Plan[®] doesn't cover lenses made in your office unless they're processed under the [VSP In-Office Finishing Program](#). Covered lenses dispensed to VSP patients must be fabricated entirely by a participating VSP contract lab (unless you're providing an in-office lens enhancement or the lens qualifies for the [VSP In-Office Finishing Program](#)).

For additional materials (such as a second pair of eyeglass lenses and frames), you can use any lab you choose, including in-office labs. See [VSP Signature Plan](#) in the **Plans & Coverages** section for details.

Submitting Prescriptions

1. Submit orders to contract labs through eClaim or on paper using the [CMS-1500 form](#) and [Materials Invoice](#). Include all prescription information. You can choose any lab on the [National Contract Lab List](#).
2. Charge your patients for lens enhancements unless their plans say otherwise. For these lens enhancements, chargebacks are deducted from your reimbursement to pay the lab (see [VSP Signature Lens Enhancements Chart](#) for more information).
3. The lab will ship the completed order to you and forward your claim to VSP for payment.

USING NON-CONTRACT LABS

You can only use non-contract labs in emergencies. VSP monitors the use of non-contract labs -- please use them sparingly and only as needed.

Examples of emergencies include:

- Loss, theft, or breakage of prescription eyewear when your patient doesn't own an alternate pair and can't wear contact lenses
- Situations where your patient can't function at work or school and doesn't have another pair of glasses or contact lenses
- Patients whose safety and well-being will be jeopardized without the immediate delivery of their prescription eyewear

Emergency situations don't include:

- Instances where faster turn-around time is requested to accommodate trips, vacations, or other discretionary events
- Providing faster service when your patient has another functional pair of glasses or contacts

To submit a claim when a non-VSP lab is used, select Non-VSP Lab (Private Invoice) from the pull-down menu in the Lab Selection box on eClaim or write “Non-VSP Lab (Private Invoice)” in the Special Instructions area of the Materials Invoice. When submitting an emergency claim, please specify the emergency reason.

You'll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. Don't charge the patient for covered lens enhancements, you won't receive a service fee for covered lens enhancements. For all other lens enhancements, charge the patient according to their plan. You won't receive a chargeback for these lens enhancements. VSP will pay you an established fee of \$10.50 for single vision, \$23.50 for bifocal/progressive and \$33.50 for trifocal, in addition to your regular dispensing fees. Use your bifocal lens-dispensing fee for progressives. Charge your patient according to the [VSP Signature Lens Enhancements Chart](#) or your adjusted U&C fee (whichever is lower). Don't balance-bill the patient.

All emergency orders are subject to review. When a claim is found to be incorrect, payments for material services will be reversed.

Important! Always verify orders upon receipt by checking all lab lens enhancement codes.

Limitations

You can order the following on a private-transaction basis:

- Special lenses (see [Special Lenses](#) in this section)
- Plano lenses (if not covered by your patient's plan)
- Additional pairs of glasses using the value added benefit (80% or 70% of U&C unless covered by your patient's plan—refer to **Section 2—Plans and Coverages** for more information about additional pairs of glasses)

VSP In-Office Finishing Program

Certain single vision stock lenses may be finished in your office through the VSP In-Office Finishing Program. Refer to the [In-Office Finishing Program](#) section of the manual for complete details.

We contract with optical labs throughout the United States to manufacture prescription orders submitted by VSP network doctors. Claim payment for orders with materials will only be processed after the contract lab completes a prescription and submits the claim to VSP for payment.

For additional materials (such as a second pair of eyeglass lenses and frames), you can use any lab you choose, including in-office labs. See [VSP Signature Plan](#) in the **Plans & Coverages** section for details.

Submitting Prescriptions

4. Submit orders to contract labs through eClaim or on paper using the [CMS-1500 form](#) and [Materials Invoice](#). Include all prescription information. You can choose any lab on the [National Contract Lab List](#).

5. Charge your patients for lens enhancements unless their plans say otherwise. For these lens enhancements, chargebacks are deducted from your reimbursement to pay the lab (see appropriate Lens Enhancement Chart based on their plan for more information).
6. The lab will ship the completed order to you and forward your claim to VSP for payment.

USING NON-CONTRACT LABS

You can use non-contract labs in emergencies or at your discretion as outlined below.

Examples of emergencies include:

- Loss, theft, or breakage of prescription eyewear when your patient doesn't own an alternate pair and can't wear contact lenses
- Situations where your patient can't function at work or school and doesn't have another pair of glasses or contact lenses
- Patients whose safety and well-being will be jeopardized without the immediate delivery of their prescription eyewear

To submit a claim when a non-VSP lab is used, select Non-VSP Lab (Private Invoice) from the pull-down menu in the Lab Selection box on eClaim or write "Non-VSP Lab (Private Invoice)" in the Special Instructions area of the Materials Invoice. When submitting an emergency claim, please specify the emergency reason.

You'll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. Don't charge the patient for covered lens enhancements, you won't receive a service fee for covered lens enhancements. For all other lens enhancements, charge the patient according to their plan. You won't receive a chargeback for these lens enhancements. VSP will pay you an established fee of \$10.50 for single vision, \$23.50 for bifocal/progressive and \$33.50 for trifocal, in addition to your regular dispensing fees. Use your bifocal lens-dispensing fee for progressives. Charge your patient according to the appropriate Lens Enhancement Chart based on their plan or your adjusted U&C fee (whichever is lower). Don't balance-bill the patient.

Important! Always verify orders upon receipt by checking all lab lens enhancement codes.

Limitations

You can order the following on a private-transaction basis:

- Special lenses (see [Special Lenses](#) in this section)
- Plano lenses (if not covered by your patient's plan)
- Additional pairs of glasses using the value added benefit (80% or 70% of U&C unless covered by your patient's plan—refer to **Section 2—Plans and Coverages** for more information about additional pairs of glasses)

VSP In-Office Finishing Program

Certain single vision stock lenses may be finished in your office through the VSP In-Office Finishing Program. Refer to the [In-Office Finishing Program](#) section of the manual for complete details.

USING OUR CONTRACT LAB SYSTEM (GA ONLY)

We contract with optical labs throughout the United States to manufacture prescription orders submitted by VSP network doctors. Claim payment for orders with materials will only be processed after the contract lab completes a prescription and submits the claim to VSP for payment.

For additional materials (such as a second pair of eyeglass lenses and frames), you can use any lab you choose, including in-office labs. See [VSP Signature Plan](#) in the **Plans & Coverages** section for details.

Submitting Prescriptions

- Submit orders to contract labs through eClaim or on paper using the [CMS-1500 form](#) and [Materials Invoice](#). Include all prescription information. You can choose any lab on the [National Contract Lab List](#).
- Charge your patients for lens enhancements unless their plans say otherwise. For these lens enhancements, chargebacks are deducted from your reimbursement to pay the lab (see appropriate Lens Enhancement Chart based on their plan for more information).
- The lab will ship the completed order to you and forward your claim to VSP for payment.

USING NON-CONTRACT LABS

You can use non-contract labs in emergencies or at your discretion as outlined below.

Examples of emergencies include:

- Loss, theft, or breakage of prescription eyewear when your patient doesn't own an alternate pair and can't wear contact lenses
- Situations where your patient can't function at work or school and doesn't have another pair of glasses or contact lenses
- Patients whose safety and well-being will be jeopardized without the immediate delivery of their prescription eyewear

To submit a claim when a non-VSP lab is used, select Non-VSP Lab (Private Invoice) from the pull-down menu in the Lab Selection box on eClaim or write "Non-VSP Lab (Private Invoice)" in the Special Instructions area of the Materials Invoice. When submitting an emergency claim, please specify the emergency reason.

You'll be responsible for the entire cost of the lab bill and should pay the lab on a private-transaction basis. Don't charge the patient for covered lens enhancements, you won't receive a service fee for covered lens enhancements. For all other lens enhancements, charge the patient according to their plan. You won't receive a chargeback for these lens enhancements. VSP will pay you an established fee of \$10.50 for single vision, \$23.50 for bifocal/progressive and \$33.50 for trifocal, in addition to your regular dispensing fees. Use your bifocal lens-dispensing fee for progressives. Charge your patient according to the appropriate Lens Enhancement Chart based on their plan or your adjusted U&C fee (whichever is lower). Don't balance-bill the patient.

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- Additional pairs of glasses using the value added benefit (80% or 70% of U&C unless covered by your patient's plan—refer to **Section 2—Plans and Coverages** for more information about additional pairs of glasses)

VSP In-Office Finishing Program

Certain single vision stock lenses may be finished in your office through the VSP In-Office Finishing Program. Refer to the [In-Office Finishing Program](#) section of the manual for complete details.

VSP[®] IN-OFFICE FINISHING PROGRAM

Program Guidelines

Refer to the [VSP In-Office Finishing flier](#) for program benefits and guidelines.

In-office finishing is available for **single vision, stock lenses** purchased from the **Plexus Optix™ Single Vision Stock Lens Catalog** on **eBuy** for your VSP Signature Plan[®], VSP Choice Plan[®], and VSP Advantage PlanSM patients.

The program **excludes** the following:

- Orders from other practices—you can only finish lenses from patients seen at your practice; you may not finish work for other VSP Network providers.
- Lenses not purchased from Plexus Optix, Inc. through **eBuy** at **eyefinity.com**.
- Lenses surfaced or altered by any lab (uncuts).
- **Charity care claims** (Sight for Students[®], American Red Cross, and VSP Mobile Eyes[®])—these orders must be submitted to a **VSPOne™** Optical Technology Center.
- **Lab-supplied frames**—only frames supplied by the doctor or the patient are eligible for the program.
- **AR coating applied at a lab**—only pre-coated stock lenses are eligible for the program.
- Custom coatings.
- Lab applied coatings (Mirror and Ski Coats).
- Lab applied scratch coatings (VSP lens enhancement code QS: Scratch Resistant Coating B—other Approved Coatings).
- Products not specified in the Plexus Optix Single Vision Stock Lens Catalog.
- Any Rx that doesn't meet the VSP [minimum prescription requirements](#).

Lens Purchasing and Ordering

You must purchase single vision stock lenses through **eBuy** at **eyefinity.com** for VSP In-Office Finishing claims.

*Exceptions apply in the following states: Alabama, Georgia, Illinois, South Dakota, Tennessee, and Texas.

Claim Submission

ONLINE

Claims must be submitted electronically through **eClaim** at **eyefinity.com** or through a practice management system that's integrated with Eyefinity.

1. Select In-Office Stock Lenses in the Lens Finishing section of the Lab Invoice screen.
2. Select Single Vision.
3. Choose the appropriate lens from the menu.
4. Select VSP IOF Program from the IOF Fulfillment Center.
5. Choose either Doctor Supplied or Patient Supplied from the Frame Supplier menu.
6. Complete all other required fields and submit the claim.

PAPER

Claims for the VSP In-Office Finishing Program must be submitted electronically; paper claim submissions aren't eligible.

Documentation Standards

Your patient records should accurately document VSP In-Office Finishing Program claims as billed. Patient records must clearly indicate the materials supplied and how and when the order was completed, including the frame manufacturer and model, lens purchase details, prescription, lens materials, lens enhancements, date of lens finishing, date received by patient, and any other relevant data. The VSP Doctor Service Report is not considered adequate documentation.

You must charge patients for all copays and non-covered lens enhancements.

In-Office Finishing Doctor Redos

The following redo policies and procedures apply to VSP In-Office Finishing Program single-vision stock lens orders. You're responsible for the cost of all redos. Your patient should not be charged for redos resulting from errors made by office staff or in office labs.

VSP IN-OFFICE FINISHING PROGRAM DOCTOR REDO REQUIREMENTS AND LIMITATIONS

Requirements – A patient is entitled to a redo when one of the following requirement(s) is met:	Limitations – You may deny or charge for a redo that falls within the following limitations:
Power changes (not including changes resulting in plano lenses) Axis changes	Change made by the patient in the frame size, shape, or style Addition or change made by the patient

<p>Errors in transcription (not including transcription errors involving tints, photochromics, coatings, or frames)</p> <p>Change in materials (e.g., glass to plastic, plastic to polycarbonate, plastic to high index plastic, or glass, etc.)</p> <p>Changes in base curves</p>	<p>in tint or coating</p> <p>Materials lost, broken, or damaged by the patient</p>
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REDOS ON LENS ENHANCEMENTS

Important! Lenses covered by a manufacturer’s warranty (e.g., defects and scratch warranties) are not considered a redo. Please refer to the Terms and Conditions in the Plexus Optix Single Vision Stock Lens Catalog.

On qualified first-time doctor redo prescriptions, lens enhancements ordered on the original prescription will be covered on the first-time doctor redo.

Important! Ordering additional covered lens enhancements not supplied on the original prescription is not a valid reason for a redo, but if there’s another reason to remake an order, you may include additional lens enhancements on the new lenses.

Adding a lens enhancement that was not on the original prescription should be administered as follows:

Covered Lens Enhancements	All Other Lens Enhancements
<p>Don’t charge the patient.*</p> <p>Complete the online Lenses and/or Frame Claim Correction Request Form to indicate the additional covered enhancement. The form is available in the Benefit Administration tab in the Forms Library under Administration on VSPOnline at eyefinity.com</p> <p>*There’s no charge to you or your patient for adding a covered lens enhancement unless the covered lens enhancement can’t be added to the original order (e.g., two options that can’t be combined like photochromic and solid tint). Enhancements or materials that can’t be added to the original order are a private transaction between you and your patient.</p> <p>Note: Ordering additional covered lens enhancements as the only reason for a redo doesn’t meet VSP’s requirements. Refer to the First-Time Doctor Redo</p>	<p>Charge the patient either the patient copay or 80% of your U&C according to their plan type.</p>

<p>Requirements and Limitations section to ensure there's a valid reason for the first-time redo.</p>	
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REDOS SENT TO CONTRACT LABS

If lenses must be remade into a style or with lens enhancements not available through the VSP In-Office Finishing Program, call VSP at 800.615.1883 to request a redo and receive instructions.

Reimbursement

Refer to the [VSP In-Office Finishing Program Fee Schedule](#) for a complete list of materials, lens enhancements, and services and their reimbursement amounts. A few important items to note:

- The In-Office Finishing reimbursement per order will be the cumulative total of all associated lens enhancement fees (In-Office Finishing Fees). If there are no associated lens enhancements or the cumulative total of the fees is less than \$10, the reimbursement for that order will be \$10.
- Reimbursements cover your cost for the lenses. You won't be reimbursed for taxes on In-Office Finishing payments for services or materials.
- You'll receive your In-Office Finishing fee in addition to your base lens dispensing fee and any applicable doctor service fees for lens enhancements provided by your office.

Important! Lens Enhancements not listed in the [In-Office Finishing Program Fee Schedule](#) are not included in the program and can't be finished in your office. Payment for these services will be denied.

Explanation of Payment

Your reimbursements under the VSP In-Office Finishing Program will be included in your VSP Explanation of Payment (EOP). The claims detail will appear as it does today, with a new IOF message code, IF. The In-Office Finishing section outlines your VSP In-Office Finishing Program reimbursements associated with claims submitted under the program. Payments will be included in your VSP check or EFT total.

NATIONAL CONTRACT LAB LIST

VSP doctors can use any of the contract labs listed below for the VSP Signature Plan[®], VSP Choice Plan[®], VSP Advantage PlanSM, or VSP Essentials Plan. Some restrictions apply based on plan type or state. For plans with unique lab requirements, eClaim will provide you with the appropriate lab choices for the order you are submitting.

Initials to the left of the lab numbers indicate the lab is approved for other VSP plans as noted in the legend below. The number to the left of the lab is the VSP lab number used to identify participating labs.

A: Allied—these labs are UNITY Allied labs. For certain plans, like Federal Employees Dental and Vision Insurance Program (FEDVIP), these labs may be available for your use depending on the type of product selected.

C: California RNP/Medi-Cal—for use by California doctors; labs will charge the fixed CA RNP/Medi-Cal lab fees.

N: National RNP/Medicaid—for use by all doctors; labs will charge the fixed RNP/Medicaid lab fees.

Alabama							
N	280	Optical Prescription Lab	120 Applegate Circle	Pelham	35124	205.620.9019	800.829.3937
Arizona							
A N	880	Aspen Optical	1050 West Main Street, Suite 102	Mesa	85201	480.894.8770	800.926.5367
	882	Bristow Optical Co.	3840 E. 5 th Street	Tucson	85716	520.327.5885	800.303.5885
A N	884	Carl Zeiss Vision Southwest	410 S. Madison Drive, Suite 2	Tempe	85281	855.750.7970	855.750.7970
A	814	Global Source Rx, Inc.	7498 East Monte Cristo	Scottsdale	85260	712.348.0480	800.833.4779
A	885	Meridian Optical Laboratory	3711 E. Atlanta Avenue	Phoenix	85040	602.257.8555	800.352.5465
Arkansas							
N	237	Central Optical, Inc.	6518 Fox Run East End	Mabelvale	72103	501.888.3886	800.888.3886
N	238	NEA Optical	1426 East Washington Avenue	Jonesboro	72401	870.935.2179	800.535.7774
N	214	Plunkett Optical	1705 North A Street	Ft. Smith	72901	479.783.2001	800.272.4730
California							
A C N	901	Bartley Optical	1300 Optical Drive	Azusa	91702	626.969.6181	800.347.4733
C N	902	Brothers' Optical Lab, Inc.	870 North Eckhoff Street	Orange	92868	714.634.9303	800.531.3112
A C N	967	Capitol Optical Co.**	1755 Industrial Drive	Auburn	95603	530.823.3937	800.400.5367
A C N	915	Carl Zeiss Vision California	4661 Arrow Highway	Montclair	91763	800.824.4868	800.824.4868
A C	923	Collard-Rose Optical	12402 Philadelphia Street	Whittier	90601	562.698.2286	800.242.2020
A C	940	CSC Labs	180 Westgate Drive	Watsonville	95076	831.426.7423	800.288.2721
A C N	929	Elite Optical Company	9901 Horn Road, Suite G	Sacramento	95827	916.368.6650	800.556.5502
C N	973	Elite Optical Company	801 N. Burke	Visalia	93292	559.625.5816	800.624.6672
A C N	994	Elite Optical Company	1450 W. Walnut Street	Rancho Dominguez	90220	310.604.8668	800.468.6788
A C N	935	Empire Optical**	7633 Varna Avenue	N. Hollywood	91605	818.997.6474	800.767.6784
A C N	920	Hoya-Los Angeles	1100 East Elm Avenue	Fullerton	92831	800.273.2133	800.273.2133
A C N	966	Hoya-Modesto	1400 Carpenter Lane	Modesto	95351	209.579.7739	800.692.5730
A C N	918	Hoya-San Diego*	4255 Ruffin Road	San Diego	92123	858.490.3490	800.544.2015
C N	969	J & J Optical	6153 Center Street	Paradise	95969	530.876.1586	800.498.4344
C N	903	Meridian Optical Laboratory	9560 Ridgehaven Court	San Diego	92123	858.565.0751	800.532.3840
A C N	941	Ocular Labs, Inc.	923 Berryessa Road	San Jose	95133	408.955.7250	800.773.9910
C N	910	Peggy's Optical Service**	1925 Divisadero Street	Fresno	93701	559.268.1010	800.858.8800
C N	913	Precision Optical Products	4950 Waring Road, Suite 4	San Diego	92120	619.287.4436	866.472.4436
C N	968	Prestige Lens Lab*	338 N. Canal Street, #13 & #14	S. San	94080	650.266.8584	800.210.9449

				Francisco			
A C	917	Richmond Optical Co.	29425 Ruus Road	Hayward	94544	510.783.1420	800.870.3937
	985	Signetek	5803 Newton Drive, Suite A	Carlsbad	92008	760.744.4000	800.759.0075
A C N	999	VSPOne Sacramento	3131 Fite Circle	Sacramento	95827	916.369.6161	800.952.5518
A C N	961	VSPOne San Diego	2651 La Mirada Drive	Vista	92081	760.305.7400	866.569.8800
A C N	948	X-Tra Lite Optical	15865 Chemical Lane	Huntington Beach	92649	714.897.3525	800.878.9872
Colorado							
N	770	Duffens Optical Company	2929 W. 9 th Avenue	Denver	80204	303.623.5301	800.999.5367
N	778	Pasch Optical Lab, Inc.	2700 W. Hampden	Sheridan	80110	303.789.0089	800.888.0036
N	769	Walman Optical Co.	495 Cedar Avenue	Denver	80223	303.777.4484	800.332.8477
Connecticut							
N	499	Encore Optics	140 Commerce Way	S. Windsor	06074	860.282-0082	866.833-2020
A N	460	Hoya-Hartford	580 Nutmeg Road North	S. Windsor	06074	860.289.5367	800.722.7659
N	483	McLeod Optical Company	451 Meriden Road	Waterbury	06705	203.754.2187	
N	465	Precision Optical Co.	351 Burnham Street	East Hartford	06108	860.289.6023	800.842.8622
Florida							
A N	867	Hoya-Largo	12345 Starkey Road, Suite E	Largo	33773	727.531.8964	800.882.8131
A N	863	Kosh Ophthalmic, Inc.	2901 W. McNab Road	Pompano Beach	33069	954.975.0100	800.327.4118
A N	872	Milroy Optical	5067 Savarese Circle	Tampa	33634	813.889.0858	800.366.2702
N	865	Optiks Unlimited, Inc.	3210 Corrine Drive, #1	Orlando	32803	407.895.6147	800.495.7255
N	866	Pelican Optical, Inc.	6850 Whitfield Industrial Avenue	Sarasota	34243	941.751.4437	800.862.0966
A N	821	VSPOne Fort Lauderdale	6611 NW 15 th Way	Ft. Lauderdale	33309	954.975.8600	800.327.3718
A N	862	VSPOne Tampa Bay	5600 115th Avenue North	Clearwater	33760	727.528.8873	866.587.6141
Georgia							
	255	Better Optics	3213 Humphries Hill Road, Bldg. #4	Austell	30106	770.819.8800	800.831.1846
A N	292	Carl Zeiss Vision Georgia	227 Southfield Parkway, Suite 100	Forest Park	30297	770.478.2121	800.241.9030
A N	228	Hoya-Atlanta	591-F Thornton Road	Lithia Springs	30122	770.944.1800	800.647.3640
N	220	Robertson Optical Lab	2309 Highway 81 South	Loganville	30052	770.554.3000	800.929.2765
N	267	Southern Optical Co.	1914 A. North Leg Road	Augusta	30909	706.737.5995	800.969.1296
A N	223	Southern-Reid Optical	1856 Corporate Drive, Suite 150	Norcross	30093	678.380.7425	800.765.7343
Hawaii							
N	953	Optical Suppliers, Inc.	99-1253 Halawa Valley Street	Aiea	96701	808.486.2933	800.448.0477
Idaho							
N	578	Deschutes Optical - Idaho	5236 Chinden Blvd.	Boise	83714	208.323.8981	800.241.2338
Illinois							
A N	650	Expert Optics	305 Earl Road	Shorewood	60431	815.741.1414	800.892.0097
A N	626	Hoya-Chicago	3531 Martens Street	Franklin Park	60131	847.678.4700	800.223.3510
A N	618	Hoya-St. Louis	301 Vision Drive	Columbia	62236	618.281.3344	800.279.3721
N	661	Nexus Vision Illinois.	3373 N. Woodford St.	Decatur	62526	217.877.1192	800.252.1621
N	630	Soderberg, Inc.	1280 11 th Street West, Suite 2	Milan	61264	309.787.1859	800.383.2083
N	625	Walman Optical Company	1280 11th Street, West	Milan	61264	309.787.0000	800.447.1376
Indiana							
N	619	Bell-Duffens Optical Co.	1718 Lafayette Road	Indianapolis	46222	317.637.2391	800.382.4523
A N	699	Expert Optics	3702 W. Sample Street, #32	South Bend	46619	574.287.8402	800.287.9778
N	635	G.K. Optical	2902 Mitthoeffer Palace	Indianapolis	46229	317.881.2585	800.500.8830
	687	LensTech Optical Lab	1064 S Greenwood Springs Blvd., Suite A	Greenwood	46143	317.882.1249	800.564.5546
N	641	Soderberg, Inc.	119 South Seventh Street	Terre Haute	47807	812.232.1389	800.457.0535
N	642	Soderberg, Inc.	4920 Executive Blvd., Suite A	Fort Wayne	46808	260.471.5077	800.736.7411
N	646	Walman Optical Co.	2540 Waterbridge Way	Evansville	47711	812.424.7521	800.727.5367

N	647	Walman Optical Co.	4920 Executive Blvd., Suite C	Fort Wayne	46808	260.484.5527	800.688.2365
Iowa							
A	N	623	Carl Zeiss Vision Iowa	4186 Alyssa Court	Iowa City	52240	319.338.8370 888.891.0214
A	N	645	Carl Zeiss Vision Siouxland	300 W. 16 th Street	Sheldon	51201	712.324.4352 800.831.8583
A	C	N	603	Pech Optical Corp.	2717 Murray Street	Sioux City	51111 712.277.3937 800.831.2352
	N	696	Precision Optical Group	701 S. Oak Street	Creston	50801	641.782.6685 800.497.9239
	N	632	Soderberg, Inc.	1214 Maple Street	W. Des Moines	50265	515.223.5280 800.733.4641
	N	683	Twin City Optical	1445 C Street SW	Cedar Rapids	52403	319.365.8707 800.245.5859
Kansas							
	N	612	Duffens Optical Co.	400 SE Quincy Street	Topeka	66603	785.234.3481 800.432.2475
	N	614	Duffens/Langley	8140 Marshall Drive	Lenexa	66214	913.492.5379 800.397.2020
	N	615	Duffens Optical Co.	145 Wabash	Wichita	67214	316.262.5411 800.657.5758
Kentucky							
A	C	N	132	Carl Zeiss Vision Kentucky	1050 World Wide Blvd.	Hebron	41048 859.689.1243 866.289.7652
	N	120	Twin City Optical	4601-B Proximity Drive	Louisville	40213	502.966.5662 800.647.6970
Louisiana							
	N	208	Gulf States Optical Labs	313 Coolidge Street	Jefferson	70121	504.834.1646 800.662.7889
Maine							
	N	485	McLeod Optical Co., Inc.	179 Mount Vernon Avenue	Augusta	04330	207.623.3841
Maryland							
A	N	310	Homer Optical Co., Inc.	2401 Linden Lane	Silver Spring	20910	301.585.9060 800.627.2710
A	N	313	New City Optical Co., Inc.	1107-09 Wilson Drive	Baltimore	21223	410.646.3500 800.638.3536
A		301	VSPOne Baltimore	3922 Vero Rd Ste M	Halethorpe	21227	855.409.4555
	N	306	Walman Optical Company	6304 Blair Hill Lane	Baltimore	21209	410.828.7424 800.638.5098
Massachusetts							
A	N	733	Carl Zeiss Vision Northeast	118 South Street	Hopkinton	01748	855.750.7971 800.403.8997
Michigan							
A	N	107	Carl Zeiss Vision Great Lakes	1784 Larchwood Drive	Troy	48083	248.524.0550 800.693.0099
A	N	110	Optical Supply, Inc.	1526 Plainfield NE	Grand Rapids	49505	616.361.6000 800.441.4441
	N	125	Soderberg, Inc.	5533 Ann Arbor Road	Jackson	49201	517.764.5100 800.733.3645
	N	119	Twin City Optical	2323 Aero Park Court	Traverse City	49686	231.922.0344 800.424.0344
	N	133	Visioncraft-Optical Dimensions	3285 Martin Road, #110	Walled Lake	48390	248.669.1130
	N	178	Walman Optical Company	1051 Business Park Drive	Traverse City	49686	231.929.9070 888.251.2040
Minnesota							
A	N	660	Carl Zeiss Vision North Central	4605 Rusan Street	St. Cloud	56303	320.255.9787 800.328.3829
A	N	621	D.B.L. Labs, Inc.	6650 Saukview Drive	St. Cloud	56303	320.654.6650 800.888.0222
	N	607	Index 53	306 Main Street	St. Stephen	56375	320.252.9380 800.328.7035
A	N	610	Precision Optics	6925 Saukview Drive	St. Cloud	56303	320.251.8591 800.328.7075
A	N	675	Soderberg, Inc.	230 Eva Street	St. Paul	55107	651.291.1400 800.755.5655
A	N	665	Twin City Optical	5205 Highway 169 North	Minneapolis	55442	763.551.2000 800.328.4912
	N	685	Twin City Optical	905 North 4 th Street	Staples	56479	218.894.3385 800.328.9402
A		669	VSPOne St Cloud	Gateway Business Park 3900 Roosevelt Rd Ste 111	St. Cloud	56301	320.259.31754 877.396.5916
A	N	604	Walman Optical Co.	9200 Wyoming Avenue	Brooklyn Park	55445	763.515.5590 800.727.9522
	N	688	Walman Optical Co.	510 Beltrami Avenue	Bemidji	56601	218.751.5327 800.891.1019
	N	689	Walman Optical Co.	102 South 21 st Avenue NW	Duluth	55806	218.722.7034 800.945.3937

Mississippi							
N	234	Superior Optical Labs, Inc.	6525 Sunplex Drive	Ocean Springs	39564	228.875.3796	800.476.2285
Missouri							
A	N	636	Carl Zeiss Vision Kansas City	13731 East 42 nd Terrace	Independence	64055	888.807.0072
	N	605	Gateway Optical	18 Kirkham Industrial Drive	Webster Groves	63119	314.968.1905
	N	609	Midland Optical Co.	2360 59 th Street	St. Louis	63110	314.533.2020
	N	602	Ozarks Optical Lab, Inc.	1845 Arbor Court	Springfield	65807	417.890.5367
	N	627	Sutherlin Optical	1941 Central Street	Kansas City	64108	816.421.0369
Montana							
	N	503	Twin City Optical	1002 10 th Street, West, #3	Billings	59102	406.248.4429
	N	581	Walman Optical Co.	2747 Enterprise Avenue, Suite 3	Billings	59102	406.252.2143
	N	589	Walman Optical Co.	410 Central Avenue, 320 Strain Bldg.	Great Falls	59401	406.761.2872
	N	594	Walman Optical Co.	1245 South 3 rd West	Missoula	59801	406.549.6429
Nebraska							
		673	Hi-Tech Optics	121 Oakcreek Drive	Lincoln	68528	402.434.2700
	N	628	Rite-Style Optical Co.	12240 Emmet Street	Omaha	68164	402.492.8822
	N	697	Walman Optical Co.	13595 Giles Road, Suite I	Omaha	68138	402.339.4474
Nevada							
A	N	853	Sunstar Optical*	5960 Edmond Street	Las Vegas	89118	702.739.8880
A	N	809	Truckee Meadows Optical	2970 Sutro Street	Reno	89512	775.359.6667
	N	815	Walman Optical Co.	3321 Sunrise Avenue, Suite #110	Las Vegas	89101	702.438.1235
New Hampshire							
	N	726	N. H. Optical Laboratory, LLC	32 Library Street	Allenstown	03275	603.218.1470
New Jersey							
	N	445	M. H. Optical Supplies	128 Leuning Street	South Hackensack	07606	201.489.1110
A	N	438	Sheridan Optical Company Inc.	108 Clinton Avenue	Pitman	08071	856.582.0963
New Mexico							
	N	779	Precision Optical Laboratory	5115 Coors Blvd. NW, Suite E	Albuquerque	87120	505.897.2468
	N	761	Twin City Optica*	120 Jefferson Street, NE	Albuquerque	87108	505.256.9000
New York							
	N	433	21 st Century Optics, Inc.	47-00 33 rd Street	Long Island City	11101	718.392.2310
A	N	403	Advance Optical	37 Goodway Drive, East	Rochester	14623	585.427.0800
		437	Optics Plus, Inc.	4291 Delaware Avenue	Tonawanda	14150	716.744.2636
	N	407	Optogenics Of Syracuse**	2840 Erie Blvd. East	Syracuse	13224	315.446.7500
A	N	406	Tri-Supreme Optical, LLC	91 Carolyn Boulevard	Farmingdale	11735	631.249.2020
	N	402	Winchester Optical	1935 Lake Street	Elmira	14901	607.734.4251
North Carolina							
	N	207	Southern Optical Co.	860 Aviation Pkwy, Suite 1300	Morrisville	27560	919.469.1623
A	N	218	Southern Optical Co.	1909 North Church Street	Greensboro	27405	336.272.8146
	N	283	Southern Optical Co.	103 J & L Drive	Goldsboro	27530	919.735.2084
A	N	250	VSPOne Charlotte	1920 Starita Rd Unit G	Charlotte	28269	866.458.2240
North Dakota							
	N	634	Soderberg, Inc.	1404 33 rd Street South, Suite K	Fargo	58103	701.282.2416
	N	653	Twin City Optical	1213 Continental Avenue	Bismarck	58501	701.223.7640
A	N	624	Walman Optical Co.	1404 33 rd Street South, Suite K	Fargo	58103	701.235.0571
	N	670	Walman Optical Co.	17 2 nd Avenue SE	Minot	58701	701.852.1048

Ohio								
C N	121	Bell Optical Laboratory, Inc.	9221 Ravenna Road, Unit 3D	Twinsburg	44087	330.425.3003	800.622.9008	
	N	638	Bell Optical Laboratory, Inc.	3671 Interchange Dr.	Columbus	43204	614.274.0840	800.776.8077
A	N	103	Central One Optical	6981 Southern Blvd.	Boardman	44512	330.783.9660	800.322.6678
A	N	175	Diversified Ophthalmics, Inc.	250 McCullough Street	Cincinnati	45226	513.321.7988	800.626.2281
A	N	115	Hoya-Cleveland	94 Pelret Industrial Parkway	Berea	44017	440.234.5703	800.861.3661
A		104	Interstate Optical Company, Inc.*	680 Lindaire Lane	Mansfield	44906	419.529.6800	800.472.5790
	N	112	Select Optical, Inc.	6510 Huntley Road	Columbus	43229	614.846.5750	800.331.1603
A	N	124	Soderberg, Inc.	1851 Ebert Avenue	Dayton	45439	937.298.0223	800.762.4827
	N	114	Toledo Optical Laboratory, Inc.	1201 Jefferson Avenue	Toledo	43604	419.248.3384	800.472.0107
A	N	199	VSPOne Columbus	2605 Rohr Road	Lockbourne	43137	614.409.8900	800.251.5150
Oklahoma								
	N	252	Duffens Optical Company	4419 SW 21 st Street	Oklahoma City	73108	405.682.1988	800.256.9800
A		216	Rx Optical	2006 N. Yellowwood Avenue	Broken Arrow	74012	918.459.3833	800.886.3467
	N	254	E.Magine Optical	4139 S. 88 th E. Avenue	Tulsa	74145	918.627.0593	800.767.8545
	N	204	Team Effort Optical	713 SW 119 th Street	Oklahoma City	73170	405.703.4133	
Oregon								
A	N	718	Carl Zeiss Vision Northwest	14450 SE 98th Court	Clackamas	97015	503.655.4787	800.547.3156
A	N	712	Hoya-Eugene*	1370 S. Bertlesen Road	Eugene	97402	541.683.3898	800.442.5969
A	N	713	Hoya-Portland	4500 SE Criterion Court, #220	Milwaukie	97222	503.233.6211	800.547.8064
C	N	711	Opti-Craft, Inc.	17311 NE Halsey Street	Portland	97230	503.256.5330	800.288.8078
Pennsylvania								
	N	495	Allentown Optical Corp.	525 Business Park Lane	Allentown	18109	610.433.5269	800.523.1141
	N	411	Balester Optical Company	388 North River Street	Wilkes-Barre	18702	570.824.7821	800.233.8373
	N	490	K Optical, Inc.	29 West Main Street	Hummelstown	17036	717.566.5681	800.548.7540
A	N	443	Luzerne Optical Laboratories, Ltd.	180 N. Wilkes-Barre Blvd.	Wilkes-Barre	18702	570.822.3183	800.233.9637
A	N	408	Three Rivers Optical Co.	260 Bilmar Drive	Pittsburgh	15205	412.928.2020	800.756.2020
	N	436	Walman Optical Company	150 Rose Court	York	17402	717.767.5193	800.673.2425
Puerto Rico								
		868	MGM Optical Laboratories, Inc.	621 De Diego Avenue, Caparra Terrace	San Juan	00920	787.781.6299	787.782.2727
		875	Rainbow Optical Lab, Inc.	Parque Ind'l Valle Tolima Edificio Multifabril 14-A #3	Caguas	00725	787.745.8875	787.438.4280
Rhode Island								
	N	480	Crown Optical Company	15 Commerce Street	Greenville	02828	401.949.3400	800.766.2769
	N	481	McLeod Optical Co., Inc.	50 Jefferson Park Road	Warwick	02888	401.467.3000	800.288.5367
South Carolina								
A	N	212	Robertson Optical Lab	411 Commerce Drive, NE	Columbia	29223	803.254.9381	800.922.5525
	N	236	Robertson Optical Lab - Greenville	120 Howe Street	Greenville	29601	864.370.2015	800.223.0890
A	N	215	Southern Optical Co.	128 Greenacre Road	Greenville	29607	864.232.7316	800.999.4805
South Dakota								
	N	633	Soderberg, Inc.	623 S. Lyons Avenue	Sioux Falls	57106	605.336.3650	800.843.7968
	N	678	Twin City Optical	3109 W. 41 st Street, Suite 115	Sioux Falls	57105	605.373.0264	800.615.1106
Tennessee								
A	N	213	Carl Zeiss Vision Cumberland	806 Olympic Street	Nashville	37203	615.254.5868	800.888.8316
A	N	286	Hoya-Knoxville	1529 Western Avenue NW	Knoxville	37921	865.524.5448	800.227.5697
	N	222	Muller Optical Company	203 W. Baltimore Street	Jackson	38301	731.422.1601	800.238.3811
	N	211	Precision Optical Lab	225 Overton Road	Gallaway	38036	901.867.2991	800.238.6828

N	253	Southern Optical Co.	4835 Hwy 58	Chattanooga	37416	423.499.4000	800.966.8255
A N	265	Southern Optical Co.	501 Merritt Avenue	Nashville	37203	615.256.6631	800.333.8498
N	288	Southern Optical Co.	136B Industrial Park Road	Piney Flats	37686	423.538.5544	800.888.2544
Texas							
A N	240	Carl Zeiss Vision Texas	440 E. Vista Ridge Mall Drive	Lewisville	75067	866.326.5541	866.970.2561
N	241	Duffens Optical Company	3625 Willowbend Blvd. #110	Houston	77054	713.663.3000	800.392.9774
A N	242	Hoya-Dallas	651 E. Corporate Drive	Lewisville	75057	972.221.4141	800.423.2361
N	249	Omega Dash Lab	5901 63 rd Street, Suite B	Lubbock	79424	806.793.2088	800.327.8522
C N	246	Omega Optical Company	13515 N. Stemmons Fwy.	Dallas	75234	972.241.4141	800.366.6342
A C N	201	VSPOne Dallas	440 E. Vista Ridge Mall Drive	Lewisville	75067	972.956.5400	866.934.0400
A N	205	VSPOne Houston	4540 Kendrick Plaza Dr Ste 140	Houston	77032	855.409.9638	
N	230	Wilson Optical	8990 Summerford Lane	El Paso	79907	915.859.3415	800.351.2287
Utah							
	772	Salt Lake Optical, Inc.	3007 SW Temple, Suite F	Salt Lake City	84115	801.328.4791	800.657.7448
Vermont							
N	730	Lenco, Inc.	175 Quality Lane	Rutland	05701	802.775.2505	800.244.2505
Virginia							
A N	319	Carl Zeiss Vision Southeastern	6490 Commonwealth Drive	Roanoke	24018	540.989.8644	800.456.0088
A N	321	Carl Zeiss Vision Virginia	1301 N. Kingston Avenue	Chester	23836	800.328.2984	
N	315	New City Optical Co., Inc.	5819-A Ward Court	Virginia Beach	23455	757.460.0938	800.446.4001
N	317	Professional Oph. Labs	2126 Winston Avenue SW, Suite #G	Roanoke	24014	540.345.7303	800.476.4050
N	318	Southern Optical Co.	10813 Trade Road	Richmond	23236	804.747.8700	800.229.5367
Washington							
N	515	Central Optical Lab	412 Diagonal Street	Clarkston	99403	509.758.1791	800.366.1790
A N	568	Hoya-Seattle	2330 South 78 th Street	Tacoma	98409	253.474.0610	800.562.8135
A N	519	Jorgenson Optical Supply	1901 S. Union Avenue, #B1001	Tacoma	98405	253.572.4522	800.426.8918
	549	Nouveau Vision, Inc.	8567 Willows Road	Redmond	98052	425.882.4333	800.365.3611
N	573	Vision Craft, Inc.	202 South Front Street	Yakima	98901	509.248.1951	800.733.3937
N	539	Walman Optical Company	20417 80th Avenue South	Kent	98032	253.872.7137	800.752.5227
A N	505	VSPOne Olympia	8719 Commerce Place Drive NE, Suite D	Lacey	98516	360.352.7502	888.352.7502
West Virginia							
N	122	Bell Optical Laboratory, Inc.	Boaz Commercial Park #6	Williamstown	26187	304.375.2166	800.225.2157
N	123	Bell Optical Laboratory, Inc.	2182 Route 75, Suite 2	Kenova	25530	304.429.8470	800.553.3402
Wisconsin							
N	656	Soderberg, Inc.	207 North Barstow	Eau Claire	54703	715.834.1271	800.472.6655
N	657	Soderberg, Inc.	3108 Airport Road	La Crosse	54603	608.784.5836	800.356.9504
N	658	Soderberg, Inc.	205 S. Stoughton Road	Madison	53714	608.249.7364	800.736.6544
N	659	Soderberg, Inc.	7300 South 1 st Street	Oak Creek	53154	414.764.8878	800.677.0680
N	651	Twin City Optical	4605 London Road	Eau Claire	54701	715.833.7088	800.752.4187
N	649	Walman Optical Co.	715 14 th Avenue	Green Bay	54304	920.498.2928	800.365.2828
Wyoming							
N	768	Twin City Optical	1905 East A Street	Casper	82601	307.265.0151	800.438.3413

*Safety Eyewear monogrammed only by request.

**Safety Eyewear not provided at this lab.

PATIENT LENS ENHANCEMENT FEES INSTRUCTIONS

Covered Lens Enhancements

Don't charge a fee for any lens enhancement's covered by your patient's plan. We'll pay you a service fee, as shown on the [VSP Signature Lens Enhancements Chart](#). Please note that if your patient is covered for plastic dyes, glass tints, or plastic or glass photochromics, there's no service fee for these lens enhancements. There's also no service fee for covered polycarbonate lenses when dispensed to children or handicapped patients.

POLYCARBONATE LENSES FOR MONOCULAR PATIENTS

Don't charge for the polycarbonate lens enhancement used by functionally monocular patients, defined as those having best corrected vision of 20/200 or worse in one eye. Polycarbonate lenses are covered.

We'll cover the lens enhancement fee, even if it's not specifically covered by your patient's plan. We'll also pay you a service fee. Simply include the most appropriate ICD-9 diagnosis code describing your patient's level of visual impairment on the claim form.

Monocular Diagnosis Codes: The claim must be submitted with a Polycarbonate lens enhancement and one of the following monocular diagnosis codes:

369.16	369.17	369.24	369.62	369.63	369.65
369.66	369.68	369.69	369.72	369.73	

Other Lens Enhancements

For lens enhancements that are covered with a copay, charge the patient according to the [VSP Signature Lens Enhancements Chart](#) or your U&C fee (whichever is lower).

Important! If a lens enhancement is listed with an "N" or is **Not Covered**, the patient's plan doesn't allow that lens enhancement to be ordered for the patient. If the item is provided, we'll deny payment for the lenses and frame, and the patient must pay for the entire cost of the lens and frame.

DETERMINING WHAT TO CHARGE THE PATIENT

VSP patient copays are all add-on fees. Your private-pay lens enhancement fees may be an add-on to your lens fee or included in your total lens fee. Example A on the following page explains what to charge your patient when your U&C add-on fees are higher than VSP's Patient Lens Enhancement fees. Example B on the following page explains what to charge your patient when your U&C add-on fees are lower than VSP's Patient Lens Enhancement fees.

EXAMPLES

	Example A	Example B
1. Convert your total U&C fees to add-on fees.		
Your U&C fee for Photogray Extra FT28 bifocal lenses is:	\$145	\$125

Subtract your U&C fee for clear FT28 bifocal lenses:	-\$100	-\$100
Your U&C add-on fee for multifocal Photogray Extra is:	\$45	\$25
2. Determine what to charge your patient. Compare your U&C add-on fee to the VSP lens enhancement patient copay and select the lower of the two.		
Your U&C add-on fee for multifocal Photogray Extra:	\$45	\$25
The Patient Copay for multifocal Photochromic—Glass is:	\$37	\$37
Patient pays:	\$37	Go to Step 3 to continue

The purpose of the following step is to adjust your U&C fee based on contract lab fees. This step preserves your service fees as necessary.

3. (Example B only) Adjust the amount to charge your patient, if needed. If your U&C fee is lower than the Patient Copay, you'll need to adjust the amount.

Your U&C add-on fee for multifocal Photogray Extra is:	\$25
Subtract your private lab's add-on charge to you for multifocal Photogray Extra:	-\$15
Your U&C service charge for multifocal Photogray Extra:	\$10
Add the VSP Lens Enhancement Chargeback for multifocal Photogray Extra (Photochromic—Glass):	+\$23
Your adjusted U&C add-on fee for multifocal Photogray Extra is:	\$33

4. (Example B only) Compare your adjusted U&C add-on fee to the fee shown on the Patient Lens Enhancement list and charge the lower fee.

Your adjusted U&C add-on fee for multifocal Photogray Extra is:	\$33
The Patient Copay for multifocal Photochromic—Glass is:	\$37
Patient pays:	\$33

Flexible Lens Enhancements

To offer more customized coverage to VSP Vision Care clients and members, we've developed several flexible lens enhancements programs that allow partial coverage for the most popular VSP lens enhancements, including anti-reflective (AR) coatings, photochromics, and progressives. Always refer to the online Patient Record Report and Lens Enhancements Charges report for complete information on lens enhancement coverage. The [VSP Flexible Lens Enhancement Coverage Tip Sheet](#) provides more information and helps you calculate patients' out-of-pocket expenses.

Single Lens Orders

Even though your patient can request a single lens instead of a pair of lenses, VSP doctors and labs are reimbursed for a complete pair of lenses. If your patient only orders one lens and then needs a second lens within 12 months, your patient is entitled to a second lens at no additional cost.

If your patient gets a lens enhancement on a single lens order, charge them the full patient-lens enhancement price.

Half-Pair Orders

There may be instances where a patient ordering two prescription lenses, might only need a particular lens enhancement on one of the lenses, such as one plastic progressive lens and one single-vision plastic lens.

PATIENT CHARGES

If the lens enhancement is covered, don't charge the patient. For other lens enhancements, charge the patient half of the VSP Patient Copay. Only half of the chargeback will be deducted from your VSP Explanation of Payment.

CLAIM SUBMISSION

When you submit orders electronically, indicate in Box 19 on the CMS-1500 Form "half-pair lens enhancement" and clearly describe half lens enhancement in Lab Special Instruction area. When you submit a paper claim, indicate in Box 19 on the CMS-1500 "half-pair lens enhancement" and include the lab invoice.

PATIENT LENS ENHANCEMENT EXPLANATIONS

Below, you'll find details about patient lens enhancements on the VSP Signature Plan[®] and VSP Choice Plan[®] Lens Enhancements Charts.

Lens Styles

Style	Lens Enhancement Codes
<p>Mid and High Index Plastic Lenses</p> <p>All plastic lenses with an index of refraction between 1.53 and 1.74 in both non-aspheric and aspheric designs, not including polycarbonate, use these codes. The price includes front and backside scratch-resistant coating and inherent UV protection.</p>	<p>AB, BB, DB, FB, IB, JB, KB, NB, OB, AH, BH, DH, NH, OH, FH, JH, KH, AJ, BJ, NJ, OJ, FJ, JJ, KJ, II</p>
<p>High Index Glass—Non-Aspheric</p> <p>All glass lenses with an index of refraction between 1.60 and 1.80 in non-aspheric designs.</p>	<p>AF</p>
<p>Polycarbonate</p> <p>These codes cover polycarbonate lenses. The price includes front and backside scratch-resistant coating and inherent UV protection.</p>	<p>AD, BD, DD, ND, FD, ID, ND, OD, JD, KD</p>
<p>Aspheric Lenses</p> <p>Aspheric lenses ordered in 1.50 plastic are available using this code.</p> <p>Note: Cataract lenses aren't categorized under aspheric. For cataract lens orders processed through eClaim, choose Lenticular from the pull-down menu under Vision Type. For paper orders processed with Material Invoices, choose the Other box and write Lenticular in the space provided.</p>	<p>AA</p>
<p>Digitally Surfaced Aspheric Lenses</p> <p>Digital Aspheric lenses ordered in any plastic material are available using these codes. If Digital Aspheric lenses are ordered in high index plastic 1.53 -1.60/Trivex, high index plastic 1.66/1.67, or high index plastic 1.70 and above, use code BA plus the appropriate fee for the material. These additional costs are listed on the lens enhancement charts directly below the main lens charge (e.g., charge codes BA and BB, for 1.60 Digital Aspheric lenses). When ordered in polycarbonate, charge the patient for code BD only. There is no charge to the patient for code BD when the patient is covered for polycarbonate.</p>	<p>BA, BB, BD, BH, BJ</p>
<p>Occupational Lenses</p> <p>There is no charge to the patient for occupational lenses (e.g., double seg/double D, double executive, quadrifocal, CRT trifocal, 10x25, 10x28, 10x35, 12x35, 14x35 and Datalite lenses). Single Vision glass occupational safety lenses (e.g., Didymium and X-Ray) are not available for use with VSP benefits. ED and FD trifocals aren't paid under this category.</p>	
<p>Blended Myo-Disc</p> <p>For standard myo-disc orders on eClaim, choose "Lenticular" from the pull-down menu under Vision Type. For paper orders on a Materials Invoice, write "Lenticular" in the "Other" box. Blended Myo-Disc lenses are not available for use with VSP benefits.</p>	
<p>Polarized Lenses</p> <p>Single vision and lined multifocal plastic polarized lenses are included under code DA. Glass polarized lenses are included under code DE. If polarized lenses are ordered in high index plastic 1.53-1.60/Trivex, high index plastic 1.66/1.67, or polycarbonate, charge additionally for the appropriate material. These additional costs are listed on the lens enhancement charts directly below the main lens charge. (e.g., charge codes DA and DD for polarized lenses in</p>	<p>DA, DE, NP, OP, FP, JP, KP</p>

polycarbonate). Premium polarized lenses are not available for use with VSP benefits.

Plastic polarized lenses with a progressive design are included under progressive codes NP, OP, FP, JP, and KP and must be used with corresponding progressive codes NA, OA, FA, JA, and KA respectively. Do not use codes DA, DE, DB, DC, DD, or DH, for progressive polarized lenses.

Note: Don't charge for full UV protection on polarized lenses, since this is already included in the price. For backside only UV protection, charge the patient using lens enhancement BV.

Near Variable Focus IA

If near variable focus lenses are ordered in high index plastic 1.53-1.60/Trivex, high index 1.66/1.67, or polycarbonate, charge code IA plus IB, IA plus II, or IA plus ID. These lenses are only available pre-scratch coated; don't charge for scratch resistant coating. Don't use this code for Digitally Surfaced Near Variable Focus or Occupational Progressive lenses.

In **eClaim**, choose **Near Variable Focus** from the pull-down menu under Vision Type. On paper, mark the **Bifocal** box located in the **Lens Type** section of the Materials Invoice form.

Digitally Surfaced Near Variable Focus IL

Digital near variable focus and occupational progressive lenses are available using this code. When ordered in high index plastic 1.53-1.60/Trivex, high index 1.66/1.67, or polycarbonate, charge code IL plus IB, IL plus II, or IL plus ID. These lenses are only available pre-scratch coated; don't charge for scratch resistant coating. Don't use this code for conventionally surfaced Near Variable Focus lenses.

In **eClaim**, choose **Near Variable Focus** from the pull-down menu under Vision Type. On paper, mark the **Bifocal** box located in the **Lens Type** section of the Materials Invoice form.

Blended Bifocals GA

Charge the GA code for blended bifocals in plastic.

Doctor In-Office Lens Enhancements

Doctors can provide the following lens enhancements in their office:

Plastic Dyes—Pink I and II (IM)

Plastic Dyes—Gradients (IP)

Plastic Dyes—Solid Other Colors (IN)

UV Protection - plastic lenses only (IV)

Important! Tell the contract lab when your in-office lab will provide any of the above lens enhancement.

Guidelines:

You're responsible for lenses to which you apply in-office lens enhancement. You must completely and carefully inspect lenses before beginning work on them. If the lenses become damaged (scratched, etc.), you're responsible to replace the full cost of the lenses.

You can provide in-office lens enhancements (plastic dyes and UV protection) only if the lens enhancement is the last step in the fabrication process. For example, anti-reflective coating must be applied after a lens has been tinted; so to avoid delay to your patient, the lab will complete the entire job including the tint. If a contract lab must dye or UV-coat the lens, the lab will replace the doctor code(s) with the lab code(s) for payment.

If lab order information isn't completed correctly to show you'll provide the lens enhancement s in-office, the lab may perform and receive payment for those services. However, if a lab order form is completed correctly to show lens enhancements supplied in-office and the lab inadvertently provides the lens enhancements, we will pay your office for the dispensed lens enhancements.

When a redo is needed, you'll be required to provide the lens enhancement in-office again,

regardless of fault. You're required to remit the tax on in-office lens enhancements as appropriate.	
Progressive N/O/F/J/K	NA, OA, FA, FE, JA, JE, KA, KE
<p>The difference between the progressive categories is determined only by the market price of the lenses. Refer to the Product Index for information on which codes to use with specific progressives.</p> <p>If progressive lenses are ordered in high index plastic 1.53-1.60/Trivex, high index plastic 1.66/1.67, high index plastic 1.70 and above, glass/high index glass, polycarbonate, or polarized, charge additionally for the appropriate material. These additional costs are listed on the lens enhancement charts directly below the main lens charge (e.g., charge codes JA and JD for Progressive J lenses in polycarbonate).</p> <p>If a progressive design includes asphericity, don't charge extra. Asphericity is built into the lens enhancement price.</p> <p>Important! There is no additional charge for factory-applied scratch resistant coating (category A, code QQ) on any progressive lens, as the prices already includes factory scratch-resistant coating. If a progressive is available either uncoated or pre-scratch coated, the lab will always provide the pre-scratch coated version.</p>	

Dyes, Tints and Color Coatings

Plastic Dyes	MN, MP
<p>Patients are covered for all plastic Pink I and II solids tints, which can be ordered under a variety of names including Cruxite A, Cruxite AX, Softlite A, Softlite B, Rose I, Rose II, Mellowlite, Tonotex, Flesh, Blush, Nutratint Pink, and Lite Pearl.</p> <p>Charge code MN for all other plastic color solid tints. Code MP includes single, double, and triple gradients.</p> <p>You may provide plastic dyes in-office (lens enhancement codes IM, IN, and IP). Please refer to Doctor In-Office Lens Enhancements for instructions on specifying in-office lens enhancements on a lab order form.</p>	
Glass Tints	MR
<p>Patients are covered for all glass Pink I and II tints. Charge code MR for all other tints. Glass yellow tints are not available for use with VSP benefits.</p>	
Glass Color Coatings	MS, MT
<p>Charge code MS for solid glass color coatings and MT for gradient glass color coatings.</p>	

Photochromics

Photochromics—Glass	PM
<p>Charge this code for photochromic glass lenses.</p>	
Photochromics—Plastic A	PR
<p>The difference between the photochromic categories is determined only by the market price of the lenses. Refer to the Product Index for information on which codes to use with specific photochromics.</p> <p>These lenses come with UV protection and scratch resistant coating; please don't charge for them separately. Always charge for the appropriate lens material when photochromic lenses are ordered in combination with 1.53-1.60/Trivex high index plastic or 1.66/1.67 high index plastic.</p>	
Photochromics—Plastic B	PP

Charge this code for most plastic photochromic lenses. Refer to the [Product Index](#) for information on which codes to use with specific photochromics. Always charge for the appropriate lens material when photochromic lenses are ordered in combination with 1.53-1.60/Trivex high index plastic, 1.66/1.67, 1.70 high index plastic, and above, and polycarbonate. These lenses come with UV protection and scratch resistant coating; don't charge separately. If SunSensors are ordered in mid-index 1.56, please refer to the section below.

Photochromics—1.56 Index SunSensors PP

Charge this code for SunSensors or Sun Gray on 1.56 lenses. Code PP includes the 1.56 material and photochromic properties of these lenses. UV protection, scratch-resistant coating, and 1.56 index properties are inherent in these lenses; don't charge for UV protection, scratch-resistant coating, or the 1.56 material.

Other Coatings

Anti-Reflective Coatings A

QM

All anti-reflective coatings except those specifically listed under Anti-Reflective Coatings B, C, or D are in this category. Many anti-reflective coatings have scratch-resistant properties. Contract labs must use the same anti-reflective "formula" and coating methods for your VSP patients that they use for private work (e.g., some labs always include scratch-coated base lenses with their anti-reflective coatings). The scratch-resistant coating (codes QQ and QS) can't be used in conjunction with any anti-reflective coating.

Anti-Reflective Coatings B, C, and D

QN, QT, QV

These anti-reflective categories are for pre-approved AR coatings that are more durable than other AR coatings. All AR brands under these categories are guaranteed for two years, covering any scratches (normal wear) on the coating and lenses. Please see the [Product Index](#) for brands under these categories. Don't use the scratch-resistant coating (codes QQ and QS) in conjunction with any anti-reflective coating.

Mirror Coatings

QP

Silver and gold mirror coatings, including solid and single gradient, are captured in this category. This includes base color (excluding yellow glass tint), if any. For any colored or double gradient mirror coatings, charge Ski Type Coating (code QR).

Scratch-Resistant Coating A, Factory Applied

QQ

This applies only to factory applied scratch-resistant coatings on standard plastic (CR-39) lenses. Independent testing has demonstrated that backside (dip and spin) coatings don't provide the same level of scratch-resistance protection as factory applied coatings on CR-39 lenses. Don't provide or charge for backside scratch coating on any plastic lens.

Note: Dip and spin coatings are effective and required for the backside of polycarbonate, mid-index, and high-index plastic materials and are included in those prices.

Don't charge for scratch-resistant coating on anti-reflective, progressive, polycarbonate, photochromic, and high-index plastic lenses. The prices for these materials include front and backside coating.

If a lens has a unique design and is only available with a scratch-resistant coating (e.g., plastic photochromic), don't charge for the scratch-resistant coating. If a lens is available with or without a factory scratch-resistant coating, and the coated version is chosen, charge for the coating. It is assumed the particular lens was chosen for the coating.

There is no additional charge for scratch-resistant coating on any progressive lens. The prices for progressive lenses in standard plastic include factory scratch-resistant coating. Most progressive brands are only available pre-scratch-coated. If a progressive brand is available either uncoated or pre-scratch-coated, the pre-scratch-coated version must always be provided by the contract lab.

We require contract labs to guarantee scratch-resistant coatings on prescriptions for VSP orders for at least one year under normal wear or the lab's policy for private orders, whichever is longer.

Ski Type Coating

QR

Use this code for duplications of proprietary coatings (e.g., Revo, Vuarnet, Suncloud, Serengeti, Bolle, and Sportlife), double-mirror gradient, color mirror, and dielectric mirror coatings. This price includes the base tint and color coating (excluding yellow glass tint), if any. So, for example, on Serengeti-like lenses, don't charge for the Photobrown base lenses. For any solid or single-gradient silver and gold mirror coating, charge Mirror Coating (code QP).

Scratch-Resistant Coating B (Other Approved Coatings)

QS

Charge this code for non-factory-applied scratch-resistant coatings approved by VSP. You can charge these scratch coatings with progressive, polycarbonate, photochromic, as well as mid-index or high-index plastic lenses. Scratch-resistant coatings can't be billed with anti-reflective coatings (codes QM, QN, QT, or QV).

Oversize

Oversize

RM, RN

Charge code RM for any lenses supplied with a 61 mm eyesize or greater in plastic. Charge code RN for any lenses supplied with a 61 mm eyesize or greater in glass. Use the eyesize stated by the frame manufacturer to see if the oversize applies.

Miscellaneous

Rimless Drill and Groove

There's no charge to your patient for rimless drilled, grooved, or notched mountings. For slotted lenses that require the use of a non-VSP contract lab, see [Special Lens Procedures](#).

Labs with private policies to only drill and mount certain material types (e.g., polycarbonate, Trivex) may also apply these policies to our prescriptions.

Follow the contract lab's private redo policy to handle doctor redo requests caused by lens breakage on drilled prescriptions.

Anti-Fog Coatings	
Spray-on coatings are included in the base lens price. Don't charge your patient separately. Coatings requiring a UV cure or application within a vacuum chamber are not available for use with VSP benefits.	
Beveling	
Rolled edges or special placement of lenses in the frame (e.g., hide-a-bevel, fifty-fifty) are included in the base lens price. Don't charge your patient separately. Interchangeable lenses for "sport" frames are not available for use with VSP benefits.	
Cement Segs (laminating a wafer segment onto the lens)	
Cement Segs are not available for use with VSP benefits.	
Center Thickness Below 1.5 mm— Polycarbonate Minus Powers Only	
Center thicknesses below 1.5 mm on all applicable plastic materials are covered. Don't charge your patient extra for center thickness below 1.5 mm.	
Clip-Ons	
If the clip-on is priced with the frame (e.g., a frame's wholesale cost, including a clip-on, is \$69.95), and can only be ordered with the frame, write the cost of the frame and clip-on in the frame cost box.	
If the clip-on is priced separately from the frame (e.g., the frame's wholesale cost is \$45.85 and the clip-on's wholesale cost is \$29.95), charge your patient the retail price of the clip-on as a private transaction.	
Custom Measurement	
Each time you submit a claim for an eligible lens and include the frame wrap, pantoscopic tilt, and vertex distance, the CM code and HCPC v2702 Deluxe Lens Feature will automatically be added to your claim. All three measurements are required to receive the additional reimbursement.	
Review the Lens Enhancements Charges Report when authorizing benefits. VSP will reimburse you directly for additional custom measurements when patients are covered for progressive lenses with or without a copay. For other progressives, you'll collect the patient copay and see a chargeback on your Explanation of Payment.	
Refer to the VSP Signature Plan Lens Enhancements Chart , VSP Choice Plan Lens Enhancements Chart , or the Product Index for eligible lenses.	
Diving Mask	
If the lenses have an adapter within the mask, charge the lens enhancement codes that apply. Lenses that are glued directly into the mask are not available for use with VSP benefits.	
Edge Coating, Painted Groove	SQ
This applies to edge coating or painted groove.	
Note: "Painted Groove" refers to cosmetic grooving and painting of the lens edge. It doesn't refer to grooving needed for rimless mountings. There's no additional charge to your patient for rolled edges or grooving of rimless mountings.	
Engravings	
Engravings aren't available. Handle engravings as a private transaction between you and the lab and charge the patient your U&C fees.	
Facetted Lenses	SR
This applies to single and double faceting, and includes polishing.	
Specialty sculpturing (e.g., Multi Facet Lenses, Billy Brock Facets, etc.) are a private transaction between you, the lab, and the patient. Charge your patient 80% U&C.	

Frosted Lenses	
These are included in the base lens price. Don't charge your patient separately.	
Half -Pair Orders	
Your patient may need a prescription with a half-pair lens enhancement, such as one plastic progressive lens and one single vision plastic lens. Please refer to the section on Half-Pair Orders for ordering and claim submission information.	
High Luster Edge Polish	SP
Charge code SP for high luster edge polish.	
Important! If a high luster edge polish is provided at your request, the contract labs must always code for this even if it's provided privately at no additional charge (e.g., polycarbonate). The lab must notify you when this occurs to confirm that you requested high-luster edge polish and you're collecting the correct fees.	
When you request a specific lens package that is defined as including high-luster edge polish, the high luster edge polish is to be provided as billed.	
Note: Don't charge your patient for rolled edges or for grooving of rimless mountings.	
Lenticular	
This applies to aphakic lenses (e.g., hyper-aspheric and Welsh 4-drop lenses), and standard myo-disc lenses. For eClaim orders, choose Lenticular from the pull-down menu under Vision Type . For paper orders on a Materials Invoice, write "Lenticular" in the "Other" box.	
Modified Lens Shapes (for any style of frame or mounting)	
Modified lens shapes aren't available and should be handled as a private transaction between you and the lab. Charge your U&C fee for modified lens shape.	
No-fault Warranties	
No-fault warranties aren't available and should be handled as a private transaction between you and the lab. Charge your U&C fee for the no-fault warranty.	
Nose Pads	
Don't charge your patients for replacement nose pads. The addition of adjustable guard arms and pads and zyl build-ups is a private transaction between you, the lab, and the patient. Charge your patient 80% of U&C.	
Prism: Ground-in Prism	
Don't charge your patients for ground-in prism.	
Satin Edge Polish	
VSP does not define Satin Edge polishes. Please consult your lab regarding their definition of Satin Edge polish. Don't charge patients extra for providing any type of edge polish except "High Luster Edge Polish."	

Safety Eyewear

Our contract labs must meet ANSI standards for lens production. Certified safety eyewear is defined as lenses and frames that meet the criteria listed below (from “*Are you ready for ANSI Z87.1-2003*” sponsored by OLA, Titmus, Colts Laboratories; Q7M.06.03.WHA; SAL2246 REV.06.03).

Prescription Lenses

There are two categories of lenses in the standard: basic impact and high impact.

- Basic Impact: Must be 3.00 mm thick, except those lenses having a plus power of 3.00D or greater, which must have a minimum thickness of 2.5 mm.
- High Impact: Must not be less than 2.00 mm thick at their thinnest point.

Lens Marking

All marking is permanent.

- Manufacturer’s logo—complies with Basic Impact test requirements
- +—Complies with High Impact test requirements
- Applicable shade designation
- V—Photochromic lenses
- S—Special purpose lenses

Impact**Basic Impact Prescription Lenses**

- Must be capable of resisting impact from a 25.4 mm (1 in) steel ball dropped from a height of 127 mm (50 in). The lens must not fracture.
- Glass lenses must be tested 100 percent.
- Plastic lenses must be statistically sample tested.

High Impact Prescription Lenses

- Must be tested to the high-velocity impact test. The lenses must be mounted on a test holder and must be capable of resisting impact from a 6.35 mm (0.25 in) diameter steel ball traveling at a velocity of 45.7 m/s (150 ft/s). Three lenses must be tested.
- Failure consists of any posterior displacement of the lens completely through the test holder; any fracture of the lens; any detachment of a portion of the lens from its inner surface; or full thickness penetration of a lens.
- If all test lenses pass, any prescription lens of the same or greater thickness at its thinnest point made by the same manufacturer and from the same material with the same coatings may bear the “+” mark.

Frames

- Made so that if impacted from the front, the lens won’t come out of the back of the frame.
- All frames made after August 19, 2003, must be tested with 2.0 mm High Impact lenses.
- Frames meeting the High Impact requirement must bear the mark Z87-2, and may be used for both Basic Impact and High Impact applications.

Important! If the finished product only meets the Basic Impact requirements, the lab must to attach a hangtag stating, “This eyewear meets the Basic Impact Requirements of ANSI Z87.1-2003, but should not be relied upon for protection from high-impact exposures.” Only the patient may remove this label.

Side Shields

Add the cost of side shields to the wholesale cost of the frame. Indicate the total cost in the Frame Cost box on **eClaim** or the **Materials Invoice Form**.

Slab-Off

Don't charge your patient for slab-off.

UV Protection

SV

This lens enhancement includes UV treatment and UV coating. Don't use this lens enhancement code in conjunction with mid- or high-index plastic, polycarbonate, plastic photochromic, or polarized lenses. These lenses block 98-100 percent UVA and UVB by nature of the material or color of the lens. You may provide UV protection in-office on plastic lenses only (code IV). [See Doctor In-Office Lens Enhancements](#) for instructions.

Per ANSI Z80 standards, "Manufacturers of lenses who claim specific ultraviolet attenuating properties shall state the average percent transmittance between 290 and 315nm (UVB) and between 315 and 380nm (UVA)." Note that blocking wavelengths above 380nm interferes with the visible spectrum and may impact the color of the lens.

Note: This does not include UV Protection-Backside. Please refer to UV Protection-Backside (BV), when ordering an AR Coating that is inherent with backside UV.

UV Protection-Backside

| BV

Charge this code in conjunction with qualifying anti-reflective coatings that include an additional back surface ultra-violet protection.

SALES TAX

Sales Tax

VSP doesn't pay sales tax to providers. Charge sales tax to your patients, as you normally would, based on your state's sales tax laws and regulations.

VSP Acquisition Costs

If appropriate, use the amount paid to the lab on your behalf to assist with your sales tax calculations.

Base Lenses: VSP's acquisition costs for base lenses are:

- Single Vision: \$12.67
- Bifocal/Progressive: \$24.56
- Trifocal/Other: \$35.95

Lens Enhancements: Refer to the appropriate Lens Enhancements Charts ([VSP Signature Plan](#)[®], [VSP Choice Plan](#)[®], or [VSP Advantage Network](#)) depending on the patient's plan type and use the Charge Back amount to determine the amount paid to the lab for each lens enhancements.

PRODUCT INDEX

Products listed in the Product Index, plus corresponding descriptions and codes, are for reference only. Entries don't imply endorsement, promotion, contracts, or any other relationship between VSP and listed companies. Please contact the manufacturer for more details on individual products.

Last updated on October 31, 2014

[PDF printer-friendly copy](#)

Product changes are indicated with red text.

Product	Lens Enhancement(s) to be charged	Lens Enhancement Code	CM* Eligible
1.67 FT35/7x28/8x35 (Specialty Lens Corp)	High Index Plastic 1.66/1.67	AH	
1.71 Spherical SV (Polycore)	High Index Plastic 1.70 & Above	AJ	
1.74 w/ SuperClean AR (Seiko)	SV Aspheric 1.74 with SuperClean AR: High Index Plastic 1.70 & Above Anti-Reflective Coating B	AJ QN	
	SV Aspheric 1.74 Transitions: High Index Plastic 1.70 & Above Photochromic—Plastic B	AJ PP	
	SV Aspheric 1.74 Transitions with SuperClean AR: High Index Plastic 1.70 & Above Photochromic—Plastic B Anti-Reflective Coating B	AJ PP QN	
8 x 35 1.55 Transitions (X-Cel)	Trifocal Mid-Index Plastic 1.55 Transitions: High Index Plastic 1.53-1.60 Trivex Photochromic—Plastic B	AB PP	
A			
Access (Sola)	Plastic: Near Variable Focus A Choose Near Variable Focus under Vision Type in eClaim.	IA	
	Polycarbonate: Near Variable Focus A Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IA ID	
Acclaim (X-Cel)	8 x 34, 10 x 35, 12 x 35, 61% Intermediate: Occupational Lens—Plastic – no charge to the patient		

Acclaro AR (Toledo Optical)	Anti-Reflective Coating C	QT
Accolade (Essilor)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions Signature: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions Signature: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
	1.74 High Index Plastic w/ applicable AR: Progressive K—Plastic High Index Plastic 1.70 & Above Crizal Easy UV, Crizal Alizé UV, Crizal SunShield, or Crizal Avancé UV.	KA KJ
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate Xperio Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Polycarbonate Transitions Signature/ XTRActive: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Polycarbonate Transitions Vantage: Progressive K—Plastic Polycarbonate Polarized Photochromic—Plastic B	KA KD KP PP
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB

	Trivex Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
Accolade Freedom (Essilor)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions Signature: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.74 High Index Plastic w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Easy UV, Crizal Alizé UV, Crizal SunShield or Crizal Avancé UV.
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Xperio Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Polycarbonate Transitions Signature/ XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	

	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
ACRO (Rite-Style)	Anti-Reflective Coating D QV
Adage (Younger)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
Adaptar (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Clear Glass: Progressive K—Glass/High Index Glass KE
	Photochromic Glass: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
Adaptar Digital/Short (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions Signature: Progressive K—Plastic KA Photochromic—Plastic B PP

	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.67 KH
	1.67 High Index Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.67 KH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.67 KH Polarized KP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions Signature: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA Trivex KB
	Trivex Transitions Signature: Progressive K—Plastic KA Trivex KB Photochromic—Plastic B PP
AF Progressive (Pentax)	1.50 Plastic: Progressive J—Plastic JA
	1.66 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
AF mini Progressive (Pentax)	1.50 Plastic: Progressive F—Plastic FA
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.66 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
Airwear Colors	Polycarbonate AD Plastic Dyes - Solid Color MN
Allure Coating (Zeiss)	Anti-Reflective Coating C QT
Ambervision	See Blue Blocker.

Amplitude IQ (Hoya)	Unavailable*
Amplitude/Amplitude Mini (Hoya)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 High Index Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	Amplitude BKS/ Amplitude Mini BKS (Hoya)
1.50 Plastic Transitions Signature: Progressive K—Plastic KA Photochromic—Plastic B PP	
1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP	
1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KB	
1.60 High Index Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KB Photochromic—Plastic B PP	

	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 High Index Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	Trivex Polarized: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP
AO Compact (Sola)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
AO Easy (Sola)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic PhotoFusion: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Transitions Signature: Progressive J—Plastic JA Photochromic—Plastic B PP

	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate PhotoFusion: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Polycarbonate Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	High Index Plastic 1.67: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	High Index Plastic 1.67 Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
AO Easy HD (Sola)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Transitions Signature: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	High Index Plastic 1.67: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	High Index Plastic 1.67 PhotoFusion: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	High Index Plastic 1.67 Transitions Signature/XTRActive: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP

	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate PhotoFusion: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions Signature/ XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	NXT (Trivex) Tinted Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	FA FB MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	FA FB MN QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	NXT (Trivex) Polarized Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	FA FB FP PP
AO-XT166 (Sola)	Aspheric 1.66 High Index Plastic: High Index Plastic 1.66/1.67	AH

Aris (X-Cel)	Trivex SV, RD24, FT28, FT35, 7x28, 8x35: High Index Plastic 1.53-1.60/Trivex	AB
	Trivex SV, RD24, FT28, FT35, 7x28 Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Trivex SV Transitions XTRActive: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Trivex Double D28: High Index Plastic 1.53-1.60/Trivex Occupational Lens—Plastic – no charge to the patient for the occupational portion of the lens.	AB
	Trivex FT35: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
Armorx EZst (VisionCraft Optical Dimensions)	Anti-Reflective Coating C	QT
Armorx Sun (VisionCraft Optical Dimensions)	Anti-Reflective Coating C	QT
Array 11, 13, 15, 17 (Hoya)	1.50 Plastic: Progressive O—Plastic	OA
	1.50 Plastic Transitions Signature/XTRActive: Progressive O—Plastic Photochromic—Plastic B	OA PP
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP
	1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB
	1.60 High Index Plastic Transitions Signature: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP
	1.67 High Index Plastic: Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH

	1.67 High Index Plastic Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Polarized OP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate Transitions Signature/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Polycarbonate Transitions Vantage: Progressive F—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Array 11, 13, 15, 17 (Hoya)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN

	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
Array VL (Hoya)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions Signature/ XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic Transitions Signature: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Polarized OP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate Transitions Signature/ XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP

	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Polycarbonate Transitions Vantage: Progressive F—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Array VL (Hoya)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
Array Wrap 11, 13, 15, 17 (Hoya)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions Signature/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP

1.60 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
1.60 High Index Plastic Transitions	
Signature:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
1.67 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 High Index Plastic Transitions	
Signature/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate Transitions Signature/	
XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Polycarbonate Transitions Vantage:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Photochromic—Plastic B	PP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions Signature/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
Trivex Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP

	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Array Wrap 11, 13, 15, 17 (Hoya)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
Array Wrap VL (Hoya)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions Signature/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic Transitions Signature: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	1.67 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Polarized OP

	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate Transitions Signature/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Array Wrap VL (Hoya)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
AR-X Performance (RX Optical)	Anti-Reflective Coating B QN
AR-X Performance Plus (RX Optical)	Anti-Reflective Coating C QT
AR-X Performance Plus UV (RX Optical)	Anti-Reflective Coating D QV

ASL Polycarbonate Aspheric (Sola)	Aspheric Polycarbonate: Polycarbonate	AD	
Aspire (X-Cel)	Aspheric 1.56 Plastic Mid-Index: High Index Plastic 1.53-1.60/Trivex	AB	
Aspire Clear 16 (X-Cel)	High Index Glass 1.60—1.80 (Clear non-aspheric)	AF	
atLast (Pixel Optics)	atLast 1.59: Progressive K—Polycarbonate Polycarbonate	KA KD	
	atLast 1.59 Transitions: Progressive K—Polycarbonate Polycarbonate Photochromic—Plastic B	KA KD PP	
	atLast 1.67: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH	
	atLast 1.67 Transitions: Progressive K—Plastic Transitions High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP	
Attitude III Fashion 15/18 (Shamir)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic Transitions Signature/XTRActive: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	1.50 Plastic DriveWear: Progressive N—Plastic Polarized Photochromic—Plastic B	NA NP PP	CM
	1.50 Plastic Transitions Vantage: Progressive N—Plastic Polarized Photochromic—Plastic B	NA NP PP	CM
	1.56 Mid Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	1.56 Mid Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	1.60 High Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM

	1.60 High Index Plastic Transitions		CM
	Signature/XTRActive: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	
	1.60 High Index Plastic Polarized: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	1.67 High Index Plastic: Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	1.67 High Index Plastic Transitions Signature/XTRActive: Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	NA NH PP	CM
	1.67 High Index Plastic Polarized: Progressive N—Plastic High Index Plastic 1.66/1.67 Polarized	NA NH NP	CM
	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate Transitions Signature/ XTRActive: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Polycarbonate DriveWear: Progressive N—Plastic Polycarbonate Polarized Photochromic—Plastic B	NA ND NP PP	CM
	Polycarbonate Transitions Vantage: Progressive N—Plastic Polycarbonate Polarized Photochromic—Plastic B	NA ND NP PP	CM
	Trivex: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM

	Trivex Transitions Signature/XTRActive: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	Trivex Transitions Vantage: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
Attitude III Sport 18 (Shamir)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic Transitions Signature/XTRActive: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic NA Polarized NP	CM
	1.50 Plastic DriveWear: Progressive N—Plastic NA Polarized NP Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Vantage: Progressive N—Plastic NA Polarized NP Photochromic—Plastic B PP	CM
	1.56 Mid Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.56 Mid Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	1.60 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.60 High Index Plastic Transitions Signature/XTRActive: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	1.60 High Index Plastic Polarized: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM

	1.67 High Index Plastic:		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	1.67 High Index Plastic Transitions		CM
	Signature/XTRActive:		
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Photochromic—Plastic B	PP	
	1.67 High Index Plastic Polarized:		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.66/1.67	NH	
	Polarized	NP	
	Polycarbonate:		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polycarbonate Transitions Signature/ XTRActive:		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Photochromic—Plastic B	PP	
	Polycarbonate Polarized:		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	Polycarbonate DriveWear:		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	Photochromic—Plastic B	PP	
	Polycarbonate Transitions Vantage:		CM
	Progressive N—Plastic	NA	
	Polycarbonate	ND	
	Polarized	NP	
	Photochromic—Plastic B	PP	
	Trivex:		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Trivex Transitions Signature/XTRActive:		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Photochromic—Plastic B	PP	
	Trivex Transitions Vantage:		CM
	Progressive N—Plastic	NA	
	High Index Plastic 1.53-1.60/Trivex	NB	
	Polarized	NP	
	Photochromic—Plastic B	PP	

	Trivex Polarized: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
Attitude III SV (Shamir)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA	
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA	
	Digital Plastic 1.50 Transitions VI/ VII/ XTRActive: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP	
	Digital Plastic Mid Index 1.56: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	
	Digital Plastic Mid Index 1.56 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex BB	
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	
	Digital Plastic High Index 1.60 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB	
	Digital Plastic High Index 1.60 Transitions VI/ VII/ XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP	
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	
	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH	

	Digital Plastic High Index 1.67 Transitions VI/ VII/ XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP		
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD		
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA		
	Digital Polycarbonate Transitions VI/ VII/ XTRActive: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP		
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP		
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP		
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB		
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.56 DB		
	Digital Trivex Transitions VI/ VII/ XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP		
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP		
Aura (I-Coat)	Anti-Reflective Coating D	QV	
Autograph II Fixed 11/13/15/18, Variable (Shamir)	1.50 Plastic: Progressive O—Plastic	OA	CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive O—Plastic Photochromic—Plastic B	OA PP	CM

1.50 Plastic Polarized:		CM
Progressive O—Plastic	OA	
Polarized	OP	
1.50 Plastic DriveWear:		CM
Progressive O—Plastic	OA	
Polarized	OP	
Photochromic—Plastic B	PP	
1.50 Plastic Transitions Vantage:		CM
Progressive O—Plastic	OA	
Polarized	OP	
Photochromic—Plastic B	PP	
1.60 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
1.60 High Index Plastic Transitions XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic—Plastic B	PP	
1.60 High Index Plastic Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
1.67 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 High Index Plastic Transitions/ XTRActive:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
1.74 High Index Plastic:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
1.74 High Index Plastic Transitions:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	

	Polycarbonate Transitions Signature/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	CM
	Polycarbonate Neox Transitions SOLFX: Progressive O—Plastic OA Polycarbonate OD Plastic Dyes - Solid Color MN Photochromic—Plastic B PP	CM
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP	CM
	Polycarbonate DriveWear: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM
	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
Autograph II Fixed 11/13/15/18, Variable BluTech (Shamir)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM

Autograph III Fixed 11/13/15/18, Variable (Shamir)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	1.50 Plastic DriveWear: Progressive N—Plastic Polarized Photochromic—Plastic B	NA NP PP	CM
	1.50 Plastic Transitions Vantage: Progressive N—Plastic Polarized Photochromic—Plastic B	NA NP PP	CM
	1.56 Mid Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	1.60 High Index Plastic: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	1.60 High Index Plastic Transitions XTRActive: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	1.60 High Index Plastic Polarized: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
	1.67 High Index Plastic: Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	1.67 High Index Plastic Transitions Signature/XTRActive: Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	NA NH PP	CM
	1.67 High Index Plastic Polarized: Progressive N—Plastic High Index Plastic 1.66/1.67 Polarized	NA NH NP	CM
	1.74 High Index Plastic: Progressive N—Plastic High Index Plastic 1.70 & Above	NA NJ	CM

	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate Transitions Signature/ XTRActive: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Neox Transitions SOLFX: Progressive N—Plastic Polycarbonate Plastic Dyes - Solid Color Photochromic—Plastic B	NA ND MN PP	CM
	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Polycarbonate DriveWear: Progressive N—Plastic Polycarbonate Polarized Photochromic—Plastic B	NA ND NP PP	CM
	Polycarbonate Transitions Vantage: Progressive N—Plastic Polycarbonate Polarized Photochromic—Plastic B	NA ND NP PP	CM
	Trivex: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	Trivex Transitions Signature/XTRActive: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	Trivex Transitions Vantage: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	NA NB NP PP	CM
	Trivex Polarized: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	NA NB NP	CM
Autograph III Fixed 11/13/15/18, Variable BluTech (Shamir)	1.56 BluTech Indoor: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	NA NB MN	CM

	1.56 BluTech Outdoor: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	NA NB NP MN	CM
Autograph II Attitude 15/18 (Shamir)	1.50 Plastic: Progressive O—Plastic	OA	CM
	1.50 Plastic Transitions Signature/XTRActive: Progressive O—Plastic Photochromic—Plastic B	OA PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP	CM
	1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	1.60 High Index Plastic Transitions XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	CM
	1.60 High Index Plastic Polarized: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP	CM
	1.67 High Index Plastic: Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	CM
	1.67 High Index Plastic Transitions/XTRActive: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP	CM
	1.67 High Index Plastic Polarized: Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized	OA OH OP	CM
	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD	CM

	Polycarbonate Transitions Signature/ XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	CM
	Polycarbonate Neox Transitions SOLFX: Progressive O—Plastic OA Polycarbonate OD Plastic Dyes - Solid Color MN Photochromic—Plastic B PP	CM
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP	CM
	Polycarbonate DriveWear: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM
	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
Autograph II Attitude 15/18 BluTech (Shamir)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM
Autograph II Office (Shamir)	1.50 Plastic: Near Variable Focus B IL Choose Near Variable Focus under Vision Type in eClaim.	

	<p>Polycarbonate: Near Variable Focus B IL Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.60 High Index Plastic: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>
Autograph II SV (Shamir)	<p>Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA</p>
	<p>Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP</p>
	<p>Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA</p>
	<p>Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP</p>
	<p>Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP</p>
	<p>Digital Plastic Mid Index 1.56: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB</p>
	<p>Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB</p>
	<p>Digital Plastic High Index 1.60 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP</p>
	<p>Digital Plastic High Index 1.60 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB</p>
	<p>Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH</p>
	<p>Digital Plastic High Index 1.67 Transitions/ XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP</p>

	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD
	Digital Polycarbonate Transitions/XTRActive: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
Autograph II/III SV Attitude (Shamir)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA
	Digital Plastic 1.50 DriveWear: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP

Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic Mid Index 1.56:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic Mid Index 1.56:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60:	
Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized—Plastic A	DA
High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic High Index 1.67:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 Transitions/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized—Plastic A	DA
High Index Plastic 1.66/1.67	DH
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate Transitions/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Digital Polycarbonate DriveWear:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA
Photochromic—Plastic B	PP

	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Trivex: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
	Digital Trivex Transitions/XTRActive: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.56	BA DA DB
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.56 Photochromic—Plastic B	BA DA DB PP
Autograph II SV Neox (Shamir)	Unavailable*	
Avalanche Ultra (Truckee Meadows)	Anti-Reflective Coating C	QT
AVN—VDT Coating (AVN)	Plastic Dyes—Solid Color Anti-Reflective Coating D UV Protection	MN QV SV
B		
Blue Blocker	Plastic Dyes—Solid Color or Gradient UV Protection	MN/ MP SV
BluCrystal (Signet Armorlite)	Anti-Reflective Coating A	QM
Blue Eliminator I (North American Coating Co.)	Plastic Dyes—Gradients UV Protection	MP SV
Blue Eliminator II (North American Coating Co.)	Mirror Coating—Solid or Single Gradient UV Protection	QP SV
Blu-Tech Lenses (Eye Solutions)	SV Indoor 1.56 Mid-Index Plastic: High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	AB MN
	SV Outdoor 1.56 Mid-Index Plastic: Polarized High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	DA DB MN

Bollé (Bollé America)	Genuine Bollé brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
Bristolite (Bristol C&D, Inc.)	If being used for low powers: Aspheric Plastic 1.50: Plastic 1.50 - Aspheric AA Aspheric Polycarbonate: Polycarbonate AD
	Note: For cataract patients, choose Lenticular SV, Lenticular BF or Lenticular TF under Vision Type in eClaim—no charge to patient.
Business (Zeiss)	Near Variable Focus A IA Available in two power ranges: Computer 1.00, Computer 1.50 Choose Near Variable Focus under Vision Type in eClaim.
c	
Camouflage (Camouflage)	Edge Coating SQ
Carat Advantage Coating (Zeiss)	Anti-Reflective Coating C QT
Carat Advantage Gold Coating (Zeiss)	Anti-Reflective Coating C QT
Carat Coating (Zeiss)	Anti-Reflective Coating B QN
Carat Gold Coating (Zeiss)	Anti-Reflective Coating B QN
Chemistrie Magnetic Lens System (Eyenavision)	Charge your patient 80% of U&C for the magnetic clip on lenses.
Clarion XS AR (Sutherlin Optical)	Anti-Reflective Coating C QT
Clarion XS Plus AR (Sutherlin Optical)	Anti-Reflective Coating D QV
Claris AR (Clear Sight)	Anti-Reflective Coating C QT
Clear 16 (X-Cel)	High Index Glass 1.60-1.80 (Clear) AF
Clearlook Coating (VM Coating Lab)	Anti-Reflective Coating A QM
Click 12	Genuine Click 12 brand: Proprietary Frame Mounting. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
Chromagen (Chromagen Vision LLC)	Unavailable*
Cobalt AR (Quantum Innovations)	Anti-Reflective Coating B QN

Cobalt Plus AR (Quantum Innovations)	Anti-Reflective Coating D	QV
Color Free AR (Optima)	Anti-Reflective Coating A	QM
ColorMatic Extra (Rodenstock)	Single Vision 1.54 Mid-Index Plastic: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	FT28 1.50 Plastic: Photochromic—Plastic B	PP
ColorMax Color Vision Enhancement (ColorMax)	Unavailable*	
Compact ULTRA (Sola)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	1.50 Plastic: Progressive J—Plastic	JA
Compact ULTRA HD (Sola)	1.50 Plastic PhotoFusion: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic Polarized Photochromic—Plastic B	JA JP PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH

1.67 High Index Plastic PhotoFusion:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Photochromic—Plastic B	PP
1.67 High Index Plastic Transitions/XTRActive:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Photochromic—Plastic B	PP
Polycarbonate:	Progressive J—Plastic	JA
	Polycarbonate	JD
Polycarbonate PhotoFusion:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Photochromic—Plastic B	PP
Trivex:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
Trivex Transitions:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Plastic Dyes - Solid Color	MN
	Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Photochromic—Plastic B	PP
NXT (Trivex) Polarized Sun Lenses:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Polarized	JP

	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP Photochromic—Plastic B PP
CompuClear (Essilor)	Unavailable*
Computer Lenses	See CRT (VDT) Coating or CRT Trifocal Lenses.
Cool Blue Coating (Zeiss)	Ski Type Coating QR
Continuum (Sola)	Polycarbonate: Near Variable Focus A IA Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.
Coppertone (Vision-Ease)	SV/FT28/7x28 Polycarbonate Polarized: Polarized—Plastic A DA Polycarbonate DD
Costa Del Mar (Costa Del Mar)	Genuine Costa Del Mar brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
CPF - Corning Photochromic Filter (Corning Medical Optics)	Unavailable*
Creation (Shamir)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP

	1.67 Plastic High Index Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP
	PolyPlus: Progressive F—Plastic Polycarbonate	FA FD
	PolyPlus Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
Crizal Avancé UV Coating (Essilor)	Anti-Reflective Coating D UV Protection - Backside	QV BV
Crizal Alizé UV Coating (Essilor)	Anti-Reflective Coating C UV Protection - Backside	QT BV
Crizal Easy UV Coating (Essilor)	Anti-Reflective Coating B UV Protection - Backside	QN BV
Crizal Prevencia Coating (Essilor)	Anti-Reflective Coating D UV Protection - Backside	QV BV
Crizal Prevencia Kids (Essilor)	Polycarbonate Anti-Reflective Coating B UV Protection - Backside	AD QN BV
Crizal Sapphire UV Coating (Essilor)	Unavailable*	
Crizal SunShield Coating (aka Crizal SunShield UV) (Essilor)	Anti-Reflective Coating D	QV
Crizal SunShield Mirror Coating (aka Crizal SunShield UV Mirror) (Essilor)	Anti-Reflective Coating D Mirror Coating	QV QP
Crizal UV Kids (Essilor)	Polycarbonate Anti-Reflective Coating A	AD QM
CRT (VDT) Coating	CRT coatings can come in different varieties. The appropriate lens enhancements should be based on the contents of the particular CRT coating.	
CRT Trifocal Lenses (Vision-Ease)	Occupational Lenses—choose Trifocal under Vision Type in eClaim; no charge to the patient.	
D		
Datalite (Vision-Ease)	Occupational Lenses—choose Trifocal under Vision Type in eClaim; no charge to the patient.	

Definity Fairway (Essilor)	Definity Fairway Transitions SOLFX w/ Crizal SunShield Mirror: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP Anti-Reflective Coating C QV Mirror Coating QP
Definity w/ Dual Add 2.0 (Essilor)	1.50 Plastic: Progressive F—Plastic FA 1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP 1.50 Plastic Xperio Polarized: Progressive F—Plastic FA Polarized FP 1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB 1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH 1.67 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP 1.74 Plastic High Index w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Alizé UV or Crizal Avancé UV Polycarbonate: Progressive F—Plastic FA Polycarbonate FD Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP Polycarbonate Xperio Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP

Definity Short w/ Dual Add 2.0 (Essilor)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Xperio Polarized: Progressive F—Plastic Polarized	FA FP
	1.60 Plastic High Index: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.74 Plastic High Index w/ applicable AR: Progressive F—Plastic High Index Plastic 1.70 & Above Crizal Alizé UV or Crizal Avancé UV	FA FJ
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Xperio Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	Definity 3 (Essilor)	Unavailable*
	Definity 3 Plus (Essilor)	Unavailable*
	Desktop (Shamir)	Near Variable Focus A Choose Near Variable Focus under Vision Type in eClaim. IA
Diamond Clear Mini (Pentax)	Progressive K—Plastic Polycarbonate KA KD	

DirecTek/Short (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic	FA	
	1.50 Plastic PhotoView: Progressive F—Plastic Photochromic—Plastic A	FA PR	
	1.50 Plastic Transitions Signature: Progressive F—Plastic Photochromic—Plastic B	FA PP	
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP	
	1.56 Mid Index SunSensors: Progressive F—Plastic Photochromic—Mid Index	FA PP	
	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	
	1.67 Plastic High Index Transitions Signature: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP	
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD	
	Polycarbonate PhotoView: Progressive F—Plastic Polycarbonate Photochromic—Plastic A	FA FD PR	
	Polycarbonate Transitions Signature: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	Trivex Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
	Duo (Shamir)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA

Digital Plastic 1.50 Transitions Signature/ XTRActive:	Digital Aspheric Lenses—Plastic	BA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions Vantage:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Polarized:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
Digital Plastic 1.50 DriveWear:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
	Photochromic—Plastic B	PP
Digital Plastic Mid Index 1.56:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic Mid Index 1.56:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
	High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic Mid Index 1.56 BluTech Indoor:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Plastic Dyes—Solid Color	MN
Digital Plastic Mid Index 1.56 BluTech Outdoor:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
	High Index Plastic 1.53-1.60/Trivex	DB
	Plastic Dyes—Solid Color	MN
Digital Plastic High Index 1.60:	Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions/XTRActive:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	Digital Aspheric Lenses—Plastic	BA
	Polarized—Plastic A	DA
	High Index Plastic 1.53-1.60/Trivex	DB

	Digital Plastic High Index 1.67 Transitions Signature/XTRActive: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BH PP
	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.66/1.67	BA DA DH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	Digital Polycarbonate Transitions/ XTRActive: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Trivex: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
Duralux (Satis Vacuum)	Anti-Reflective Coating B	QN
Duratuff (Superior Ophthalmic Coatings)	Anti-Reflective Coating B	QN
Duratuff EZ (Superior Ophthalmic Coatings)	Anti-Reflective Coating C	QT
Duratuff Plus Sun (Superior Ophthalmic Coatings)	Anti-Reflective Coating D	QV
Duratuff with EZ Clear (Superior Ophthalmic Coatings)	Anti-Reflective Coating D	QV
Duratuff with EZ Plus (Superior Ophthalmic Coatings)	Anti-Reflective Coating D	QV
E		
Easy Lite 1.55 (Younger)	1.55 Mid Index Plastic, SV, FT28, FT35: High Index Plastic 1.53-1.60/Trivex	AB
Element/Short (Shamir)	1.50 Plastic: Progressive F—Plastic	FA

1.50 Plastic Transitions Signature:	Progressive F—Plastic	FA
	Photochromic—Plastic B	PP
1.50 Plastic Transitions Vantage:	Progressive F—Plastic	FA
	Polarized	FP
	Photochromic—Plastic B	PP
1.50 Plastic Polarized:	Progressive F—Plastic	FA
	Polarized	FP
1.60 High Index Plastic:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
1.60 High Index Plastic Transitions:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic—Plastic B	PP
1.67 High Index Plastic:	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic Transitions Signature/XTRActive:	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Polarized	FP
Polycarbonate:	Progressive F—Plastic	FA
	Polycarbonate	FD
Polycarbonate Transitions/XTRActive:	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic—Plastic B	PP
Polycarbonate Neox Transitions SOLFX:	Progressive F—Plastic	FA
	Polycarbonate	FD
	Plastic Dyes - Solid Color	MN
	Photochromic—Plastic B	PP
Polycarbonate Polarized:	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
Trivex:	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB

	Trivex Transitions/XTRActive: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
Emergencee (Adlens)	Unavailable*	
Empower (Pixel Optics)	Unavailable*	
Enception (Vmax)	Unavailable*	
Encore Sun (Encore Optics)	Anti-Reflective Coating C	QT
Endura (Satis Vacuum)	Anti-Reflective Coating B	QN
EOS (KB Co.)	1.50 Plastic Xperio Polarized: Progressive K—Plastic Polarized	KA KP
	Polycarbonate Xperio Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	1.67 Plastic High Index Xperio Polarized: Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP
EOS Wrap (KB Co.)	Polycarbonate Xperio Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
Essilor Anti-Fatigue Lens (Essilor)	Unavailable*	
Essilor Bifocal AB (Essilor)	Digital Plastic: Digital Aspheric Lenses—Plastic	BA
	Digital Plastic Transitions: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD
Essilor Computer Lens (Essilor)	Airwear: Near Variable Focus B Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IL ID
Essilor Ideal (Essilor)	1.50 Plastic: Progressive K—Plastic	KA

1.50 Plastic Transitions Signature/ XTRActive:	Progressive K—Plastic	KA
	Photochromic—Plastic B	PP
1.50 Plastic Polarized:	Progressive K—Plastic	KA
	Polarized	KP
1.50 Plastic Transitions Vantage:	Progressive K—Plastic	KA
	Polarized	KP
	Photochromic—Plastic B	PP
1.60 High Index Plastic:	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
1.60 High Index Plastic Transitions Signature:	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic—Plastic B	PP
1.67 High Index Plastic:	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
1.67 High Index Plastic Transitions Signature:	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Polarized	KP
Airwear:	Progressive K—Plastic	KA
	Polycarbonate	KD
Airwear Transitions Signature/XTRActive:	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic—Plastic B	PP
Airwear Polarized:	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
Airwear Transitions Vantage:	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	Photochromic—Plastic B	PP

	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
Essilor Ideal Advanced (Essilor)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions Signature/XTRActive: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive J—Plastic JA Polarized JP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic JA Polarized JP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.60 High Index Plastic Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	1.67 High Index Plastic Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Polarized JP
	Airwear: Progressive J—Plastic JA Polycarbonate JD
	Airwear Transitions Signature/XTRActive: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP

	Airwear Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	Airwear Transitions Vantage: Progressive J—Plastic Polycarbonate Polarized Photochromic—Plastic B	JA JD JP PP
	Trivex: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	Trivex Transitions Signature: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
Essilor Ideal Advanced Wrap (Essilor)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions Signature: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic Polarized Photochromic—Plastic B	JA JP PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions Signature: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Airwear: Progressive J—Plastic Polycarbonate	JA JD
	Airwear Transitions Signature: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Airwear Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP

Essilor Ideal Short (Essilor)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions Signature/ XTRActive: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic Transitions Signature: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions Signature: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	1.67 High Index Plastic Polarized: Progressive J—Plastic High Index Plastic 1.66/1.67 Polarized	JA JH JP
	Airwear: Progressive J—Plastic Polycarbonate	JA JD
	Airwear Transitions Signature/XTRActive: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Airwear Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	Airwear Transitions Vantage: Progressive J—Plastic Polycarbonate Polarized Photochromic—Plastic B	JA JD JP PP
	Trivex: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB

	Trivex Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP	
Essilor Single Vision 360 (Essilor)	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	
	Digital Plastic High Index 1.67 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP	
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & Above BJ	
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD	
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP	
Ethos Classic (VSP)	1.50 Plastic: Progressive K—Plastic KA CM	
	1.50 Plastic sunsync: Progressive K—Plastic KA CM Photochromic—Plastic B PP	
	1.50 Plastic Transitions Signature: Progressive K—Plastic KA CM Photochromic—Plastic B PP	
	1.50 Plastic PhotoFusion: Progressive K—Plastic KA CM Photochromic—Plastic B PP	
	1.50 Plastic Transitions Vantage: Progressive K—Plastic KA CM Polarized KP Photochromic—Plastic B PP	
	1.50 Plastic Polarized: Progressive K—Plastic KA CM Polarized KP	
	1.67 High Index Plastic: Progressive K—Plastic KA CM High Index Plastic 1.66/1.67 KH	
	1.67 High Index Plastic sunsync: Progressive K—Plastic KA CM High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP	

	1.67 High Index Plastic Transitions		CM
	Signature/XTRActive: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP	
	1.67 High Index Plastic PhotoFusion:		CM
	Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP	
	Polycarbonate:		CM
	Progressive K—Plastic Polycarbonate	KA KD	
	Polycarbonate sunsync:		CM
	Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP	
	Polycarbonate Transitions Signature/ XTRActive:		CM
	Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP	
	Polycarbonate PhotoFusion:		CM
	Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP	
	Polycarbonate Polarized:		CM
	Progressive K—Plastic Polycarbonate Polarized	KA KD KP	
	Trivex:		CM
	Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB	
	Trivex sunsync:		CM
	Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP	
	Trivex Transitions Signature:		CM
	Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP	
	Trivex Polarized:		CM
	Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	KA KB KP	
Ethos HD/Short (VSP)	1.50 Plastic: Progressive J—Plastic	JA	
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP	

1.50 Plastic PhotoFusion:	Progressive J—Plastic	JA
	Photochromic—Plastic B	PP
1.50 Plastic Transitions Vantage:	Progressive J—Plastic	JA
	Polarized	JP
	Photochromic—Plastic B	PP
1.50 Plastic Polarized:	Progressive J—Plastic	JA
	Polarized	JP
1.67 High Index Plastic:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
1.67 High Index Plastic Transitions/ XTRActive:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Photochromic—Plastic B	PP
1.67 High Index Plastic PhotoFusion:	Progressive J—Plastic	JA
	High Index Plastic 1.66/1.67	JH
	Photochromic—Plastic B	PP
Polycarbonate:	Progressive J—Plastic	JA
	Polycarbonate	JD
Polycarbonate Transitions/XTRActive:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Photochromic—Plastic B	PP
Polycarbonate PhotoFusion:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Photochromic—Plastic B	PP
Polycarbonate Polarized:	Progressive J—Plastic	JA
	Polycarbonate	JD
	Polarized	JP
Trivex:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
Trivex Transitions:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Photochromic—Plastic B	PP
NXT Trivex Polarized:	Progressive J—Plastic	JA
	High Index Plastic 1.53-1.60/Trivex	JB
	Polarized	JP

Ethos XT (Capitol Optical)	Anti-Reflective Coating B	QN
Ethos XT+ (Capitol Optical)	Anti-Reflective Coating C	QT
Ethos TD+ (Capitol Optical)	Anti-Reflective Coating D	QV
Everclear (Optiks Unlimited)	Anti-Reflective Coating B	QN
Everclear Extreme (Optiks Unlimited)	Anti-Reflective Coating C	QT
Everyday 14,16,18,20 (IOT)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Photochromic: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	1.50 Plastic DriveWear: Progressive J—Plastic Polarized Photochromic—Plastic B	JA JP PP
	1.56 Mid-Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.56 Mid-Index Plastic Photochromic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.56 Mid-Index Plastic Polarized: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	JA JB JP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic Photochromic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.60 High Index Plastic Polarized: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	JA JB JP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH

	1.67 High Index Plastic Photochromic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Polarized JP
	1.74 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.70 & Above JJ
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate Photochromic: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
	Polycarbonate DriveWear: Progressive J—Plastic JA Polycarbonate JD Polarized JP Photochromic—Plastic B PP
	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	Trivex Photochromic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	Trivex Polarized: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP
Eyecode Lenses (Essilor)	Unavailable*
Eyephorics Lenses (Dist. By Optica Italee)	Genuine SwissFlex brand: Proprietary Frame Mounting. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
EZ2VUE (Sola)	Blended Bifocal—Plastic GA
F	
Fisher Price (Sola)	Aspheric Plus Powers: Polycarbonate AD

	Spherical Minus Powers: Polycarbonate	AD
Focal-Lite (Vision-Ease)	Plastic 1.50—Aspheric	AA
Foundation SET AR (Zeiss)	See Carat Coating.	
Foundation GET AR (Zeiss)	See Carat Gold Coating.	
Foundation XT (Zeiss)	Scratch Resistant Coating B	QS
Freedom 5 (X-Cel)	1.55 Plastic Mid Index: Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
Freedom Fashion—Fit (X-Cel)	1.50 Plastic: Progressive K—Plastic	KA
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Glass Thin & Dark: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
Freedom ID (X-Cel)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.50 Plastic Polarized: Progressive K—Plastic Polarized	KA KP
	1.67 Plastic High Index: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex Transitions/XTRActive: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	KA KB PP
	Trivex Transitions Vantage: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	KA KB KP PP

	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polarized Polycarbonate: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Clear Glass: Progressive K—Glass/High Index Glass	KE
	Polarized High Index Glass: Progressive K—Glass/High Index Glass Polarized	KE KP
	Thin & Dark Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	Autumn Gold Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	Autumn Gold Polarized High Index Glass: Progressive K—Glass/High Index Glass Polarized Photochromic—Glass A	KE KP PM
	PGX/PBX Glass: Progressive K—Glass/High Index Glass Photochromic—Glass A	KE PM
	PGX/PBX Polarized High Index Glass: Progressive K—Glass/High Index Glass Polarized Photochromic—Glass A	KE KP PM
Fusion Gold (I-Coat Company)	Anti-Reflective Coating A	QM
Futurise (Polycore)	1.50 Plastic: Progressive K—Plastic	KA
	1.56 Mid Index Plastic SunSensors: Progressive K—Plastic Photochromic—Mid Index	KA PP
	Polarized Plastic 1.50: Progressive K—Plastic Polarized	KA KP
G		
Genesis (Shamir)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	Trivex: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB

	1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	PolyPlus: Progressive J—Plastic JA Polycarbonate JD
	Polarized Plastic 1.50: Progressive J—Plastic JA Polarized JP
	1.60 High Index Clear Glass: Progressive J—Glass/High Index Glass JE
	PGX: Progressive J—Glass/High Index Glass JE Photochromic—Glass A PM
Glare-X Coating (Optical Microcoating, Inc.)	Anti-Reflective Coating A QM
Glarebloc Coating (MCO)	Anti-Reflective Coating A QM
Glass High Index (Aura Laminated)	See Laminated High Index
Gold ET Coating (Zeiss)	Anti-Reflective Coating A QM
Golfer's Classic (Aire O'Lite)	Plastic Bifocal RD-15: Unavailable*
Gradal RD (Zeiss)	Near Variable Focus B IL Choose Near Variable Focus under Vision Type in eClaim.
GT2 (Zeiss)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP

	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	
	1.67 Plastic High Index PhotoFusion: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP	
	1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP	
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD	
	Polycarbonate PhotoFusion: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	1.60 High Index Glass: Progressive F—Glass/High Index Glass	FE	
	1.60 High Index Glass Photochromic: Progressive F—Glass/High Index Glass Photochromic—Glass A	FE PM	
	GT2 3D/Short (Zeiss)	1.50 Plastic: Progressive O—Plastic	OA
		1.50 Plastic PhotoFusion: Progressive O—Plastic Photochromic—Plastic B	OA PP
1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B		OA PP	
1.50 Plastic Polarized: Progressive O—Plastic Polarized		OA OP	
1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP	
1.60 Plastic High Index: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB	
1.67 Plastic High Index: Progressive O—Plastic High Index Plastic 1.66/1.67		OA OH	

1.67 Plastic High Index PhotoFusion:	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions/ XTRActive:	Progressive O—Plastic	OA
	High Index Plastic 1.66/1.67	OH
	Photochromic—Plastic B	PP
1.74 Plastic High Index Transitions w/ PureCoat AR:	Progressive O—Plastic	OA
	High Index Plastic 1.70 & Above	OJ
	Anti-Reflective Coating D	QV
Polycarbonate:	Progressive O—Plastic	OA
	Polycarbonate	OD
Polycarbonate PhotoFusion:	Progressive O—Plastic	OA
	Polycarbonate	OD
	Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	Progressive O—Plastic	OA
	Polycarbonate	OD
	Photochromic—Plastic B	PP
Polycarbonate Polarized:	Progressive O—Plastic	OA
	Polycarbonate	OD
	Polarized	OP
Trivex:	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/XTRActive:	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Plastic Dyes - Solid Color	MN
	Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB
	Photochromic—Plastic B	PP

	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
GT2 3DV (Zeiss)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	1.60 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.67 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 Plastic High Index PhotoFusion: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions/ XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.74 Plastic High Index Transitions w/ PureCoat AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating D QV
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate PhotoFusion: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP

	Polycarbonate Transitions/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
GT2 Short (Zeiss)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP

	1.67 Plastic High Index: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 Plastic High Index PhotoFusion: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 Plastic High Index Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate PhotoFusion: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Guardian (Quantum Innovations)	Anti-Reflective Coating A
Guardian Plus (Quantum Innovations)	Anti-Reflective Coating B	QN
Gunnar Ergo HD w/ PureCoat AR (Zeiss)	Near Variable Focus B Polycarbonate Plastic Dyes - Solid Color Anti-Reflective Coating D Choose Near Variable Focus under Vision Type in eClaim.	IL ID MN QV
Gunnar HD w/ PureCoat AR (Zeiss)	Digital Aspheric Lenses—Polycarbonate Plastic Dyes - Solid Color Anti-Reflective Coating D	BD MN QV
H		
HD Trinity 8/12, 13/17 (Augen Optics)	1.50 Plastic: Progressive K—Plastic	KA
	1.56 Mid Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
Hemisphere (Adlens)	Unavailable*	
Hi-Contrast Amber Polarized (K.B. Co.)	Unavailable*	

Hi Contrast Polarized (K.B. Co.)	Polarized—Plastic A	DA
High 5 (Polarite)	1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	1.56 Mid Index Plastic Progressive: Progressive L—Plastic High Index Plastic 1.53-1.60/Trivex	LA LB
High 6 (Polarite)	1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
High-X (X-Cel)	High-X 1.55, High-X 1.55 Aspheric, FT28, FT35, 7x28: High Index Plastic 1.53-1.60/Trivex	AB
	High-X FT28 1.67: Unavailable*	
HiVision Coating (Hoya)	Anti-Reflective Coating B	QN
HiVision with ViewProtect Coating (Hoya)	Anti-Reflective Coating C	QT
Hobie (Hobie)	Genuine Hobie brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.	
Hoyalux GP (Hoya)	1.50 Plastic: Progressive K—Plastic	KA
Hoyalux GP Wide (Hoya)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Polarized: Progressive J—Plastic Polarized	JA JP
	1.50 Plastic Transitions Signature: Progressive J—Plastic Photochromic—Plastic B	JA PP
	Phoenix (Trivex): Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	Phoenix (Trivex) Transitions Signature: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB

	1.60 High Index Plastic Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP	
	1.70 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.70 & Above JJ	
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD	
	Glass: Progressive J—Glass JE	
	Glass PGX: Progressive J—Glass JE Photochromic—Glass A PM	
Hoyalux iD InStyle (Hoya)	Unavailable*	
Hoyalux iD Lifestyle/cd (Hoya)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic Transitions/XTRActive: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.60 High Index Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	1.67 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	1.67 High Index Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive N—Plastic NA Polycarbonate ND	CM
	Polycarbonate Transitions: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP	CM
	Phoenix (Trivex): Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM

	Phoenix (Trivex) Transitions/XTRActive: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	Phoenix (Trivex) Transitions Vantage: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM
Hoyalux iD Lifestyle 2 Clarity/cd (Hoya)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic Transitions/XTRActive: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.60 High Index Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	1.67 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	1.67 High Index Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive N—Plastic NA Polycarbonate ND	CM
	Polycarbonate Transitions: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP	CM
	Polycarbonate Polarized: Progressive N—Plastic NA Polycarbonate ND Polarized NP	CM
	Phoenix (Trivex): Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	Phoenix (Trivex) Transitions/XTRActive: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM

	Phoenix (Trivex) Transitions Vantage: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM
Hoyalux iD Lifestyle 2 Harmony/cd (Hoya)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic Transitions/XTRActive: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.60 High Index Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	1.67 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	1.67 High Index Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive N—Plastic NA Polycarbonate ND	CM
	Polycarbonate Transitions: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP	CM
	Polycarbonate Polarized: Progressive N—Plastic NA Polycarbonate ND Polarized NP	CM
	Phoenix (Trivex): Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	Phoenix (Trivex) Transitions/XTRActive: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	Phoenix (Trivex) Transitions Vantage: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM

Hoyalux iD MyStyle (Hoya)	Unavailable*	
Hoyalux iD SV (Hoya)	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic High Index Plastic 1.66/1.67	BA BH
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ
Hoyalux Summit cd (Hoya)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.70 High Index Plastic with HiVision: Progressive F—Plastic High Index Plastic 1.70 & Above Anti Reflective Coating B	FA FJ QN
	1.70 High Index Plastic with Super HiVision: Progressive F—Plastic High Index Plastic 1.70 & Above Anti Reflective Coating C	FA FJ QT
	1.70 High Index Plastic with Super HiVision EX3: Progressive F—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating D	FA FJ QV
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP

	Phoenix (Trivex): Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	Phoenix (Trivex) Transitions/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	
	Phoenix (Trivex) Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP	
Hoyalux Summit cd iQ (Hoya)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Transitions/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	Phoenix: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Phoenix Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Phoenix Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized NP Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	CM
	1.67 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD	CM

	Polycarbonate Transitions Signature: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
Hoyalux Summit ecp (Hoya)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.70 High Index Plastic with HiVision: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating B QN
	1.70 High Index Plastic with Super HiVision: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT
	1.70 High Index Plastic with Super HiVision EX3: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating D QV
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP

	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
	Phoenix (Trivex): Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	Phoenix (Trivex) Transitions/XTRActive: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
	Phoenix (Trivex) Transitions Vantage: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	FA FB FP PP	
Hoyalux Summit ecp iQ (Hoya)	1.50 Plastic: Progressive O—Plastic	OA	CM
	1.50 Plastic Transitions/XTRActive: Progressive O—Plastic Photochromic—Plastic B	OA PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP	CM
	Phoenix: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	Phoenix Transitions/XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	CM
	Phoenix Transitions Vantage: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	OA OB OP PP	CM
	1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	1.60 High Index Plastic Transitions: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	CM
	1.67 High Index Plastic: Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	CM

	1.67 High Index Plastic Transitions: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP	CM
	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD	CM
	Polycarbonate Transitions: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP	CM
	Polycarbonate Polarized: Progressive O—Plastic Polycarbonate Polarized	OA OD OP	CM
Hoyalux TACT (Hoya)	1.50 Plastic: Near Variable Focus A Choose Near Variable Focus under Vision Type in eClaim.	IA	
	1.60 High Index Plastic: Near Variable Focus A High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.	IA IB	
Hoya Premium Coating (Hoya)	Anti-Reflective Coating B	QN	
Hoya Premium with ViewProtect Coating (Hoya)	Anti-Reflective Coating B	QN	
Hoya Profection Lenses (Hoya)	Phoenix (Trivex) SV/ST28 Non-Aspheric or Aspheric: High Index Plastic 1.53-1.60/Trivex	AB	
	Phoenix (Trivex) SV Non-Aspheric Transitions/XTRActive: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP	
	Nulux Single Vision Aspheric 1.67: High-Index Plastic 1.66/1.67	AH	
	Nulux Single Vision Aspheric 1.67 Transitions: High-Index Plastic 1.66/1.67 Photochromic—Plastic B	AH PP	
	Nulux ep - Unavailable*		
	Nulux LX, SV Aspheric 1.70 with HiVision: High Index Plastic 1.70 & Above Anti-Reflective Coating B	AJ QN	

	Nulux LX, SV Aspheric 1.70 with Super HiVision: High Index Plastic 1.70 & Above Anti-Reflective Coating C	AJ QT
	Nulux LX, SV Aspheric 1.70 w/ Super HiVision EX3: High Index Plastic 1.70 & Above Anti-Reflective Coating D	AJ QV
Hydrophobic Coating	Included in the Anti-Reflective Coating fee.	
Hyper Clear AR Coating (Southern Opt.)	Anti-Reflective Coating A	QM
Hyperal (Essilor)	Aspheric Plastic 1.50	AA
Hyperindex (Optima)	High Index Plastic 1.53-1.60/Trivex	AB
Hyperindex 160 Aspheric (Optima)	Aspheric 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
Hyperindex 166 Aspheric (Optima)	Aspheric Single Vision or FT28: High Index Plastic 1.66/1.67	AH
Hyperindex 166 Aspheric Double Concave (Optima)	Unavailable*	
Hyperview 166 (Optima)	Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
I		
iAR (Rooney Optical, Inc.)	Anti-Reflective Coating B	QN
iAR MAX (Rooney Optical, Inc.)	Anti-Reflective Coating C	QT
I-Clear or I-Clear Plus Coating (I-Coat)	Anti-Reflective Coating A	QM
Illumina (Vision-Ease)	1.50 Plastic: Progressive K—Plastic	KA
	Tegra: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate LifeRx: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
	Polycarbonate SunRx: Progressive K—Plastic Polycarbonate Polarized	KA KD KP
	Coppertone Polycarbonate Polarized: Progressive K—Plastic Polycarbonate Polarized	KA KD KP

Image (Younger)	1.50 Plastic Transitions/XTRActive:	
	Progressive K—Plastic	KA
	Photochromic—Plastic B	PP
	1.50 Plastic Nupolar:	
	Progressive K—Plastic	KA
	Polarized	KP
	1.50 Plastic DriveWear:	
	Progressive K—Plastic	KA
	Polarized	KP
	Photochromic—Plastic B	PP
	Easy Lite 1.55 Plastic Mid Index:	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Trilogy (Trivex):	
	Progressive K—Plastic	KA
High Index Plastic 1.53-1.60/Trivex	KB	
Trilogy (Trivex) Transitions:		
Progressive K—Plastic	KA	
High Index Plastic 1.53-1.60/Trivex	KB	
Photochromic—Plastic B	PP	
1.67 High Index Plastic:		
Progressive K—Plastic	KA	
High Index Plastic 1.66/1.67	KH	
1.67 High Index Plastic Transitions:		
Progressive K—Plastic	KA	
High Index Plastic 1.66/1.67	KH	
Photochromic—Plastic B	PP	
Polycarbonate:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Polycarbonate Transitions/XTRActive:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Photochromic—Plastic B	PP	
Polycarbonate Nupolar:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Polarized	KP	
Polycarbonate Transitions Vantage:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Polarized	KP	
Photochromic—Plastic B	PP	
Polycarbonate DriveWear:		
Progressive K—Plastic	KA	
Polycarbonate	KD	
Polarized	KP	
Photochromic—Plastic B	PP	

Image Wrap (Younger)	Polycarbonate Nupolar: Progressive K—Plastic KA Polycarbonate KD Polarized KP
Indo (Indo Corporation)	SV Superfin 1.523, SV 1.523 Indosol: Unavailable*
	SV Superfin 1.523 Aspheric: Aspheric Plastic 1.50 AA
	SV Ultrafin 1.60 Aspheric: High Index Plastic 1.53-1.60/Trivex AB
	SV/Curve Top 28 Superfin 1.523 Photochromic: Photochromic—Plastic B PP
	Progressive Admira Superfin 1.523: Progressive K—Plastic KA
	Admira Superfin 1.523 Photochromic: Progressive K—Plastic KA Photochromic—Plastic B PP
	Admira Ultrafin 1.60: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	AmPLY Superfin 1.523: Progressive K—Plastic KA
	AmPLY Superfin 1.523 Photochromic: Progressive K—Plastic KA Photochromic—Plastic B PP
	Micra Superfin 1.523 Short Corridor: Progressive K—Plastic KA
	Micra Ultrafin 1.60 Short Corridor: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Instinctive (Sola)
1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP	
Polycarbonate: Progressive K—Plastic KA Polycarbonate KD	
Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP	
1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH	

	1.67 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
Instinctive Performance (Sola)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic PhotoFusion: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Transitions/XTRActive: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP
	1.60 Plastic High Index: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.67 Plastic High Index: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 Plastic High Index PhotoFusion: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions/XTRActive: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate PhotoFusion: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Transitions/XTRActive: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB

	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP Photochromic—Plastic B PP
Interview (Essilor)	Plastic 1.50: Near Variable Focus A IA Choose Near Variable Focus under Vision Type in eClaim.
iRx Xperio SV (Specialty Lens Corp.)	Plastic 1.50 Xperio Solfx: Polarized—Plastic A DA Photochromic—Plastic B PP
iRx Pal (Specialty Lens Corp.)	1.56 Mid-Index Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP
iRx Pro (Specialty Lens Corp.)	1.50 Plastic Xperio Polarized: Progressive K—Plastic KA Polarized KP
	1.50 Plastic Xperio Polarized Solfx: Progressive K—Plastic KA Polarized KP Photochromic—Plastic B PP
	1.60 High Index Plastic Xperio Polarized: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Polarized KP

	1.67 High Index Plastic Xperio Polarized: Progressive K—Plastic High Index Plastic 1.66/1.67 Polarized	KA KH KP
iRx Short (Specialty Lens Corp.)	1.56 Mid-Index Plastic Polarized: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	JA JB JP
	Polycarbonate Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
iScience (Optical Dynamics Corporation)	iScience SV 1.56 Spherical, FT28 1.56 Spherical: High Index Plastic 1.53-1.60/Trivex	AB
	iScience SV/FT28 1.56 Aspheric: Unavailable*	
	Progressives: iScience 16 (formerly Micro Short Corridor 1.56): Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	iScience 22 (formerly Ionic 1.56): Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	iScience Premium 18 (formerly BioSpherical Atoric 1.56): Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
I-TEC (In Focus)	Anti-Reflective Coating B	QN
I-TEC Premium (In Focus)	Anti-Reflective Coating C	QT
J		
John Lennon Collection (Adlens)	Unavailable*	
K		
Kazuo Kawasaki Lenses (Dist. By Optica Italee)	Genuine Kazuo Kawasaki Lenses brand: Proprietary Frame Mounting. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.	
Kodak Clean’N’CleAR Coating (Signet Armorlite)	Anti-Reflective Coating D	QV
Kodak CleAR Coating (Signet Armorlite)	Anti-Reflective Coating C	QT

Kodak Anti Fatigue Lenses (Signet Armorlite)	Unavailable*	
Kodak Concise (Signet Armorlite)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions Signature: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.56 Mid Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.60 TLX High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Kodak Digital Concise (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic
1.50 Plastic Transitions Signature: Progressive F—Plastic Photochromic—Plastic B		FA PP
1.56 Mid Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex		FA FB
1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex		FA FB
1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67		FA FH
Polycarbonate: Progressive F—Plastic Polycarbonate		FA FD
Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex		FA FB
Kodak Digital Precise (Signet Armorlite)		1.50 Plastic: Progressive F—Plastic

	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic PhotoView: Progressive F—Plastic FA Photochromic—Plastic A PR
	1.50 Plastic Transitions Signature: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.56 Mid Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate PhotoView: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic A PR
	Polycarbonate Transitions Signature: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
Kodak Digital Precise Short (Signet Armorlite)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoView: Progressive F—Plastic FA Photochromic—Plastic A PR
	1.50 Plastic Transitions Signature: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH

1.67 High Index Plastic Transitions :	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate PhotoView:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic A	PR
Polycarbonate Transitions Signature:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Single Vision 1.56 Semi-Finished:	
High Index Plastic 1.53-1.60/Trivex	AB
FT28 1.56 Aspheric:	
Aspheric Lenses—High Index Plastic 1.53-1.60/Trivex	AB
SV/FT28 1.56 Mid Index Aspheric SunSensors:	
Photochromic—Mid Index	PP
SV 1.67 High Index SunSensors:	
High Index Plastic 1.66/1.67	AH
Photochromic—Plastic A	PR
SV 1.70 High Index:	
High Index Plastic 1.70 & Above	AJ
SV 1.70 High Index Transitions:	
High Index Plastic 1.70 & Above	AJ
Photochromic—Plastic B	PP
Polycarbonate Aspheric:	
Aspheric Lenses—Polycarbonate	AD
Single Vision PolarShades:	
Polarized—Plastic A	DA
SV NXT (Trivex) Tinted Sun Lenses:	
High Index Plastic 1.53-1.60/Trivex	AB
Plastic Dyes - Solid Color	MN
SV NXT (Trivex) Tinted Mirror Sun Lenses:	
High Index Plastic 1.53-1.60/Trivex	AB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
SV NXT (Trivex) Photochromic Sun Lenses:	
High Index Plastic 1.53-1.60/Trivex	AB
Photochromic—Plastic B	PP
SV NXT (Trivex) Polarized Sun Lenses:	
Polarized—Plastic A	DA
High Index Plastic 1.53-1.60/Trivex	DB

	SV NXT (Trivex) Polarized Photochromic Sun Lenses: Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP	
Kodak Monitor (Signet Armorlite)	Unavailable*	
Kodak Precise (Signet Armorlite)	1.50 Plastic: Progressive J—Plastic JA	
	1.50 Plastic PhotoView: Progressive J—Plastic JA Photochromic—Plastic A PR	
	1.50 Plastic Transitions Signature: Progressive J—Plastic JA Photochromic—Plastic B PP	
	1.56 Mid Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	
	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	
	1.60 TLX High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	
	1.67 Plastic High Index: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH	
	1.67 High Index Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP	
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD	
	Polycarbonate PhotoView: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic A PR	
	Polycarbonate Transitions Signature: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP	
	PolarShades Plastic: Progressive J—Plastic JA Polarized JP	
	Kodak Precise PB/Short (Signet)	1.50 Plastic: Progressive J—Plastic JA

Armorlite)	1.50 Plastic PhotoView:	Progressive J—Plastic	JA
		Photochromic—Plastic A	PR
	1.50 Plastic Transitions Signature:	Progressive J—Plastic	JA
		Photochromic—Plastic B	PP
	1.50 Plastic Polarized:	Progressive J—Plastic	JA
		Polarized	JP
	1.67 High Index Plastic:	Progressive J—Plastic	JA
		High Index Plastic 1.66/1.67	JH
	1.67 High Index Transitions Signature:	Progressive J—Plastic	JA
		High Index Plastic 1.66/1.67	JH
		Photochromic—Plastic B	PP
	Polycarbonate:	Progressive J—Plastic	JA
		Polycarbonate	JD
	Polycarbonate PhotoView:	Progressive J—Plastic	JA
	Polycarbonate	JD	
	Photochromic—Plastic A	PR	
Polycarbonate Transitions Signature:	Progressive J—Plastic	JA	
	Polycarbonate	JD	
	Photochromic—Plastic B	PP	
Polycarbonate Polarized:	Progressive J—Plastic	JA	
	Polycarbonate	JD	
	Polarized	JP	
Trivex:	Progressive J—Plastic	JA	
	High Index Plastic 1.53-1.60/Trivex	JB	
Trivex Transitions Signature:	Progressive J—Plastic	JA	
	High Index Plastic 1.53-1.60/Trivex	JB	
	Photochromic—Plastic B	PP	
Kodak Precise Short (Signet Armorlite)	1.50 Plastic:	Progressive J—Plastic	JA
	1.50 Plastic PhotoView:	Progressive J—Plastic	JA
		Photochromic—Plastic A	PR
	1.50 Plastic Transitions Signature:	Progressive J—Plastic	JA
		Photochromic—Plastic B	PP

	1.67 Plastic High Index: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate PhotoView: Progressive J—Plastic Polycarbonate Photochromic—Plastic A	JA JD PR
	Polycarbonate Transitions Signature: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Kodak Unique (Signet Armorlite)	1.50 Plastic: Progressive O—Plastic
1.50 Plastic PhotoView: Progressive O—Plastic Photochromic—Plastic A		OA PR
1.50 Plastic Transitions Signature/ XTRActive: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic PolarShades: Progressive O—Plastic Polarized		OA OP
1.50 Plastic DriveWear: Progressive O—Plastic Polarized Photochromic—Plastic B		OA OP PP
1.56 Mid-Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB
1.56 Mid-Index Plastic SunSensors: Progressive O—Plastic Photochromic—Mid-Index		OA PP
1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB
1.60 High Index Plastic Transitions Signature/XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B		OA OB PP

1.60 High Index Plastic PolarShades:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP
1.67 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 High Index Plastic Transitions	
Signature/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 High Index Plastic SunSensors:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic A	PR
1.67 High Index Plastic PolarShades:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
1.74 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
1.74 High Index Plastic Transitions	
Signature:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Photochromic—Plastic B	PP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions Signature:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP

	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD Anti-Reflective Coating C QT
	Polycarbonate PhotoView: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic A PR
	Polycarbonate Transitions Signature: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate LifeRx: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate PolarShades: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Kodak Unique/HD (Signet Armorlite)
1.50 Plastic: Progressive O—Plastic OA	
1.50 Plastic PhotoView: Progressive O—Plastic OA Photochromic—Plastic A PR	
1.50 Plastic Transitions Signature/ XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP	
1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	
1.50 Plastic DriveWear: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	

1.50 Plastic Transitions Vantage:	
Progressive O—Plastic	OA
Polarized	OP
Photochromic—Plastic B	PP
1.60 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
1.60 High Index Plastic Transitions Signature:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
1.60 High Index Plastic Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP
1.67 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 High Index Plastic Transitions Signature/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
1.74 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
1.74 High Index Plastic Transitions Signature:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Photochromic—Plastic B	PP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions Signature XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
Trivex Transitions Vantage:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP
Photochromic—Plastic B	PP

	NXT (Trivex) Tinted Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate PhotoView: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic A PR
	Polycarbonate Transitions Signature: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Polycarbonate Transitions Vantage: Progressive F—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP
Kodak Unique/HD (Signet Armorlite)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
Kodak Unique DS	Unavailable*

Komodo (Optical Resources)	Anti Reflective Coating A	QM
Komodo Armor (Optical Resources)	Scratch Resistant Coating A	QQ
Komodo Extreme (Optical Resources)	Anti Reflective Coating C	QT
Komodo VES (Optical Resources)	Anti Reflective Coating B	QN
L		
Laminated High Index	Polarized/Laminated Lenses—Glass High Index Glass 1.60-1.80 (Clear) Plus lens enhancement code for laminated material: (For laminated photochromics or glass tints only)	DE AF PM or MQ or MR
LTO Stainless Steel (Lens Tech Optical)	Anti Reflective Coating C	QT
LifeRx (Vision-Ease)	SV Aspheric Plastic 1.50: Aspheric Plastic 1.50 Photochromic—Plastic B	AA PP
	SV/FT28/FT35/D35/7x28: Polycarbonate Photochromic—Plastic B	AD PP
M		
Magnum (CSC Laboratory)	Anti-Reflective Coating B	QN
Magnum Strada (CSC Laboratory)	Anti-Reflective Coating C	QT
Marathon Coating (Bausch & Lomb)	Anti-Reflective Coating A	QM
Maui Jim Lenses	Genuine Maui Jim Lenses brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.	
Melanin Polarized Sunlens (Specialty Lens Corp.)	1.50 Plastic Xperio Polarized (SV, FT28, FT35, 7x28): Polarized—Plastic A	DA
	1.56 Mid Index Plastic Xperio Polarized (SV, FT28, FT35, 7x28): Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	DA DB
Melavision (Photoprotective Tech.)	Unavailable*	
Micro (Polycore)	1.50 Plastic: Progressive K—Plastic	KA

	1.56 Mid Index Plastic SunSensors: Progressive K—Plastic KA Photochromic—Mid Index PP	
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD	
Mira-Pol Glass Polarized (KB Co.)	Polarized/Laminated Lenses—Glass DE Ski Type Coating QR	
Mirage 2000 Coating (The Omega Group)	Anti-Reflective Coating A QM Note: Charge for High Luster Edge Polish, if applicable.	
Multi-Quartz St Coating (OptiVision)	Anti-Reflective Coating A QM	
MultigressivMyView (Rodenstock)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.54 Mid Index Plastic ColorMatic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	1.60 High Index Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
mxplus Super AR (Polycore USA Optical)	Anti-Reflective Coating B QN	
Myo-Thin (Optimed of Belgium)	Unavailable*	
N		
Narrative 11/13 (Vision-Ease)	1.50 Plastic: Progressive J—Plastic JA	CM
	1.50 Plastic Transitions Signature: Progressive J—Plastic JA Photochromic—Plastic B PP	CM
	1.50 Plastic ChangeRx: Progressive J—Plastic JA Photochromic—Plastic B PP	CM
	1.50 Plastic SunRx: Progressive J—Plastic JA Polarized JP	CM
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.67 JH	CM
	1.67 High Index Plastic Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.67 JH Photochromic—Plastic B PP	CM

	1.70 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.70 & Above JJ	CM
	1.70 High Index Plastic Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.70 & Above JJ Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD	CM
	Polycarbonate Coppertone: Progressive J—Plastic JA Polycarbonate JD Polarized JP	CM
	Polycarbonate LifeRx: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP	CM
	Polycarbonate SunRx: Progressive J—Plastic JA Polycarbonate JD Polarized JP	CM
	Polycarbonate Transitions Signature: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP	CM
	Trivex: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB	CM
	Trivex Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP	CM
Natural (Essilor)	1.50 Plastic: Progressive K—Plastic KA	
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP	
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB	
	Airwear: Progressive K—Plastic KA Polycarbonate KD	

	Airwear Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Photochromic Glass: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
Natural AR (Quantum Innovations)	Anti-Reflective Coating D QV
Natural Digital (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions Signature: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.67 KH
	1.67 High Index Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.67 KH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.67 KH Polarized KP
	Airwear: Progressive K—Plastic KA Polycarbonate KD
	Airwear Transitions Signature: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Airwear Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP

	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
Navigator (Signet Armorlite)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic PhotoView: Progressive K—Plastic KA Photochromic—Plastic A PR
	Evoclear 1.56 Mid Index Plastic: Progressive K – Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	PolarShades Plastic: Progressive K—Plastic KA Polarized KP
Navigator Short Corridor (Signet Armorlite)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic PhotoView: Progressive K—Plastic KA Photochromic—Plastic A PR
	Evoclear 1.56 Mid Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
Navigator FBS/Short (Signet Armorlite)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic PhotoView: Progressive K—Plastic KA Photochromic—Plastic A PR
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP
	1.50 Plastic Transitions Signature: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.67 KH

	<p>1.67 High Index Plastic Transitions</p> <p>Signature: Progressive K—Plastic KA High Index Plastic 1.67 KH Photochromic—Plastic B PP</p>
	<p>Polycarbonate: Progressive K—Plastic KA Polycarbonate KD</p>
	<p>Polycarbonate PhotoView: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic A PR</p>
	<p>Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP</p>
	<p>Polycarbonate Transitions Signature: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP</p>
	<p>Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB</p>
	<p>Trivex Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP</p>
Nexyma (Rodenstock)	<p>Plastic 40, 80A & 80B: Near Variable Focus A IA Choose Bifocal under Vision Type in eClaim</p>
Nike – sunwear	<p>SV Polycarbonate sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Anti-Reflective Coating C QT</p>
	<p>SV Polycarbonate Tinted sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Plastic Dyes - Solid Color MN Anti-Reflective Coating C QT</p>
	<p>SV Polycarbonate Gold or Silver Mirror sunwear w/ AR Coating C: Digital Aspheric Lenses—Polycarbonate BD Plastic Dyes - Solid Color MN Mirror Coating QP Anti-Reflective Coating C QT</p>

SV Polycarbonate Blue Mirror sunwear w/ AR Coating C:	Digital Aspheric Lenses—Polycarbonate	BD
	Ski Type Coating	QR
	Anti-Reflective Coating C	QT
SV Polycarbonate Polarized sunwear w/ AR Coating C:	Digital Aspheric Lenses—Polycarbonate	BD
	Polarized—Plastic A	DA
	Anti-Reflective Coating C	QT
SV Trivex sunwear w/ AR Coating C:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Anti-Reflective Coating C	QT
SV Trivex Tinted sunwear w/ AR Coating C:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Plastic Dyes - Solid Color	MN
	Anti-Reflective Coating C	QT
SV Trivex Gold or Silver Mirror sunwear w/ AR Coating C:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Plastic Dyes - Solid Color	MN
	Mirror Coating	QP
	Anti-Reflective Coating C	QT
SV Trivex Blue Mirror sunwear w/ AR Coating C:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Ski Type Coating	QR
	Anti-Reflective Coating C	QT
SV Trivex Polarized sunwear w/ AR Coating C:	Digital Aspheric Lenses—Plastic	BA
	Polarized—Plastic A	DA
	High Index Plastic 1.53-1.60/Trivex	DB
	Anti-Reflective Coating C	QT
Progressive Polycarbonate sunwear:	Progressive N—Plastic	NA
	Polycarbonate	ND
Progressive Polycarbonate Tinted sunwear:	Progressive N—Plastic	NA
	Polycarbonate	ND
	Plastic Dyes - Solid Color	MN

	Progressive Polycarbonate Gold or Silver Mirror sunwear: Progressive N—Plastic NA Polycarbonate ND Mirror Coating QP
	Progressive Polycarbonate Blue Mirror sunwear: Progressive N—Plastic NA Polycarbonate ND Ski Type Coating QR
	Progressive Polycarbonate Polarized sunwear: Progressive N—Plastic NA Polycarbonate ND Polarized NP
	Progressive Trivex sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB
	Progressive Trivex Tinted sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Plastic Dyes - Solid Color MN
	Progressive Trivex Gold or Silver Mirror sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Mirror Coating QP
	Progressive Trivex Blue Mirror sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Ski Type Coating QR
	Progressive Trivex Polarized sunwear: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP
Nikon DigiLife (Nikon)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP

	1.60 High Index Plastic Polarized: Progressive J—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	1.74 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ
	1.74 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Photochromic—Plastic B PP
Nikon ECC (Nikon)	Anti-Reflective Coating C QT
Nikon HCC (Nikon)	Anti-Reflective Coating B QN
Nikon Move 13/15 (Nikon)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive J—Plastic JA Polarized JP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	1.60 High Index Plastic Polarized: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Polarized JP

	<p>1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH</p> <p>1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP</p> <p>Polycarbonate: Progressive J—Plastic JA Polycarbonate JD</p> <p>Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP</p> <p>Polycarbonate Transitions Vantage: Progressive J—Plastic JA Polycarbonate JD Polarized JP Photochromic—Plastic B PP</p>
Nikon Online (Nikon)	<p>1.50 Plastic: Near Variable Focus A IA Available in three power ranges: 1.00, 1.50. Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.60 High Index Plastic: Near Variable Focus A IA High Index Plastic 1.53-1.60/Trivex IB Available in three power ranges: 1.00, 1.50 and 2.00. Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.67 High Index Plastic: Near Variable Focus A IA High-Index Plastic 1.67 II Available in three power ranges: 1.00, 1.50 and 2.00. Choose Near Variable Focus under Vision Type in eClaim.</p>
Nikon Performance (Nikon)	<p>Genuine Nikon Performance brand: Proprietary Frame Mounting. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.</p>
Nikon Presio i 13 (Nikon)	<p>1.50 Plastic: Progressive F—Plastic FA</p>
	<p>1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP</p>

	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.74 High Index Plastic w/ Nikon ECC: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT
Nikon Presio i 15 (Nikon)	1.50 Plastic: Progressive F—Plastic FA
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	1.74 High Index Plastic w/ Nikon ECC: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT
Nikon Presio i Digital 10/12/14 (Nikon)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB

	1.60 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.60 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic w/ Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.74 High Index Plastic w/ Nikon ECC: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Anti-Reflective Coating C QT
	1.74 High Index Plastic Transitions w/ Nikon ECC: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Photochromic—Plastic B PP Anti-Reflective Coating C QT
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP
Nikon Presio Power 12/13/14 (Nikon)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic w/ Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP

	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic w/ Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.74 High Index Plastic w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating C QT
	1.74 High Index Plastic Transitions w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Photochromic—Plastic B PP Anti-Reflective Coating C QT
Nikon W 12 (Nikon)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic Transitions: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.74 High Index Plastic w/ Nikon ECC: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Anti-Reflective Coating C QT
Nikon W 14 (Nikon)	1.50 Plastic: Progressive O—Plastic OA
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH

	1.74 High Index Plastic w/ Nikon ECC: Progressive O—Plastic High Index Plastic 1.70 & Above Anti-Reflective Coating C	OA OJ QT
Nikon SeeCoat Blue (Nikon)	Anti-Reflective Coating D	QV
Nikon SeeCoat Plus (Nikon)	Anti-Reflective Coating D	QV
Novel (Vision-Ease)	Plastic 1.50: Progressive J—Plastic	JA
	Plastic 1.50 ChangeRx: Progressive J—Plastic Photochromic—Plastic B	JA PP
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	Polycarbonate LifeRx: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Polycarbonate Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
Novella (Vision-Ease)	Plastic 1.50: Progressive F—Plastic	FA
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate LifeRx: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	1.70 Thindex: Progressive F—Plastic High Index Plastic 1.70 & Above	FA FJ
Nupolar Lenses (Younger)	SV, FT28, FT35, 7x28 Polarized Plastic: Polarized—Plastic A	DA
	Polarized Polycarbonate: Polarized—Plastic A Polycarbonate	DA DD
NXT Lenses (Zeiss)	SV NXT (Trivex) Tinted Sun Lenses: High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	AB MN
	SV NXT (Trivex) Tinted Mirror Sun Lenses: High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	AB MN QP

	<p>SV NXT (Trivex) Photochromic Sun Lenses: High Index Plastic 1.53-1.60/Trivex AB Photochromic—Plastic B PP</p> <p>SV NXT (Trivex) Polarized Sun Lenses: Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB</p> <p>SV NXT (Trivex) Polarized Photochromic Sun Lenses: Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP</p>
o	
Oakley Lenses (Oakley)	Genuine Oakley Lenses brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
OC2 (Central Optical)	Anti-Reflective Coating C QT
OC2+ (Central Optical)	Anti-Reflective Coating D QV
Office (Shamir)	<p>Plastic: Near Variable Focus A IA Available in three power ranges: Office .75, Office 1.25, Office 1.75, Office 2.25. Choose Near Variable Focus under Vision Type in eClaim.</p> <p>Polycarbonate: Near Variable Focus A IA Polycarbonate ID Available in three power ranges: Office .75, Office 1.25, Office 1.75, Office 2.25. Choose Near Variable Focus under Vision Type in eClaim.</p>
Opticlear Coating (North American Coating Co.)	Anti-Reflective Coating A QM
Optima (Optima, Inc.)	<p>SV/FT28 1.66 High Index Plastic Aspheric: High Index Plastic 1.66/1.67 AH</p> <p>Hyperview 1.66: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH</p>
Outlook (Vision-Ease)	<p>1.50 Plastic: Progressive K—Plastic KA</p> <p>Polycarbonate Tegra: Progressive K—Plastic KA Polycarbonate KD</p> <p>Polycarbonate SunRx: Progressive K—Plastic KA Polycarbonate KD Polarized KP</p>

	Polycarbonate LifeRx: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	1.60 High Index Glass: Progressive K—Glass/High Index Glass KE
	1.60 High Index Glass PGX/PBX: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
Opti-Fog (Essilor)	Unavailable*
Ovation (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Airwear: Progressive K—Plastic KA Polycarbonate KD
	Airwear Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Airwear Xperio Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Thin-N-Lite: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	Thin-N-Lite Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
Ovation Digital (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions Signature: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP
	1.60 Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP

	1.67 Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	1.67 Plastic Polarized: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Polarized KP
	Airwear: Progressive K—Plastic KA Polycarbonate KD
	Airwear Transitions Signature: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Airwear Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
P	
Panoptx (Panoptx)	Genuine Panoptx brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
Pentax AF (Pentax)	1.50 Plastic: Progressive J—Plastic JA
	1.66 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
Pentax AF Mini (Pentax)	1.50 Plastic: Progressive F—Plastic FA
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.60 FB
	1.66 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH

Pentax Surpass ECP Coating (Seiko)	Anti-Reflective Coating B	QN	
Perfas (Seiko)	Unavailable*		
Perfastar (Rodenstock)	Choose Lenticular BF under Vision Type in eClaim—no charge to patient.		
Perfection (Perfect Optics)	1.50 Plastic: Progressive F—Plastic	FA	
	1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP	
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP	
	1.50 Plastic DriveWear: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP	
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	1.60 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	
	1.67 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP	
	1.67 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP	
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD	
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
	Perfection S (Perfect Optics)	1.50 Plastic: Progressive F—Plastic	FA

Optics)	1.50 Plastic Transitions: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	1.50 Plastic DriveWear: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67 Anti-Reflective Coating C	FA FH QT
	1.67 High Index Plastic Transitions: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate Transitions: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Perfection Blue/Green AR Coating (Perfect Optics)	Anti-Reflective Coating C QT
	Photopolar (Aura Lens Products)	Unavailable*
PhotoView (Signet Armormlite)	Photochromic—Plastic A PR	

PhysioTints (Essilor)	Anti-Reflective Coating C Plastic Dyes - Solid Color	QT MN
Piccolo (Shamir)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.60 Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 Plastic Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.67 Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	PolyPlus: Progressive J—Plastic Polycarbonate	JA JD
	PolyPlus Transitions: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Piccolo with Attitude: Progressive J—Plastic Polycarbonate	JA JD
	Piccolo Polarized with Attitude: Progressive J—Plastic Polycarbonate Polarized	JA JD JP
	Glass: Progressive J—Glass	JE
	Thin & Dark: Progressive J—Glass Photochromic—Glass A	JE PM
	Polarized Apple Green (K.B Co.)	Unavailable*
Polarized Hi-Contrast Amber (K.B. Co.)	Unavailable*	
Polarized Neutral Gray/Brown (K.B. Co.)	Unavailable*	

Polarized Sky Blue (K.B. Co.)	Unavailable*	
Polarized SV 1.67 Aspheric (Optima)	SV Aspheric Plastic High Index 1.67: Polarized—Plastic A High Index Plastic 1.66/1.67	DA DH
Polycoat (VM Coating Laboratory)	Color Coating—Solid	MS
PolyLite (Columbian Bifocal)	Polycarbonate High Luster Edge Polish	AD SP
Prestige II (Seiko)	Unavailable*	
Private Label Lenses (Various Manufacturers)	Unavailable*	
PRIO (PRIO)	UV Protection Scratch Resistant Coating Plastic Dyes—Solid Color	SV QQ MM or MN
	Charges for PRIO engraving and PRIO cases are a private transaction between the patient, doctor, and contract lab.	
Proceed II (Seiko)	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
Proceed III (Seiko)	1.67 High Index Plastic: Progressive K—Plastic High Index Plastic 1.66/1.67	KA KH
	1.67 High Index Plastic Transitions: Progressive K—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	KA KH PP
ProView with UTC (In Focus)	Anti-Reflective Coating D	QV
PST 475/Eagle (Melibrad)	Polarized Plastic 1.50: Progressive K—Plastic Polarized	KA KP
PureCoat (Zeiss)	Anti-Reflective Coating D	QV
PureSite Preference (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating C	QT
PureSite Preference Plus (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating C	QT

PureSite Preference Platinum (Diversified Ophthalmics, Inc.)	Anti-Reflective Coating D	QV
R		
Razar (Central Optical Lab, Inc.)	Anti-Reflective Coating B	QN
Razar XT (Central Optical Lab, Inc.)	Anti-Reflective Coating C	QT
Retinal Bliss DES (Quantum Innovations)	Anti-Reflective Coating D	QV
	Mirror Coating	QP
Retinal Bliss UV (Quantum Innovations)	Anti-Reflective Coating D	QV
	UV Protection - Backside	BV
Reactapol (Melibrad)	Polarized/Laminated Lenses—Glass	DE
	Photochromic—Glass A	PM
Real Eyes Coating (Great Lakes Coating Laboratory)	Anti-Reflective Coating A	QM
Real Eyes SS Coating (Great Lakes Coating Laboratory)	Anti-Reflective Coating B	QN
Recharge EX3 AR (Hoya)	Anti-Reflective Coating D	QV
Reflection Free NP (Essilor)	Anti-Reflective Coating A	QM
Repel (Peninsula Optical Lab, Inc.)	Anti-Reflective Coating B	QN
Repel Plus (Peninsula Optical Lab, Inc.)	Anti-Reflective Coating C	QT
Resolution (Optima)	Aspheric Polycarbonate: Polycarbonate	AD
	Aspheric/Atoric Polycarbonate: Polycarbonate	AD
	Aspheric Polycarbonate Transitions: Polycarbonate Photochromic—Plastic B	AD PP
Resolution Response (Optima)	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
	Polycarbonate Transitions: Progressive K—Plastic Polycarbonate Photochromic—Plastic B	KA KD PP
RF Endura (Essilor)	Anti-Reflective Coating B	QN
RF Endura EZ (Essilor)	Anti-Reflective Coating C	QT

RLX Lite (Signet Armorlite)	1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	1.56 Mid Index Plastic Aspheric: High Index Plastic 1.53-1.60/Trivex	AB
	1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
Rodenstock ClassicLife (Rodenstock)	1.50 Plastic: Progressive J—Plastic	JA
	1.54 Plastic ColorMatic Dark/Super Dark (Grey): Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	Polycarbonate: Progressive J—Plastic Polycarbonate	JA JD
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.60 High Index Glass: Progressive J—Glass/High Index Glass	JE
	Photochromic 1.60 High Index Glass: Progressive J—Glass/High Index Glass Photochromic—Glass A	JE PM
	Rodenstock ClassicLife XS (Rodenstock)	1.50 Plastic: Progressive J—Plastic
1.54 Plastic ColorMatic Extra: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B		JA JB PP
Polycarbonate: Progressive J—Plastic Polycarbonate		JA JD
1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex		JA JB
1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67		JA JH
Rodenstock Cosmolit (Rodenstock)		Plastic 1.50 Aspheric: Aspheric Lenses—Plastic
	Plastic High Index 1.60 Asperic: High Index Plastic 1.53-1.60/Trivex	AB

Rodenstock Cosmolit Office (Rodenstock)	Near Variable Focus A Available in 2 different power ranges: Office 100, Office 175. Choose Near Variable Focus under Vision Type in eClaim.	IA
Rodenstock Progressiv AT (Rodenstock)	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Polycarbonate: Progressive K—Plastic Polycarbonate	KA KD
Rodenstock Progressiv PureLife (Rodenstock)	1.50 Plastic: Progressive F—Plastic	FA
	1.54 Plastic ColorMatic Dark/Super Dark (Grey): Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Rodenstock Progressiv PureLife XS (Rodenstock)	1.50 Plastic: Progressive F—Plastic
Rodenstock Progressiv PureLife XS (Rodenstock)	1.54 Plastic ColorMatic Dark/Super Dark (Grey): Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	Rodenstock Progressiv SI (Rodenstock)	1.50 Plastic: Progressive K—Plastic
Rodenstock Progressiv SI (Rodenstock)	1.50 Plastic ColorMatic: Progressive K—Plastic Photochromic—Plastic B	KA PP
	Rudy Project TEK Lenses	See Autograph II Attitude 15/18

s		
Semi (Somo)	1.50 Plastic: Progressive K—Plastic	KA
	1.56 Mid Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.60 High Index Plastic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
Semplice (GK Optical)	Anti-Reflective Coating C	QT
Sentinel AR (Quantum Innovations)	Anti-Reflective Coating C	QT
Sentinel Plus AR (Quantum Innovations)	Anti-Reflective Coating D	QV
Sentinel Plus UV AR (Quantum Innovations)	Anti-Reflective Coating D	QV
	UV Protection - Backside	BV
Serengeti Lenses (Serengeti)	Genuine Serengeti Lenses: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.	
Serengeti-like Coating	Lab-duplicated Serengeti: Ski Type Coating	QR
Shamir Computer / Shamir Workspace (Shamir)	1.50 Plastic: Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL
	1.50 Plastic Transitions Signature: Near Variable Focus B Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL PP
	1.50 Plastic Transitions/ XTRActive: Near Variable Focus B Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL PP
	1.50 Plastic Polarized: Near Variable Focus B Polarized Choose Near Variable Focus under Vision Type in eClaim.	IL DA
	Digital Plastic Mid Index 1.56: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	IL IB
	Digital Plastic Mid Index 1.56 Polarized: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex	IL DA DB

<p>1.60 High Index Plastic: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>1.60 High Index Plastic Transitions Signature: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Photochromic—Plastic B PP Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>1.60 High Index Plastic Transitions XTRActive: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Photochromic—Plastic B PP Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Polycarbonate: Near Variable Focus B IL Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Polycarbonate Transitions Signature: Near Variable Focus B IL Polycarbonate ID Photochromic—Plastic B PP Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Polycarbonate Transitions/ XTRActive: Near Variable Focus B IL Polycarbonate ID Photochromic—Plastic B PP Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Trivex: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Trivex Transitions Signature: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Photochromic—Plastic B PP Choose Near Variable Focus under Vision Type in eClaim.</p>

	<p>Trivex Transitions/ XTRActive: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Photochromic—Plastic B PP Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Shamir Computer / Shamir Workspace (Shamir)</p>	<p>1.56 BluTech Indoor: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Plastic Dyes—Solid Color MN Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.56 BluTech Outdoor: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Plastic Dyes—Solid Color MN Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Shamir FirstPAL (Shamir)</p>	<p>1.50 Plastic: Progressive F—Plastic FA</p>
	<p>1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP</p>
	<p>1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP</p>
	<p>1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP</p>
	<p>1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP</p>
	<p>1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.60 FB</p>
	<p>1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.60 FB Photochromic—Plastic B PP</p>
	<p>1.60 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.60 FB Polarized FP</p>
	<p>Polycarbonate: Progressive F—Plastic FA Polycarbonate FD</p>

	Polycarbonate Transitions/XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	Polycarbonate Transitions Vantage: Progressive F—Plastic Polycarbonate Polarized Photochromic—Plastic B	FA FD FP PP	
	Polycarbonate DriveWear: Progressive F—Plastic Polycarbonate Polarized Photochromic—Plastic B	FA FD FP PP	
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
Shamir Golf (Shamir)	1.56 Mid Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	
	1.60 High Index Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	1.60 High Index Plastic Transitions/XTRActive: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	CM
	1.60 High Index Plastic Polarized: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP	CM
	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD	CM
	Polycarbonate Transitions/XTRActive: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP	CM
	Polycarbonate Transitions Vantage: Progressive O—Plastic Polycarbonate Polarized Photochromic—Plastic B	OA OD OP PP	CM
	Polycarbonate Polarized: Progressive O—Plastic Polycarbonate Polarized	OA OD OP	CM

	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB 	CM
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP 	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP 	CM
Shamir Golf BluTech (Shamir)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN 	
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN 	
Shamir Golf SV (Shamir)	Unavailable*	
Shamir InTouch 15mm, 18mm (Shamir)	1.50 Plastic: Progressive O—Plastic OA 	
	1.50 Plastic Transitions Signature/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP 	
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP 	
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP 	
	1.56 Mid Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB 	
	1.60 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB 	
	1.60 High Index Plastic Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP 	

1.60 High Index Plastic Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP
1.67 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 High Index Plastic Transitions	
Signature/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
1.74 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
1.74 High Index Plastic Transitions	
Signature:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Photochromic—Plastic B	PP
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate Transitions Signature/	
XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions Vantage:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP

	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
Shamir InTouch 15mm, 18mm BluTech (Shamir)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN
Shamir Spectrum 14mm, 16mm, 18mm (Shamir)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.56 Mid Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.60 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH

1.67 High Index Plastic Transitions	
Signature/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
1.74 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
1.74 High Index Plastic Transitions	
Signature:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Photochromic—Plastic B	PP
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate Transitions Signature/ XTRActive:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate DriveWear:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic—Plastic B	PP
Polycarbonate Transitions Vantage:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Trivex:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Trivex Transitions/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP

	Trivex Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
Shamir Spectrum 14mm, 16mm, 18mm (Shamir)	1.56 BluTech Indoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Plastic Dyes—Solid Color MN
Shamir Spectrum SV (Shamir)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA
	Digital Plastic 1.50 Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA Photochromic—Plastic B PP
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Plastic High Index 1.60 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Plastic High Index 1.60 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH
	Digital Plastic High Index 1.67 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP
	Digital Plastic High Index 1.67 Polarized: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH

	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic High Index Plastic 1.70 & Above	BA BJ
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Trivex Transitions: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
	Digital Trivex Polarized: Digital Aspheric Lenses—Plastic Polarized—Plastic A High Index Plastic 1.53-1.60/Trivex	BA DA DB
Shamir Relax (Shamir)	Unavailable*	
Shan-Lite (Shane- Michael)	Polarized—Plastic A Ski Type Coating	DA QR
SharpView + (Essilor)	Anti-Reflective Coating A	QM
Shaw Lens (Shaw Lens, Inc.)	Unavailable*	
Shooter Lenses (K.B. Co.)	Unavailable*	
ShoreView (Shore Lens Co.)	1.50 Plastic: Progressive K—Plastic	KA
	1.50 Plastic Transitions: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.50 Plastic Polarized: Progressive K—Plastic Polarized	KA KP
	1.56 Plastic Mid Index Scopus Photochromic: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic A	KA KB PR

	1.56 Plastic Mid Index SunSensors: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Scopus Photochromic: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic A PR
	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
ShoreView Mini (Shore Lens Co.)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.56 Plastic Mid Index Scopus Photochromic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic A PR
	1.56 Plastic Mid Index SunSensors: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.60 High Index Plastic Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH

	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Scopus Photochromic: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic A PR
	Trivex: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	Trivex Transitions: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB Photochromic—Plastic B PP
Skylet Tint	Plastic Dyes—Solid Color or Gradient MN/MP UV Protection SV
SmallFit (Essilor)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions Signature: Progressive K—Plastic KA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive K—Plastic KA Polarized KP
	1.60 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.53-1.60/Trivex KB
	1.67 High Index Plastic: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH
	1.67 High Index Plastic Transitions Signature: Progressive K—Plastic KA High Index Plastic 1.66/1.67 KH Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD
	Polycarbonate Transitions Signature: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Polycarbonate Xperio Polarized: Progressive K—Plastic KA Polycarbonate KD Polarized KP
SmallFit Digital (Essilor)	1.50 Plastic: Progressive K—Plastic KA

	1.50 Plastic Transitions Signature:	
	Progressive K—Plastic	KA
	Photochromic—Plastic B	PP
	1.50 Plastic Polarized:	
	Progressive K—Plastic	KA
	Polarized	KP
	1.60 High Index Plastic:	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	1.60 High Index Plastic Transitions Signature:	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic—Plastic B	PP
	1.67 High Index Plastic:	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	1.67 High Index Plastic Transitions Signature:	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Photochromic—Plastic B	PP
	1.67 High Index Plastic Polarized:	
	Progressive K—Plastic	KA
	High Index Plastic 1.66/1.67	KH
	Polarized	KP
	Polycarbonate:	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polycarbonate Transitions Signature:	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Photochromic—Plastic B	PP
	Polycarbonate Polarized:	
	Progressive K—Plastic	KA
	Polycarbonate	KD
	Polarized	KP
	Trivex:	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Trivex Transitions Signature:	
	Progressive K—Plastic	KA
	High Index Plastic 1.53-1.60/Trivex	KB
	Photochromic—Plastic B	PP
SOLA ATL HD SV (Sola)	Digital Plastic 1.50:	
	Digital Aspheric Lenses—Plastic	BA

Digital Plastic 1.50 PhotoFusion:	Digital Aspheric Lenses—Plastic	BA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions:	Digital Aspheric Lenses—Plastic	BA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions Vantage:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Polarized:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
Digital Plastic High Index 1.67:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 PhotoFusion:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.66/1.67	BH
	Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Transitions/ XTRActive:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.66/1.67	BH
	Photochromic—Plastic B	PP
Digital Polycarbonate:	Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate PhotoFusion:	Digital Aspheric Lenses—Polycarbonate	BD
	Photochromic—Plastic B	PP
Digital Polycarbonate Transitions/ XTRActive:	Digital Aspheric Lenses—Polycarbonate	BD
	Photochromic—Plastic B	PP
Digital Polycarbonate Transitions Vantage:	Digital Aspheric Lenses—Polycarbonate	BD
	Polarized	DA
	Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	Digital Aspheric Lenses—Polycarbonate	BD
	Polarized	DA
Digital Trivex:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
Digital Trivex Transitions:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Photochromic—Plastic B	PP

	NXT (Trivex) Tinted Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
SOLA HDV (Sola)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic PhotoFusion: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP
	1.67 High Index Plastic Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP

	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
SOLAOne (Sola)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
SOLAOne HD (Sola)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH

	1.67 High Index Plastic PhotoFusion:	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic—Plastic B	PP
	1.67 High Index Plastic Transitions/XTRActive:	
	Progressive F—Plastic	FA
	High Index Plastic 1.66/1.67	FH
	Photochromic—Plastic B	PP
	Polycarbonate:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polycarbonate PhotoFusion:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic—Plastic B	PP
	Polycarbonate Transitions/XTRActive:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Photochromic—Plastic B	PP
	Polycarbonate Polarized:	
	Progressive F—Plastic	FA
	Polycarbonate	FD
	Polarized	FP
	Trivex:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Trivex Transitions:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic—Plastic B	PP
	NXT (Trivex) Tinted Sun Lenses:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Plastic Dyes - Solid Color	MN
	NXT (Trivex) Tinted Mirror Sun Lenses:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Plastic Dyes - Solid Color	MN
	Mirror Coating	QP
	NXT (Trivex) Photochromic Sun Lenses:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Photochromic—Plastic B	PP
	NXT (Trivex) Polarized Sun Lenses:	
	Progressive F—Plastic	FA
	High Index Plastic 1.53-1.60/Trivex	FB
	Polarized	FP

	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
Somo (Somo Optical)	Aspheric 1.50 Plastic: Plastic 1.50 – Aspheric AA
	Spherical 1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
	Aspheric 1.56 Mid Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
	Aspheric 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex AB
Spazio (Sola)	Unavailable*
Sportlife Coating (North American Coating Co.)	Ski Type Coating QR
Succeed 13 & 15 Internal Free-Form PAL (Seiko)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 Plastic High Index Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 Plastic High Index Transitions/SOLFX/XTRActive: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP

	1.67 Plastic High Index Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP Photochromic—Plastic B PP
	1.67 Plastic High Index Polarized: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	1.74 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD
	Polycarbonate Transitions/SOLFX/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions/SOLFX/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
Succeed Ws 11 & 13 Internal Free-Form PAL (Seiko)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP

1.50 Plastic Transitions Vantage:	
Progressive F—Plastic	FA
Polarized	FP
Photochromic—Plastic B	PP
1.50 Plastic Polarized:	
Progressive F—Plastic	FA
Polarized	FP
1.60 Plastic High Index:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
1.60 Plastic High Index Transitions:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
1.67 Plastic High Index:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
1.67 Plastic High Index Transitions/SOLFX/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions Vantage:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
Photochromic—Plastic B	PP
1.67 Plastic High Index Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
1.74 Plastic High Index:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate Transitions/SOLFX/XTRActive:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Transitions Vantage:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic—Plastic B	PP

	<p>Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP</p> <p>Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB</p> <p>Trivex Transitions/SOLFX/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP</p> <p>Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP</p>
Suncloud Rose (Suncloud)	Genuine Suncloud Rose brand: Proprietary Genuine Brand Lens & Frame. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
Suncloud-like Coating	Lab-duplicated Suncloud: Ski Type Coating QR
SunRx (Vision-Ease)	<p>SunRx Mirror Coating: Polarized—Plastic A DA Polycarbonate DD Mirror Coating QP</p> <p>SunRx SV, D-28, 7x28: Polarized—Plastic A DA Polycarbonate DD</p>
SunSensors (Corning)	Photochromic—Mid Index PP Note: SunSensors is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).
sunsync Photochromic (VSP)	Photochromic—Plastic B PP Note: sunsync is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).
Super 16 (Seiko)	SV Spherical Trivex: High Index Plastic 1.53-1.60/Trivex AB
Super 16 Mx (Seiko)	SV Aspheric Trivex: High Index Plastic 1.53-1.60/Trivex AB
Super ET Coating (Zeiss)	Anti-Reflective Coating A QM
Super HiVision Coating (Hoya)	Anti-Reflective Coating C QT
Super HiVision EX3 Coating (Hoya)	Anti-Reflective Coating D QV

Super No-Line (Essilor)	Progressive K—Plastic	KA
Super Surpass ECP Coating (Seiko)	Anti-Reflective Coating C	QT
Super SV Diacoat (Seiko)	SV Aspheric Plastic High Index 1.67: High Index Plastic 1.66/1.67	AH
Super SV 1.67 Transitions (Seiko)	SV Aspheric Plastic High Index 1.67 Transitions: High Index Plastic 1.66/1.67 Photochromic—Plastic B	AH PP
Supercede Internal 12 & 14/Ws 10 & 12 Free-Form PAL (Seiko)	1.50 Plastic: Progressive O—Plastic	OA
	1.50 Plastic Transitions: Progressive O—Plastic Photochromic—Plastic B	OA PP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP
	1.60 Plastic High Index: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB
	1.60 Plastic High Index Transitions: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP
	1.67 Plastic High Index: Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH
	1.67 Plastic High Index Transitions/SOLFX/XTRActive: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP
	1.67 Plastic High Index Transitions Vantage: Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized Photochromic—Plastic B	OA OH OP PP
	1.67 Plastic High Index Polarized: Progressive O—Plastic High Index Plastic 1.66/1.67 Polarized	OA OH OP

	1.74 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate Transitions/SOLFX/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP
	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions/SOLFX/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Superfocus (Superfocus)	Unavailable*
Surmount/Surmount Ws 10/12/14 (Seiko)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic Transitions/SOLFX/XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP

1.60 Plastic High Index:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
1.60 Plastic High Index Transitions:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
1.67 Plastic High Index:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
1.67 Plastic High Index Transitions/SOLFX/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.67 Plastic High Index Transitions Vantage:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
Photochromic—Plastic B	PP
1.67 Plastic High Index Polarized:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Polarized	OP
1.74 High Index Plastic:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate Transitions/SOLFX/XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions Vantage:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB

	Trivex Transitions/SOLFX/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
SV/ST28 iQ (Hoya)	Digital Plastic 1.50 Aspheric: Digital Aspheric Lenses—Plastic BA
	Digital Plastic 1.50 Aspheric Transitions/XTRActive: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP
	Digital Plastic 1.50 Aspheric Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA
	Digital Trivex Aspheric: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Aspheric Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
SwissFlex (Eye-Systems)	Genuine SwissFlex brand: Proprietary Frame Mounting. Refer to the Billing Procedures for Proprietary Lens and Frame Orders in Special Lenses.
Sync (Hoya)	Unavailable*
T	
TD2 Coating (Essilor)	Scratch Resistant Coating B QS
TDN Plus (Quantum Innovations)	Anti-Reflective Coating C QT
TACT BKS 40/60 (Hoya)	1.56 BluTech Indoor: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Plastic Dyes—Solid Color MN Choose Near Variable Focus under Vision Type in eClaim.
Teflon EasyCare Coating (Sola)	Anti-Reflective Coating C QT
Teflon Elite Coating (Sola)	Anti-Reflective Coating D QV
Tegra (Vision-Ease)	Aspheric Polycarbonate: Polycarbonate AD
Therminon (Blue Tint)	Glass Tints Solid MR

Thin & Dark (Vision-Ease)	Photochromic—Glass A	PM
Thindex (Vision-Ease)	Aspheric 1.70 High Index Plastic: High Index Plastic 1.70 & Above	AJ
Thin-N-Lite Lenses (Essilor)	Spherical 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	Aspheric 1.60 High Index Plastic: High Index Plastic 1.53-1.60/Trivex	AB
	Aspheric 1.60 High Index Plastic Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Spherical 1.67 High Index Plastic: High Index Plastic 1.66/1.67	AH
	Aspheric 1.67 High Index Plastic: High Index Plastic 1.66/1.67	AH
	Aspheric 1.74 High Index Plastic w/ applicable AR: High Index Plastic 1.70 & Above Crizal Alizé UV or Crizal Avancé UV	AJ
	Transdura (Select Optical)	Anti-Reflective Coating C
Trilogy (Younger)	Aspheric/Spherical Single Vision Trivex: High Index Plastic 1.53-1.60/Trivex	AB
	Aspheric Single Vision Trivex Transitions/ XTRActive: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Spherical FT28 Trivex: High Index Plastic 1.53-1.60/Trivex	AB
	Spherical FT28 Trivex Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
Transitions VI/VII Signature Photochromic (PPG)	Photochromic—Plastic B Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	PP
Transitions Vantage Photochromic (PPG)	Photochromic—Plastic B Polarized—Plastic	PP DA
	Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s). When available on progressive lenses, the applicable polarized progressive code, dependent on progressive category, should be used in place of code DA.	
Transitions	Photochromic—Plastic B	PP

XTRActive Photochromic (PPG)	Note: Transitions is available in many lens styles. Please refer to the specific lens brand name for the appropriate lens enhancement code(s).	
Transparence (Optovision Technologies)	Anti-Reflective Coating B	QN
TruClear/TruClear HD (Essilor)	Unavailable*	
u		
Ultimate B 14,15,16,17,18,19,20 (IOT)	1.50 Plastic: Progressive F—Plastic	FA CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic Photochromic—Plastic B	FA PP CM
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP CM
	1.50 Plastic DriveWear: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP CM
	1.50 Plastic Transitions Vantage: Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP CM
	1.56 Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB CM
	1.56 Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP CM
	1.56 Plastic Polarized: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP CM
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB CM
	1.60 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP CM

1.60 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
1.67 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
1.67 High Index Plastic Transitions Signature/XTRActive:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Polarized	FP	
1.74 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
1.74 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polycarbonate Transitions Signature/XTRActive:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic—Plastic B	PP	
Polycarbonate DriveWear:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Trivex:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	

	<p>Trivex Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP</p>	CM
	<p>Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP</p>	CM
	<p>Trivex Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP</p>	CM
<p>Ultimate B 14,15,16,17,18,19,20 BluTech (IOT)</p>	<p>1.56 BluTech Indoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes—Solid Color MN</p>	CM
	<p>1.56 BluTech Outdoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Plastic Dyes—Solid Color MN</p>	CM
<p>Ultimate D 14,15,16,17,18,19,20 (IOT)</p>	<p>1.50 Plastic: Progressive F—Plastic FA</p>	CM
	<p>1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP</p>	CM
	<p>1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP</p>	CM
	<p>1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP</p>	CM
	<p>1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP</p>	CM
	<p>1.56 Mid Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB</p>	CM
	<p>1.56 Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP</p>	CM

1.56 Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
1.60 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
1.60 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
1.60 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
1.67 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
1.67 High Index Plastic Transitions Signature/XTRActive:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Polarized	FP	
1.70 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
1.70 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
1.74 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
1.74 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	

	Polycarbonate Transitions Signature/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP	CM
	Polycarbonate DriveWear: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	CM
	Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	CM
	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP	CM
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	CM
	Trivex Transitions Signature/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	CM
	Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP	CM
Ultimate D 14,15,16,17,18,19,20 BluTech (IOT)	1.56 BluTech Indoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Plastic Dyes—Solid Color MN	CM
Ultimate F	1.50 Plastic: Progressive F—Plastic FA	CM

16,17,18,19,20 (IOT)	1.50 Plastic Transitions Signature/XTRActive:		CM
	Progressive F—Plastic	FA	
	Photochromic—Plastic B	PP	
	1.50 Plastic Polarized:		CM
	Progressive F—Plastic	FA	
	Polarized	FP	
	1.50 Plastic DriveWear:		CM
	Progressive F—Plastic	FA	
	Polarized	FP	
	Photochromic—Plastic B	PP	
	1.50 Plastic Transitions Vantage:		CM
	Progressive F—Plastic	FA	
	Polarized	FP	
Photochromic—Plastic B	PP		
1.56 Plastic:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.53-1.60/Trivex	FB		
1.56 Plastic Transitions Signature:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.53-1.60/Trivex	FB		
Photochromic—Plastic B	PP		
1.56 Plastic Polarized:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.53-1.60/Trivex	FB		
Polarized	FP		
1.60 High Index Plastic:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.53-1.60/Trivex	FB		
1.60 High Index Plastic Transitions Signature:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.53-1.60/Trivex	FB		
Photochromic—Plastic B	PP		
1.60 High Index Plastic Polarized:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.53-1.60/Trivex	FB		
Polarized	FP		
1.67 High Index Plastic:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.66/1.67	FH		
1.67 High Index Plastic Transitions Signature/XTRActive:		CM	
Progressive F—Plastic	FA		
High Index Plastic 1.66/1.67	FH		
Photochromic—Plastic B	PP		

1.67 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Polarized	FP	
1.70 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
1.70 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
1.74 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
1.74 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polycarbonate Transitions Signature/XTRActive:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic—Plastic B	PP	
Polycarbonate DriveWear:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Trivex:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Trivex Transitions Signature/XTRActive:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	

	Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP	CM
Ultimate F 16,17,18,19,20 BluTech (IOT)	1.56 BluTech Indoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Plastic Dyes—Solid Color MN	CM
Ultimate N 14,16,18,20 (IOT)	1.50 Plastic: Progressive F—Plastic FA	CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP	CM
	1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP	CM
	1.56 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	CM
	1.56 Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	CM
	1.56 Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP	CM
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	CM

1.60 High Index Plastic Transitions		CM
Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
1.60 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP	CM
1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH	CM
1.67 High Index Plastic Transitions Signature/XTRActive: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP	CM
1.67 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP	CM
1.70 High Index Plastic: Progressive F—Plastic High Index Plastic 1.70 & Above	FA FJ	CM
1.70 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.70 & Above Photochromic—Plastic B	FA FJ PP	CM
1.74 High Index Plastic: Progressive F—Plastic High Index Plastic 1.70 & Above	FA FJ	CM
1.74 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.70 & Above Photochromic—Plastic B	FA FJ PP	CM
Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD	CM
Polycarbonate Transitions Signature/ XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	CM

	Polycarbonate DriveWear: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	CM
	Polycarbonate Transitions Vantage: Progressive F—Plastic FA Polycarbonate FD Polarized FP Photochromic—Plastic B PP	CM
	Polycarbonate Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP	CM
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	CM
	Trivex Transitions Signature/XTRActive: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	CM
	Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP	CM
Ultimate N 14,16,18,20 BluTech (IOT)	1.56 BluTech Indoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Plastic Dyes—Solid Color MN	CM
Ultimate XS 10,11,12,13 (IOT)	1.50 Plastic: Progressive F—Plastic FA	CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP	CM

1.50 Plastic DriveWear:		CM
Progressive F—Plastic	FA	
Polarized	FP	
Photochromic—Plastic B	PP	
1.50 Plastic Transitions Vantage:		CM
Progressive F—Plastic	FA	
Polarized	FP	
Photochromic—Plastic B	PP	
1.56 Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
1.56 Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
1.56 Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
1.60 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
1.60 High Index Plastic Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
1.60 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
1.67 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
1.67 High Index Plastic Transitions Signature/XTRActive:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Photochromic—Plastic B	PP	
1.67 High Index Plastic Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.66/1.67	FH	
Polarized	FP	
1.70 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	

1.70 High Index Plastic Transitions		CM
Signature:		
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
1.74 High Index Plastic:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
1.74 High Index Plastic Transitions		CM
Signature:		
Progressive F—Plastic	FA	
High Index Plastic 1.70 & Above	FJ	
Photochromic—Plastic B	PP	
Polycarbonate:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polycarbonate Transitions Signature/ XTRActive:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Vantage:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive F—Plastic	FA	
Polycarbonate	FD	
Polarized	FP	
Trivex:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Trivex Transitions Signature:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Photochromic—Plastic B	PP	
Trivex Transitions Vantage:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	
Photochromic—Plastic B	PP	
Trivex Polarized:		CM
Progressive F—Plastic	FA	
High Index Plastic 1.53-1.60/Trivex	FB	
Polarized	FP	

Ultimate XS 10,11,12,13 BluTech (IOT)	1.56 BluTech Indoor: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	FA FB MN	CM
	1.56 BluTech Outdoor: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color	FA FB FP MN	CM
Ultra (Walman Optical)	Anti-Reflective Coating C	QT	
Ultrathin 1.66 AR (Pentax)	Aspheric Plastic High Index 1.67: High Index Plastic 1.66/1.67 Anti-Reflective Coating A	AH QM	
Ultra Polylite (Columbian Bifocal)	Polycarbonate High Luster Edge Polish	AD SP	
Ultra Ray Coating (North American Coating Co.)	Ski Type Coating	QR	
Ultra Sun (The Omega Group)	Polycarbonate: Polycarbonate High Luster Edge Polish Ski Type Coating	AD SP QR	
	Polarized Polycarbonate: Polarized—Plastic A Polycarbonate High Luster Edge Polish Ski Type Coating	DA DD SP QR	
	Progressive: Progressive L—Plastic Polycarbonate High Luster Edge Polish Ski Type Coating	LA LD SP QR	
UNITY Classic Coating (VSP)	Anti-Reflective Coating B	QN	
UNITY Classic UVR Coating (VSP)	Anti-Reflective Coating B	QN	
UNITY CVx (VSP)	1.50 Plastic: Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL	
	Polycarbonate: Near Variable Focus B Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IL ID	

UNITY CVx BluTech (VSP)	1.56 BluTech Indoor: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color Choose Near Variable Focus under Vision Type in eClaim.	IL IB MN	
	1.56 BluTech Outdoor: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Polarized Plastic Dyes—Solid Color Choose Near Variable Focus under Vision Type in eClaim.	IL IB DA MN	
UNITY CVxpression 4ft, 6ft, 12ft (VSP)	1.50 Plastic: Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL	CM
	1.50 Plastic Transitions Signature: Near Variable Focus B Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL PP	CM
	1.50 Plastic Polarized: Near Variable Focus B Polarized Choose Near Variable Focus under Vision Type in eClaim.	IL DA	CM
	1.60 High Index Plastic: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.	IL IB	CM
	1.60 High Index Plastic Transitions Signature: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL IB PP	CM
	1.60 High Index Plastic Polarized: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Polarized Choose Near Variable Focus under Vision Type in eClaim.	IL DB DA	CM
	1.67 High Index Plastic: Near Variable Focus B High Index Plastic 1.66/1.67 Choose Near Variable Focus under Vision Type in eClaim.	IL II	CM

	1.67 High Index Plastic Transitions	CM
	Signature: Near Variable Focus B High Index Plastic 1.66/1.67 Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL II PP
	Polycarbonate: Near Variable Focus B Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IL ID
	Polycarbonate Transitions Signature: Near Variable Focus B Polycarbonate Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL ID PP
	Polycarbonate Polarized: Near Variable Focus B Polycarbonate Polarized Choose Near Variable Focus under Vision Type in eClaim.	IL ID DD
	Trivex: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.	IL IB
	Trivex Transitions Signature: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B Choose Near Variable Focus under Vision Type in eClaim.	IL IB PP
UNITY Elite Coating (VSP)	Anti-Reflective Coating D	QV
UNITY Elite UVR Coating (VSP)	Anti-Reflective Coating D	QV
UNITY HC (VSP)	Scratch Resistant Coating B	QS
UNITY Plus Coating (VSP)	Anti-Reflective Coating C	QT
UNITY Plus UVR Coating (VSP)	Anti-Reflective Coating C	QT
UNITY PLx 13/15/17/19 (VSP)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic sunsync: Progressive F—Plastic Photochromic—Plastic B	FA PP

1.50 Plastic Transitions Signature/ XTRActive:	Progressive F—Plastic Photochromic—Plastic B	FA PP
1.50 Plastic PhotoFusion:	Progressive F—Plastic Photochromic—Plastic B	FA PP
1.50 Plastic Polarized:	Progressive F—Plastic Polarized	FA FP
1.50 Plastic DriveWear:	Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP
1.50 Plastic Transitions Vantage:	Progressive F—Plastic Polarized Photochromic—Plastic B	FA FP PP
1.60 Plastic High Index:	Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
1.60 Plastic High Index Transitions Signature:	Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
1.60 Plastic High Index Polarized:	Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
1.67 Plastic High Index:	Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
1.67 Plastic High Index sunsync:	Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
1.67 Plastic High Index Transitions Signature/XTRActive:	Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
1.67 Plastic High Index PhotoFusion:	Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP

1.67 Plastic High Index Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
1.74 Plastic High Index:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate sunsync:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Transitions Signature/ XTRActive:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate PhotoFusion:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Polycarbonate DriveWear:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic—Plastic B	PP
Polycarbonate Transitions Vantage:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic—Plastic B	PP
Trivex:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Trivex sunsync:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
Trivex Transitions Signature/XTRActive:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP

	Trivex Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	Trivex Transitions Vantage: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Photochromic—Plastic B PP
UNITY PLx 13/15/17/19 BluTech (VSP)	1.56 BluTech Indoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP Plastic Dyes—Solid Color MN
UNITY PLx Mobile 13/15/17/19 (VSP)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic Transitions Signature: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 Plastic High Index Polarized: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Polarized FP
	1.60 Plastic High Index Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 Plastic High Index Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Polycarbonate: Progressive F—Plastic FA Polycarbonate FD

	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP	
	Polycarbonate Transitions Signature: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP	
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB	
	Trivex Transitions Signature/XTRActive: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP	
UNITY PLxpression 12/14/16/18/20 (VSP)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic Transitions Signature: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	1.60 Plastic High Index: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	1.60 Plastic High Index Transitions Signature: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
	1.67 Plastic High Index: Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	1.67 Plastic High Index Transitions Signature: Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	NA NH PP	CM
	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate Transitions Signature: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM

	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Trivex: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB	CM
	Trivex Transitions Signature: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	NA NB PP	CM
UNITY PLextra 12/14/16/18/20 (VSP)	1.50 Plastic: Progressive O—Plastic	OA	CM
	1.50 Plastic sunsync: Progressive O—Plastic Photochromic—Plastic B	OA PP	CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive O—Plastic Photochromic—Plastic B	OA PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic Polarized	OA OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic Polarized Photochromic—Plastic B	OA OP PP	CM
	1.60 Plastic High Index: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex	OA OB	CM
	1.60 Plastic High Index Transitions Signature: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	OA OB PP	CM
	1.60 Plastic High Index Polarized: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	OA OB OP	CM
	1.67 Plastic High Index: Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH	CM

	1.67 Plastic High Index sunsync:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic—Plastic B	PP	
	1.67 Plastic High Index Transitions Signature/XTRActive:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Photochromic—Plastic B	PP	
	1.67 Plastic High Index Polarized:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.66/1.67	OH	
	Polarized	OP	
	1.74 Plastic High Index:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.70 & Above	OJ	
	Polycarbonate:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polycarbonate sunsync:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic—Plastic B	PP	
	Polycarbonate Transitions Signature/XTRActive:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Photochromic—Plastic B	PP	
	Polycarbonate Polarized:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Polycarbonate DriveWear:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic—Plastic B	PP	
	Polycarbonate Transitions Vantage:		CM
	Progressive O—Plastic	OA	
	Polycarbonate	OD	
	Polarized	OP	
	Photochromic—Plastic B	PP	
	Trivex:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Trivex sunsync:		CM
	Progressive O—Plastic	OA	
	High Index Plastic 1.53-1.60/Trivex	OB	
	Photochromic—Plastic B	PP	

	Trivex Transitions Signature/ XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
UNITY PLxtra BluTech 12/14/16/18/20 (VSP)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM
UNITY PLxtra Mobile 12/14/16/18/20 (VSP)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	CM
	1.50 Plastic Transitions Signature: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.60 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	1.60 Plastic High Index Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
	1.60 Plastic High Index Transitions Signature: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	1.67 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	CM

	1.67 Plastic High Index Transitions Signature: Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	CM
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD	CM
	Polycarbonate Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP	CM
	Polycarbonate Transitions Signature: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	CM
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Trivex Transitions Signature: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
UNITY PLxtreme 15/18 (VSP)	1.50 Plastic: Progressive O—Plastic OA	CM
	1.50 Plastic sunsync: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Signature/ XTRActive: Progressive O—Plastic OA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP	CM
	1.50 Plastic DriveWear: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions Vantage: Progressive O—Plastic OA Polarized OP Photochromic—Plastic B PP	CM
	1.60 Plastic High Index: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM

1.60 Plastic High Index Transitions		CM
Signature:		
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Photochromic—Plastic B	PP	
1.60 Plastic High Index Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.53-1.60/Trivex	OB	
Polarized	OP	
1.67 Plastic High Index:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 Plastic High Index sunsync:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Transitions		CM
Signature/XTRActive:		
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Polarized:		CM
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Polarized	OP	
Polycarbonate:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polycarbonate sunsync:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Transitions Signature/		CM
XTRActive:		
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Polycarbonate DriveWear:		CM
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	
Photochromic—Plastic B	PP	

	Polycarbonate Transitions Vantage: Progressive O—Plastic OA Polycarbonate OD Polarized OP Photochromic—Plastic B PP	CM
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	CM
	Trivex sunsync: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Transitions Signature/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	CM
	Trivex Polarized: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP	CM
	Trivex Transitions Vantage: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP	CM
UNITY PLxtreme 15/18 BluTech (VSP)	1.56 BluTech Indoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes—Solid Color MN	CM
	1.56 BluTech Outdoor: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Plastic Dyes—Solid Color MN	CM
UNITY SVx (VSP)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA	
	Digital Plastic 1.50 sunsync: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Transitions Signature/ XTRActive: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA	

Digital Plastic 1.50 DriveWear:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions Signature:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic High Index 1.67:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 sunsync:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Transitions Signature/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.66/1.67	DH
Digital Plastic High Index 1.74:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.70 & Above	BJ
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate sunsync:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Transitions Signature/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP

	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Trivex: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
	Digital Trivex sunsync: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
	Digital Trivex Transitions Signature/ XTRActive: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA DA DB PP
UNITY SVx BluTech (VSP)	1.56 BluTech Indoor: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	BA BB MN
	1.56 BluTech Outdoor: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	BA DA DB MN
UNITY SVxtra (VSP)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA
	Digital Plastic 1.50 sunsync: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Transitions Signature/ XTRActive: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA

Digital Plastic 1.50 DriveWear:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions Signature:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic High Index 1.67:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 sunsync:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Transitions Signature/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.66/1.67	DH
Digital Plastic High Index 1.74:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.70 & Above	BJ
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate sunsync:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Transitions Signature/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP

	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA
	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate Polarized Photochromic—Plastic B	BD DA PP
	Digital Trivex: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex	BA BB
	Digital Trivex sunsync: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
	Digital Trivex Transitions Signature/ XTRActive: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA BB PP
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	BA DA DB PP
UNITY SVxtra BluTech (VSP)	1.56 BluTech Indoor: Digital Aspheric Lenses—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	BA BB MN
	1.56 BluTech Outdoor: Digital Aspheric Lenses—Plastic Polarized High Index Plastic 1.53-1.60/Trivex Plastic Dyes—Solid Color	BA DA DB MN
UNITY SVxtreme (VSP)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA
	Digital Plastic 1.50 sunsync: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Transitions Signature/ XTRActive: Digital Aspheric Lenses—Plastic Photochromic—Plastic B	BA PP
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic Polarized	BA DA

Digital Plastic 1.50 DriveWear:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions Vantage:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.60 Transitions Signature:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.53-1.60/Trivex	BB
Photochromic—Plastic B	PP
Digital Plastic High Index 1.60 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.53-1.60/Trivex	DB
Digital Plastic High Index 1.67:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 sunsync:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Transitions Signature/XTRActive:	
Digital Aspheric Lenses—Plastic	BA
High Index Plastic 1.66/1.67	BH
Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Polarized:	
Digital Aspheric Lenses—Plastic	BA
Polarized	DA
High Index Plastic 1.66/1.67	DH
Digital Polycarbonate:	
Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate sunsync:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Transitions Signature/XTRActive:	
Digital Aspheric Lenses—Polycarbonate	BD
Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	
Digital Aspheric Lenses—Polycarbonate	BD
Polarized	DA

	Digital Polycarbonate DriveWear: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Polycarbonate Transitions Vantage: Digital Aspheric Lenses—Polycarbonate BD Polarized DA Photochromic—Plastic B PP
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex sunsync: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Transitions Signature/ XTRActive: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital Trivex Transitions Vantage: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
UNITY SVxtreme BluTech (VSP)	1.56 BluTech Indoor: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes—Solid Color MN
	1.56 BluTech Outdoor: Digital Aspheric Lenses—Plastic BA Polarized DA High Index Plastic 1.53-1.60/Trivex DB Plastic Dyes—Solid Color MN
Universal 14,16,18,20 (IOT)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Photochromic: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic DriveWear: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.56 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB

1.56 Plastic Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
1.56 Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Polarized	FP
1.60 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
1.60 High Index Plastic Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Photochromic—Plastic B	PP
1.60 High Index Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.53-1.60/Trivex	FB
Polarized	FP
1.67 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
1.67 High Index Plastic Photochromic:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Photochromic—Plastic B	PP
1.67 High Index Plastic Polarized:	
Progressive F—Plastic	FA
High Index Plastic 1.66/1.67	FH
Polarized	FP
1.74 High Index Plastic:	
Progressive F—Plastic	FA
High Index Plastic 1.70 & Above	FJ
Polycarbonate:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polycarbonate Photochromic:	
Progressive F—Plastic	FA
Polycarbonate	FD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Polycarbonate DriveWear:	
Progressive F—Plastic	FA
Polycarbonate	FD
Polarized	FP
Photochromic—Plastic B	PP

	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Photochromic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	Trivex Polarized: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
UTMC Coating (Sola)	Anti-Reflective Coating B	QN
v		
Varilux Comfort (Essilor)	1.60 High Index Clear Glass: Progressive J—Glass/High Index Glass	JE
	1.60 High Index Glass Photochromic: Progressive J—Glass/High Index Glass Photochromic—Glass A	JE PM
Varilux Comfort 2 (Essilor)	1.50 Plastic: Progressive J—Plastic	JA
	1.50 Plastic Transitions: Progressive J—Plastic Photochromic—Plastic B	JA PP
	1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex	JA JB
	1.60 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	JA JB PP
	1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67	JA JH
	1.67 High Index Plastic Transitions: Progressive J—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	JA JH PP
	Airwear: Progressive J—Plastic Polycarbonate	JA JD
	Airwear Transitions Signature: Progressive J—Plastic Polycarbonate Photochromic—Plastic B	JA JD PP
	Airwear Polarized: Progressive J—Plastic Polycarbonate Polarized	JA JD JP

Varilux Comfort 2 DRx/Short (Essilor)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.50 Plastic Polarized: Progressive F—Plastic Polarized	FA FP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic High Index Plastic 1.66/1.67 Polarized	FA FH FP
	Airwear: Progressive F—Plastic Polycarbonate	FA FD
	Airwear Transitions Signature/XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Airwear Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP

Varilux Comfort 2 Enhanced (Essilor)	1.50 Plastic: Progressive F—Plastic	FA
	1.50 Plastic Transitions Signature: Progressive F—Plastic Photochromic—Plastic B	FA PP
	1.60 High Index Plastic: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	1.60 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	1.67 High Index Plastic: Progressive F—Plastic High Index Plastic 1.66/1.67	FA FH
	1.67 High Index Plastic Transitions Signature: Progressive F—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	FA FH PP
	Airwear: Progressive F—Plastic Polycarbonate	FA FD
	Airwear Transitions Signature: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Airwear Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Varilux Comfort 2 Short (Essilor)	1.50 Plastic: Progressive J—Plastic
1.50 Plastic Transitions Signature: Progressive J—Plastic Photochromic—Plastic B		JA PP
1.60 High Index Plastic: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex		JA JB
1.60 High Index Plastic Transitions Signature: Progressive J—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B		JA JB PP
1.67 High Index Plastic: Progressive J—Plastic High Index Plastic 1.66/1.67		JA JH

	1.67 High Index Plastic Transitions Signature: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Polycarbonate: Progressive J—Plastic JA Polycarbonate JD
	Polycarbonate Transitions Signature: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Polycarbonate Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
Varilux Comfort 2 Short DRx (Essilor)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions Signature: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Airwear: Progressive F—Plastic FA Polycarbonate FD
	Airwear Transitions Signature: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB

	Trivex Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
Varilux Ellipse (Essilor)	1.50 Plastic: Progressive J—Plastic JA
	1.50 Plastic Transitions: Progressive J—Plastic JA Photochromic—Plastic B PP
	Thin & Lite 1.60: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB
	Thin & Lite 1.60 Transitions: Progressive J—Plastic JA High Index Plastic 1.53-1.60/Trivex JB Photochromic—Plastic B PP
	Thin & Lite 1.67: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH
	Thin & Lite 1.67 Transitions: Progressive J—Plastic JA High Index Plastic 1.66/1.67 JH Photochromic—Plastic B PP
	Airwear: Progressive J—Plastic JA Polycarbonate JD
	Airwear Transitions: Progressive J—Plastic JA Polycarbonate JD Photochromic—Plastic B PP
	Airwear Xperio Polarized: Progressive J—Plastic JA Polycarbonate JD Polarized JP
Varilux Ellipse 360 (Essilor)	1.50 Plastic : Progressive O—Plastic OA
	1.50 Plastic Transitions : Progressive O—Plastic OA Photochromic—Plastic B PP
	1.60 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 High Index Plastic Transitions : Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP

	1.67 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	
	1.67 High Index Plastic Transitions : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	
	1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Crizal Alizé UV or Crizal Avancé UV.	
	Airwear : Progressive O—Plastic OA Polycarbonate OD	
	Airwear Transitions : Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	
	Airwear Xperio Polarized : Progressive O—Plastic OA Polycarbonate OD Polarized OP	
Varilux Ipseo (Essilor)	1.50 Plastic w/ applicable AR: Progressive N—Plastic NA Crizal Alizé UV or Crizal Avancé UV	CM
	1.50 Plastic Transitions w/ applicable AR: Progressive N—Plastic NA Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	CM
	1.67 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Crizal Alizé UV or Crizal Avancé UV	CM
	1.67 High Index Plastic Transitions w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	CM
	1.74 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Crizal Alizé UV or Crizal Avancé UV	CM
	Airwear w/ applicable AR: Progressive N—Plastic NA Polycarbonate ND Crizal Alizé UV or Crizal Avancé UV	CM

	Airwear Transitions w/ applicable AR: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	CM
Varilux Physio (Essilor)	1.50 Plastic: Progressive F—Plastic FA	
	1.50 Plastic Transitions: Progressive F—Plastic FA Photochromic—Plastic B PP	
	1.50 Plastic Xperio Polarized: Progressive F—Plastic FA Polarized FP	
	1.60 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	
	1.60 Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP	
	Thin & Lite 1.67: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH	
	Thin & Lite 1.67 Transitions: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP	
	1.74 High Index Plastic w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Alizé UV or Crizal Avancé UV	
	Airwear: Progressive F—Plastic FA Polycarbonate FD	
	Airwear Xperio Polarized: Progressive F—Plastic FA Polycarbonate FD Polarized FP	
	Airwear Transitions Signature/XTRActive: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP	
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	

	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
Varilux Physio DRx/Short (Essilor)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic Transitions Signature/ XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.50 Plastic Transitions Vantage: Progressive F—Plastic FA Polarized FP Photochromic—Plastic B PP
	1.60 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.60 High Index Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	1.67 High Index Plastic: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 High Index Plastic Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 High Index Plastic Polarized: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Polarized FP
	1.74 High Index Plastic w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Crizal Alizé UV or Crizal Avancé UV
	1.74 High Index Plastic Transitions Signature w/ applicable AR: Progressive F—Plastic FA High Index Plastic 1.70 & Above FJ Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV

	Airwear: Progressive F—Plastic Polycarbonate	FA FD
	Airwear Transitions Signature/XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Airwear Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Airwear Transitions Vantage: Progressive F—Plastic Polycarbonate Polarized Photochromic—Plastic B	FA FD FP PP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	Varilux Physio Enhanced (Essilor)	1.50 Plastic: Progressive O—Plastic
1.50 Plastic Transitions Signature: Progressive O—Plastic Photochromic—Plastic B		OA PP
1.50 Plastic Polarized: Progressive O—Plastic Polarized		OA OP
1.60 Plastic: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex		OA OB
1.60 Plastic Transitions Signature: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B		OA OB PP
Thin & Lite 1.67: Progressive O—Plastic High Index Plastic 1.66/1.67		OA OH
Thin & Lite 1.67 Transitions Signature: Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B		OA OH PP

	1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Crizal Alizé UV or Crizal Avancé UV	
	1.74 High Index Plastic Transitions Signature w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	
	Airwear: Progressive O—Plastic OA Polycarbonate OD	
	Airwear Polarized: Progressive O—Plastic OA Polycarbonate OD Polarized OP	
	Airwear Transitions Signature/XTRActive: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	
	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB	
	Trivex Transitions Signature: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP	
Varilux Physio Enhanced Azio (Essilor)	Unavailable*	
Varilux Physio Enhanced Fit (Essilor)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic Transitions: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic NA Polarized NP	CM
	1.60 Plastic: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	1.60 Plastic Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM

	Thin & Lite 1.67: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH	CM
	Thin & Lite 1.67 Transitions: Progressive N—Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	1.74 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Crizal Alizé UV or Crizal Avancé UV	CM
	1.74 High Index Plastic Transitions Signature w/ applicable AR: Progressive O—Plastic NA High Index Plastic 1.70 & Above NJ Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	CM
	Airwear: Progressive N—Plastic NA Polycarbonate ND	CM
	Airwear Polarized: Progressive N—Plastic NA Polycarbonate ND Polarized NP	CM
	Airwear Transitions Signature/XTRActive: Progressive N—Plastic NA Polycarbonate ND Photochromic—Plastic B PP	CM
	Trivex: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	Trivex Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
Varilux Physio Enhanced India (Essilor)	Unavailable*	
Varilux Physio Short (Essilor)	1.50 Plastic: Progressive F—Plastic FA	
	1.50 Plastic Transitions Signature: Progressive F—Plastic FA Photochromic—Plastic B PP	
	1.60 Plastic: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB	

	1.60 Plastic Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
	Thin & Lite 1.67: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	Thin & Lite 1.67 Transitions Signature: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	Airwear: Progressive F—Plastic FA Polycarbonate FD
	Airwear Transitions Signature: Progressive F—Plastic FA Polycarbonate FD Photochromic—Plastic B PP
	Trivex: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	Trivex Transitions: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB Photochromic—Plastic B PP
Varilux Physio 360 (Essilor)	1.50 Plastic : Progressive O—Plastic OA
	1.50 Plastic Transitions : Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Xperio Polarized : Progressive O—Plastic OA Polarized OP
	1.60 Plastic : Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	1.60 Plastic Transitions : Progressive O Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	1.67 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH
	1.67 High Index Plastic Transitions : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP

	1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic High Index Plastic 1.70 & Above Crizal Alizé UV or Crizal Avancé UV	OA OJ
	Airwear : Progressive O—Plastic Polycarbonate	OA OD
	Airwear Xperio Polarized : Progressive O—Plastic Polycarbonate Polarized	OA OD OP
	Airwear Transitions : Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP
Varilux Physio Short 360 (Essilor)	1.67 High Index Plastic : Progressive O—Plastic High Index Plastic 1.66/1.67	OA OH
	1.67 High Index Plastic Transitions : Progressive O—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	OA OH PP
	Polycarbonate: Progressive O—Plastic Polycarbonate	OA OD
	Polycarbonate Transitions: Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP
	Airwear : Progressive O—Plastic Polycarbonate	OA OD
	Airwear Transitions : Progressive O—Plastic Polycarbonate Photochromic—Plastic B	OA OD PP
Varilux S 4D (Essilor)	Unavailable*	
Varilux S Design/Short Technology (Essilor)	1.50 Plastic : Progressive O—Plastic	OA
	1.50 Plastic Transitions Signature: Progressive O—Plastic Photochromic—Plastic B Crizal Alizé UV or Crizal Avancé UV	OA PP
	1.50 Plastic Polarized : Progressive O—Plastic Polarized	OA OP

	1.67 High Index Plastic : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH	
	1.67 High Index Plastic Transitions : Progressive O—Plastic OA High Index Plastic 1.66/1.67 OH Photochromic—Plastic B PP	
	1.74 High Index Plastic w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Crizal Alizé UV or Crizal Avancé UV	
	1.74 High Index Plastic Transitions Signature w/ applicable AR: Progressive O—Plastic OA High Index Plastic 1.70 & Above OJ Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	
	Airwear: Progressive O—Plastic OA Polycarbonate OD	
	Airwear Transitions Signature: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP	
	Airwear Polarized : Progressive O—Plastic OA Polycarbonate OD Polarized OP	
Varilux S Fit Technology (Essilor)	1.50 Plastic : Progressive N —Plastic NA	CM
	1.50 Plastic Transitions Signature: Progressive N —Plastic NA Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV	
	1.50 Plastic Polarized : Progressive N—Plastic NA Polarized NP	CM
	1.67 High Index Plastic : Progressive N —Plastic NA High Index Plastic 1.66/1.67 NH	CM
	1.67 High Index Plastic Transitions : Progressive N —Plastic NA High Index Plastic 1.66/1.67 NH Photochromic—Plastic B PP	CM
	1.74 High Index Plastic w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Crizal Alizé UV or Crizal Avancé UV	CM

	1.74 High Index Plastic Transitions Signature w/ applicable AR: Progressive N—Plastic NA High Index Plastic 1.70 & Above NJ Photochromic—Plastic B PP Crizal Alizé UV or Crizal Avancé UV
	Airwear: CM Progressive N —Plastic NA Polycarbonate ND
	Airwear Transitions Signature: CM Progressive N —Plastic NA Polycarbonate ND Photochromic—Plastic B PP
	Airwear Polarized : CM Progressive N—Plastic NA Polycarbonate ND Polarized NP
Varilux Sport (Essilor)	Polycarbonate Fixed Tint w/Crizal SunShield: Progressive Progressive J—Plastic JA Polycarbonate JD Plastic Dyes—Solid Color MN Anti-Reflective Coating C QT
	Polycarbonate Xperio Polarized w/Crizal SunShield: Progressive J—Plastic JA Polycarbonate JD Polarized JP Anti-Reflective Coating C QT
Varivue (Vision-Ease)	Clear Glass: Progressive K—Glass/High Index Glass KE
	PGX: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
	Thin & Dark: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
VDT	See CRT (VDT) Coating
VIP (Sola)	1.50 Plastic: Progressive K—Plastic KA
	1.50 Plastic Transitions: Progressive K—Plastic KA Photochromic—Plastic B PP
	Polycarbonate: Progressive K—Plastic KA Polycarbonate KD

	Polycarbonate Transitions: Progressive K—Plastic KA Polycarbonate KD Photochromic—Plastic B PP
	Clear Glass: Progressive K—Glass/High Index Glass KE
	Photochromic Glass: Progressive K—Glass/High Index Glass KE Photochromic—Glass A PM
Viso AR Coatings (Vision Source)	Unavailable*
Vivix Coating (I-Coat)	Anti-Reflective Coating B QN
Vivix I C No Fog (I-Coat)	Unavailable*
Vivix Stainless LUV Coating (I-Coat)	Anti-Reflective Coating C QT UV Protection - Backside BV
ViZio (Sola)	Aspheric Plastic High Index 1.67 with UTMC: High Index Plastic 1.66/1.67 AH Anti-Reflective Coating B QN
w	
Wrap Solutions (KB Co)	Single Vision: Unavailable* Progressive: See EOS Wrap.
WrapTech (Seiko)	Unavailable*
x	
X-Cel 8 x 35 (X-Cel)	1.54 Mid Index Plastic Transitions: High Index Plastic 1.53-1.60/Trivex AB Photochromic—Plastic B PP
Xperio SV Lenses	Spherical SV 1.50 Plastic: Polarized—Plastic A DA
	Spherical SV 1.60 Plastic High Index: Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	Spherical/Aspheric SV 1.67 Plastic High Index: Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH
	Spherical/Aspheric SV Polycarbonate: Polarized—Plastic A DA Polycarbonate DD
	Aspheric SV 1.67 Plastic High Index: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.66/1.67 DH
	Aspheric SV Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD Polarized DA

Xperio UV (Essilor)	Anti-Reflective Coating C	QT
X-Pro Minuo (Excelite, Inc.)	1.50 Plastic: Progressive K—Plastic	KA
	1.60 Plastic High Index: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.50 Plastic: Progressive K—Plastic	KA
X-Pro Omnis (Excelite, Inc.)	1.50 Plastic Photochromic: Progressive K—Plastic Photochromic—Plastic B	KA PP
	1.60 Plastic High Index: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	Trivex: Progressive K—Plastic High Index Plastic 1.53-1.60/Trivex	KA KB
	1.50 Plastic Photochromic: Progressive K—Plastic Photochromic—Plastic B	KA PP
Y		
Younger DriveWear (Younger)	Single Vision/FT28 Polarized Transitions: Polarized—Plastic A Photochromic—Plastic B	DA PP
	Single Vision Polycarbonate DriveWear: Polarized—Plastic A Polycarbonate Photochromic—Plastic B	DA DD PP
Younger SV/BF/TF Lenses (Younger)	Spherical SV/FT28/7x28 Plastic 1.50 Transitions XTRActive: Photochromic—Plastic B	PP
	Spherical SV 1.56 Transitions: High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	AB PP
	Spherical SV 1.67 MR10 Transitions XTRActive: High Index Plastic 1.66/1.67 Photochromic—Plastic B	AH PP
Your Eyes (Katz and Klein)	Anti-Reflective Coating B	QN
Your Eyes Super (Specialty Optical Services, Inc.)	Anti-Reflective Coating C	QT
Z		
Zeiss 3D SV (Zeiss)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic	BA

Digital Plastic 1.50 PhotoFusion:	Digital Aspheric Lenses—Plastic	BA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Transitions:	Digital Aspheric Lenses—Plastic	BA
	Photochromic—Plastic B	PP
Digital Plastic 1.50 Polarized:	Digital Aspheric Lenses—Plastic	BA
	Polarized	DA
Digital Plastic High Index 1.60:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
Digital Plastic High Index 1.67:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.66/1.67	BH
Digital Plastic High Index 1.67 PhotoFusion:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.66/1.67	BH
	Photochromic—Plastic B	PP
Digital Plastic High Index 1.67 Transitions:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.66/1.67	BH
	Photochromic—Plastic B	PP
Digital Plastic High Index 1.74 w/ PureCoat AR:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.70 & Above	BJ
	Anti-Reflective Coating D	QV
Digital Polycarbonate:	Digital Aspheric Lenses—Polycarbonate	BD
Digital Polycarbonate PhotoFusion:	Digital Aspheric Lenses—Polycarbonate	BD
	Photochromic—Plastic B	PP
Digital Polycarbonate Transitions:	Digital Aspheric Lenses—Polycarbonate	BD
	Photochromic—Plastic B	PP
Digital Polycarbonate Polarized:	Digital Aspheric Lenses—Polycarbonate	BD
	Polarized	DA
Digital Trivex:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
Digital Trivex Transitions:	Digital Aspheric Lenses—Plastic	BA
	High Index Plastic 1.53-1.60/Trivex	BB
	Photochromic—Plastic B	PP

	NXT (Trivex) Tinted Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
Zeiss Choice 13, 15, 17, 19 (Zeiss)	1.50 Plastic: Progressive F—Plastic FA
	1.50 Plastic PhotoFusion: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Transitions/XTRActive: Progressive F—Plastic FA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive F—Plastic FA Polarized FP
	1.60 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.53-1.60/Trivex FB
	1.67 Plastic High Index: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH
	1.67 Plastic High Index PhotoFusion: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP
	1.67 Plastic High Index Transitions/XTRActive: Progressive F—Plastic FA High Index Plastic 1.66/1.67 FH Photochromic—Plastic B PP

	Polycarbonate: Progressive F—Plastic Polycarbonate	FA FD
	Polycarbonate PhotoFusion: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Transitions/XTRActive: Progressive F—Plastic Polycarbonate Photochromic—Plastic B	FA FD PP
	Polycarbonate Polarized: Progressive F—Plastic Polycarbonate Polarized	FA FD FP
	Trivex: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex	FA FB
	Trivex Transitions: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	NXT (Trivex) Tinted Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color	FA FB MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Plastic Dyes - Solid Color Mirror Coating	FA FB MN QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Photochromic—Plastic B	FA FB PP
	NXT (Trivex) Polarized Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized	FA FB FP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive F—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	FA FB FP PP
Zeiss Choice Plus 13,	1.50 Plastic: Progressive O—Plastic	OA

15, 17, 19 (Zeiss)	1.50 Plastic PhotoFusion:	
	Progressive O—Plastic	OA
	Photochromic—Plastic B	PP
	1.50 Plastic Transitions:	
	Progressive O—Plastic	OA
	Photochromic—Plastic B	PP
	1.50 Plastic Polarized:	
	Progressive O—Plastic	OA
	Polarized	OP
	1.50 Plastic Transitions:	
	Progressive O—Plastic	OA
	Polarized	OP
	Photochromic—Plastic B	PP
	1.60 Plastic High Index:	
	Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB	
1.67 Plastic High Index:		
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
1.67 Plastic High Index PhotoFusion:		
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Transitions/XTRActive:		
Progressive O—Plastic	OA	
High Index Plastic 1.66/1.67	OH	
Photochromic—Plastic B	PP	
1.74 Plastic High Index Transitions w/ PureCoat AR:		
Progressive O—Plastic	OA	
High Index Plastic 1.70 & Above	OJ	
Anti-Reflective Coating D	QV	
Polycarbonate:		
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polycarbonate PhotoFusion:		
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Transitions/XTRActive:		
Progressive O—Plastic	OA	
Polycarbonate	OD	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		
Progressive O—Plastic	OA	
Polycarbonate	OD	
Polarized	OP	

	Trivex: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB
	Trivex Transitions/XTRActive: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Tinted Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Plastic Dyes - Solid Color MN Mirror Coating QP
	NXT (Trivex) Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Photochromic—Plastic B PP
	NXT (Trivex) Polarized Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic OA High Index Plastic 1.53-1.60/Trivex OB Polarized OP Photochromic—Plastic B PP
Zeiss Choice Plus Sport 13, 17 (Zeiss)	1.50 Plastic: Progressive O—Plastic OA
	1.50 Plastic PhotoFusion: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Transitions Signature: Progressive O—Plastic OA Photochromic—Plastic B PP
	1.50 Plastic Polarized: Progressive O—Plastic OA Polarized OP
	Polycarbonate: Progressive O—Plastic OA Polycarbonate OD
	Polycarbonate PhotoFusion: Progressive O—Plastic OA Polycarbonate OD Photochromic—Plastic B PP

	Polycarbonate Transitions Signature:	Progressive O—Plastic	OA
		Polycarbonate	OD
		Photochromic—Plastic B	PP
	Polycarbonate Polarized:	Progressive O—Plastic	OA
		Polycarbonate	OD
		Polarized	OP
	Trivex:	Progressive O—Plastic	OA
		High Index Plastic 1.53-1.60/Trivex	OB
	Trivex Transitions Signature:	Progressive O—Plastic	OA
		High Index Plastic 1.53-1.60/Trivex	OB
		Photochromic—Plastic B	PP
	Trivex Polarized:	Progressive O—Plastic	OA
	High Index Plastic 1.53-1.60/Trivex	OB	
	Polarized	OP	
Zeiss Choice Plus V (Zeiss)	1.50 Plastic:	Progressive O—Plastic	OA
	1.50 Plastic PhotoFusion:	Progressive O—Plastic	OA
		Photochromic—Plastic B	PP
	1.50 Plastic Transitions:	Progressive O—Plastic	OA
		Photochromic—Plastic B	PP
	1.50 Plastic Polarized:	Progressive O—Plastic	OA
		Polarized	OP
	1.50 Plastic Transitions:	Progressive O—Plastic	OA
		Polarized	OP
	Photochromic—Plastic B	PP	
	1.60 Plastic High Index:	Progressive O—Plastic	OA
		High Index Plastic 1.53-1.60/Trivex	OB
	1.67 Plastic High Index:	Progressive O—Plastic	OA
		High Index Plastic 1.66/1.67	OH
	1.67 Plastic High Index PhotoFusion:	Progressive O—Plastic	OA
		High Index Plastic 1.66/1.67	OH
		Photochromic—Plastic B	PP

1.67 Plastic High Index Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.66/1.67	OH
Photochromic—Plastic B	PP
1.74 Plastic High Index Transitions w/ PureCoat AR:	
Progressive O—Plastic	OA
High Index Plastic 1.70 & Above	OJ
Anti-Reflective Coating D	QV
Polycarbonate:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polycarbonate PhotoFusion:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Transitions/XTRActive:	
Progressive O—Plastic	OA
Polycarbonate	OD
Photochromic—Plastic B	PP
Polycarbonate Polarized:	
Progressive O—Plastic	OA
Polycarbonate	OD
Polarized	OP
Trivex:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Trivex Transitions/XTRActive:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Tinted Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
NXT (Trivex) Tinted Mirror Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Plastic Dyes - Solid Color	MN
Mirror Coating	QP
NXT (Trivex) Photochromic Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Photochromic—Plastic B	PP
NXT (Trivex) Polarized Sun Lenses:	
Progressive O—Plastic	OA
High Index Plastic 1.53-1.60/Trivex	OB
Polarized	OP

	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive O—Plastic High Index Plastic 1.53-1.60/Trivex Polarized Photochromic—Plastic B	OA OB OP PP	
Zeiss Individual (Zeiss)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic PhotoFusion: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Transitions: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	1.60 Plastic High Index: Progressive N—Plastic High Index Plastic 1.53-1.60/Trivex	NA NB	CM
	1.67 Plastic High Index: Progressive N—Plastic High Index Plastic 1.66/1.67	NA NH	CM
	1.67 Plastic High Index PhotoFusion: Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	NA NH PP	CM
	1.67 Plastic High Index Transitions/XTRActive: Progressive N—Plastic High Index Plastic 1.66/1.67 Photochromic—Plastic B	NA NH PP	CM
	1.74 Plastic High Index Transitions: Progressive N—Plastic High Index Plastic 1.70 & above	NA NJ	CM
	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate PhotoFusion: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Transitions/XTRActive: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM

	Polycarbonate Polarized: Progressive N—Plastic NA Polycarbonate ND Polarized NP	CM
	Trivex: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM
	Trivex Transitions: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	NXT (Trivex) Tinted Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Plastic Dyes - Solid Color MN	CM
	NXT (Trivex) Tinted Mirror Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Plastic Dyes - Solid Color MN Mirror Coating QP	CM
	NXT (Trivex) Photochromic Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	NXT (Trivex) Polarized Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM
Zeiss Individual 2/2I/2N (Zeiss)	1.50 Plastic: Progressive N—Plastic NA	CM
	1.50 Plastic PhotoFusion: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Transitions: Progressive N—Plastic NA Photochromic—Plastic B PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic NA Polarized NP	CM
	1.60 Plastic High Index: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB	CM

1.67 Plastic High Index:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
1.67 Plastic High Index PhotoFusion:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
Photochromic—Plastic B	PP	
1.67 Plastic High Index Transitions/XTRActive:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.66/1.67	NH	
Photochromic—Plastic B	PP	
1.74 Plastic High Index Transitions:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.70 & above	NJ	
Polycarbonate:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polycarbonate PhotoFusion:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Photochromic—Plastic B	PP	
Polycarbonate Transitions/XTRActive:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Photochromic—Plastic B	PP	
Polycarbonate Polarized:		CM
Progressive N—Plastic	NA	
Polycarbonate	ND	
Polarized	NP	
Trivex:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Trivex Transitions:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Photochromic—Plastic B	PP	
NXT (Trivex) Tinted Sun Lenses:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Plastic Dyes - Solid Color	MN	
NXT (Trivex) Tinted Mirror Sun Lenses:		CM
Progressive N—Plastic	NA	
High Index Plastic 1.53-1.60/Trivex	NB	
Plastic Dyes - Solid Color	MN	
Mirror Coating	QP	

	NXT (Trivex) Photochromic Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Photochromic—Plastic B PP	CM
	NXT (Trivex) Polarized Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP	CM
	NXT (Trivex) Polarized Photochromic Sun Lenses: Progressive N—Plastic NA High Index Plastic 1.53-1.60/Trivex NB Polarized NP Photochromic—Plastic B PP	CM
Zeiss Individual SV (Zeiss)	Digital Plastic 1.50: Digital Aspheric Lenses—Plastic BA	
	Digital Plastic 1.50 PhotoFusion: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
	Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA	
	Digital Plastic High Index 1.60: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB	
	Digital Plastic High Index 1.67: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH	
	Digital Plastic High Index 1.67 PhotoFusion: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP	
	Digital Plastic High Index 1.67 Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.66/1.67 BH Photochromic—Plastic B PP	
	Digital Plastic High Index 1.74: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.70 & above BJ	
	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate BD	
	Digital Polycarbonate PhotoFusion: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP	

	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate BD Photochromic—Plastic B PP
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate BD Polarized DA
	Digital Trivex: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB
	Digital Trivex Transitions: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital NXT (Trivex) Tinted Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN
	Digital NXT (Trivex) Tinted Mirror Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Plastic Dyes - Solid Color MN Mirror Coating QP
	Digital NXT (Trivex) Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA High Index Plastic 1.53-1.60/Trivex BB Photochromic—Plastic B PP
	Digital NXT (Trivex) Polarized Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB
	Digital NXT (Trivex) Polarized Photochromic Sun Lenses: Digital Aspheric Lenses—Plastic BA Polarized—Plastic A DA High Index Plastic 1.53-1.60/Trivex DB Photochromic—Plastic B PP
	Zeiss Individual SV Wrap (Zeiss)
Digital Plastic 1.50 PhotoFusion: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
Digital Plastic 1.50 Transitions: Digital Aspheric Lenses—Plastic BA Photochromic—Plastic B PP	
Digital Plastic 1.50 Polarized: Digital Aspheric Lenses—Plastic BA Polarized DA	

	Digital Polycarbonate: Digital Aspheric Lenses—Polycarbonate	BD	
	Digital Polycarbonate PhotoFusion: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP	
	Digital Polycarbonate Transitions: Digital Aspheric Lenses—Polycarbonate Photochromic—Plastic B	BD PP	
	Digital Polycarbonate Polarized: Digital Aspheric Lenses—Polycarbonate Polarized	BD DA	
Zeiss Individual Wrap (Zeiss)	1.50 Plastic: Progressive N—Plastic	NA	CM
	1.50 Plastic PhotoFusion: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Transitions: Progressive N—Plastic Photochromic—Plastic B	NA PP	CM
	1.50 Plastic Polarized: Progressive N—Plastic Polarized	NA NP	CM
	Polycarbonate: Progressive N—Plastic Polycarbonate	NA ND	CM
	Polycarbonate PhotoFusion: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Transitions: Progressive N—Plastic Polycarbonate Photochromic—Plastic B	NA ND PP	CM
	Polycarbonate Polarized: Progressive N—Plastic Polycarbonate Polarized	NA ND NP	CM
	Zeiss Officelens Book (Zeiss)	1.50 Plastic: Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL
1.60 High Index Plastic: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.		IL IB	

	<p>1.67 High Index Plastic: Near Variable Focus B IL High-Index Plastic 1.67 II Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.74 High Index Plastic: Near Variable Focus B IL High-Index Plastic 1.70 & Above II Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>Polycarbonate: Near Variable Focus B IL Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>Trivex: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>
<p>Zeiss Officelens Desk (Zeiss)</p>	<p>1.50 Plastic: Near Variable Focus B IL Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.60 High Index Plastic: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.67 High Index Plastic: Near Variable Focus B IL High-Index Plastic 1.67 II Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>1.74 High Index Plastic: Near Variable Focus B IL High-Index Plastic 1.70 & Above II Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>Polycarbonate: Near Variable Focus B IL Polycarbonate ID Choose Near Variable Focus under Vision Type in eClaim.</p>
	<p>Trivex: Near Variable Focus B IL High Index Plastic 1.53-1.60/Trivex IB Choose Near Variable Focus under Vision Type in eClaim.</p>

Zeiss Officelens Room (Zeiss)	1.50 Plastic: Near Variable Focus B Choose Near Variable Focus under Vision Type in eClaim.	IL
	1.60 High Index Plastic: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.	IL IB
	1.67 High Index Plastic: Near Variable Focus B High-Index Plastic 1.67 Choose Near Variable Focus under Vision Type in eClaim.	IL II
	1.74 High Index Plastic: Near Variable Focus B High-Index Plastic 1.70 & Above Choose Near Variable Focus under Vision Type in eClaim.	IL II
	Polycarbonate: Near Variable Focus B Polycarbonate Choose Near Variable Focus under Vision Type in eClaim.	IL ID
	Trivex: Near Variable Focus B High Index Plastic 1.53-1.60/Trivex Choose Near Variable Focus under Vision Type in eClaim.	IL IB

CM Eligible This progressive lens is customizable for the most precise prescription. Your practice can receive an additional fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. Please refer to the [VSP Signature Plan®](#) and [VSP Choice Plan®](#) Lens Enhancements Charts for details.

* This lens/coating is not available for use with VSP benefits. If dispensed, VSP benefits can't be applied to the lens OR frame. This is a private transaction between you and the patient. Do not submit claims to VSP for payment.

SPECIAL LENSES AND PROPRIETARY LENS AND FRAME

The Special Lens Procedure was discontinued in November 2013. Most Special Lens products aren't available for use with VSP benefits. If dispensed, VSP benefits can't be applied to the lens OR frame. This is a private transaction between you and the patient. Some proprietary products are available for use with VSP benefits under a new Proprietary Lens and Frame Procedure. Please refer to the Guidelines below for information.

Guidelines

This isn't a complete list of products. Please refer to the [Product Index](#) for a complete list.

Description	Sample Products	Guidelines
Proprietary Genuine Brand Lens & Frame: Genuine brand name Rx lenses that must be sent to the frame company's lab or a non-VSP contract lab	Bollé Costa Del Mar Maui Jim Oakley Panoptx Serengeti Suncloud	For products listed in the Product Index as a proprietary lens and frame, see Proprietary Lens and Frame Orders . Products not listed in the Product Index typically aren't covered. Call VSP at 800.615.1883 to verify coverage and receive billing instructions.
Reproductions of genuine brand name lenses, that are produced in a contract lab	Bollé Costa Del Mar Maui Jim Oakley Panoptx Serengeti Suncloud	Use a contract lab and applicable lens enhancement code(s).
Proprietary Frame Mounting: Any frame and lens mounting combination that can't be fabricated by a VSP contract lab	Click 12—lenses Eyephorics—lenses Kazuo Kawasaki—lenses Nikon Performance Packages Silhouette/Adidas—sport insert #A741 SwissFlex—lenses w/oval drill holes	For products listed in the Product Index as a proprietary lens and frame, see Proprietary Lens and Frame Orders . Products not listed in the Product Index typically aren't covered. Call VSP at 800.615.1883 to verify coverage and receive billing instructions.

Description	Sample Products	Guidelines
Complicated lens/frame mounts that some contract labs can fabricate	Air Titanium—notched lenses Silhouette—rimless lenses Lindberg Optic Design—lenses Toki—rimless lenses	Use a contract lab and applicable lens enhancement code(s). Toki rimless lenses must be sent to Heard Optical, #904 in Long Beach, CA or to Kosh Ophthalmic, #863 in Pompano Beach, FL.
Fitovers, or frames made specifically to fit over a pair of prescription eyeglasses	Fitovers	Covered only when glazed with prescription lenses. If your patient has plano benefits, a frame with plano lenses can be used. Otherwise, fitovers aren't covered by VSP and handled privately.
Readers	Scojo Vision, LLC	Readers are only covered if the generic lenses supplied with the frame are replaced with custom prescription lenses at the time of purchase. Otherwise, they're not covered by VSP and should be handled as a private transaction.
Diving masks when Rx-able lenses are glued directly into the mask		Unavailable*
General sports goggles with an adapter or insert in which a lab can fabricate and mount lenses relatively easily—Includes diving masks with an adapter.	Rec Specs Silhouette—Adidas	Please use a contract lab and all applicable lens enhancement code(s).
Clip-ons with frame, priced as one unit are considered a single frame.	See Patient Lens Enhancements Explanations .	Handle this frame as you would any other frame. Enter the wholesale single unit price in wholesale frame cost box. If the frame is unlisted, enter the acquisition cost in the wholesale frame cost box.
Clip-ons priced separately from frame.		These are not covered by VSP and constitute a private transaction between the doctor and patient.

*This lens/coating is not available for use with VSP benefits. If dispensed, VSP benefits can't be applied to the lens OR frame. This is a private transaction between you and the patient. Do not submit claims to VSP for payment.

Proprietary Lens and Frame Orders

There are **only** two products available to process as a proprietary lens and frame order and are ordered on a private basis.

- Genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab.
- Frame and lens mounting that can't be fabricated at a VSP contract lab.

Check the [Product Index](#) for current lens information and to see if a product is an approved proprietary lens and frame.

Billing Procedures for Proprietary Lens and Frame Orders

Important! This is only available for genuine brand name RX lenses that must be sent to the frame company's lab or a non-VSP contract lab and frame and lens mounting that can't be fabricated at a VSP contract lab.

Charge your patient 80% of your U&C fee, minus the lens allowance (VSP Signature Plan, VSP Choice Plan, VSP Advantage, and VSP Essentials allowances listed below) and your scheduled lens dispensing fee. Lens Enhancements normally covered for your patient aren't covered under the Proprietary Lens and Frame Order calculation.

Note: Collect material, and/or lens copays as you normally would.

CALCULATING PATIENT OUT-OF-POCKET EXPENSES

- Determine your U&C fee for the lens.
- Deduct 20%.
- Subtract the VSP proprietary RX lens allowance listed below
 - Single Vision: \$20
 - Bifocal/Progressive: \$35
 - Trifocal: \$45
- Subtract your assigned lens-dispensing fee available on your Assigned Fee Report on **VSPOnline** at **eyefinity.com**.
- Add applicable copays.

The following table is an example you can use to calculate patient charges:

Calculating Patient Charges on Proprietary Lens and Frame Orders

U&C fee for lens	\$
Deduct 20%	- \$
Subtotal	\$
Subtract VSP proprietary RX lens allowance	- \$
Subtract your assigned lens dispensing fee	- \$
Add any applicable copays collected from patient.	\$
Patient's out-of-pocket expense	\$

Calculate the patient's out-of-pocket expenses for frame as you normally would, according to section [Providing Frames](#).

SUBMITTING PROPRIETARY LENS AND FRAME ORDER CLAIMS

Electronic Claim Submission

Order proprietary lens and frame through **eClaim** at **eyefinity.com**:

- Choose the vision type (single vision, bifocal, etc.) in the pull-down menu.
- Choose the material type (plastic, glass, etc.) in the pull-down menu.
- Select “**Proprietary Genuine Brand Lens & Frame**” or “**Proprietary Frame Mounting**” as the lens choice.
- Choose Non-VSP Lab (Private Invoice).

Please keep a copy of the lab invoice for your files. We may ask for a copy if there's a question about your submission.

Paper Claim Submission

Submit your patient's claim form and the lab's private invoice to VSP.

Enter the following in Box 19 on the CMS-1500 form:

- For a frame and lens mounting that is not available through a VSP contract lab: Type “**Proprietary Order \$xxx.xx – non VSP mounting + product name**”. The cost of the lenses should be pulled from the lab's private invoice and the product name should be the frame and lens product that was provided to the patient.
- For a Genuine brand Rx lenses that are not available through a VSP contract lab: Type “**Proprietary Order \$xxx.xx – Genuine Brand Rx + product name**” The cost of the lenses should be pulled from the lab's private invoice and the product name should be the frame and lens that was provided to the patient.

PROVIDER REIMBURSEMENT

We'll reimburse you for the lens allowance, in addition to your scheduled lens dispensing fee and other fees that may apply.

FIRST-TIME REDOS ON PROPRIETARY LENS AND FRAME ORDERS

First-time redos are a private transaction between you and the patient.

DOCTOR IN-OFFICE LENS ENHANCEMENTS

You may provide the following lens enhancements in your office:

- Plastic Dyes—Pink I and II (IM)
- Plastic Dyes—Gradients (IP)
- Plastic Dyes—Solid Other Colors (IN)
- UV Protection (IV)

Please refer to [Patient Lens Enhancements Explanations](#) for rules related to each lens enhancement.

Important! Refer to the [VSP In-Office Finishing Program](#) section for information and requirements regarding finishing Signature or Choice single vision stock lenses in your office.

Covered Lens Enhancements

You'll be paid the lab fee, plus the service fee, and any tax that applies. Payment will appear under the CO (covered options) column of your statement. For UV protection provided in-office, please note the following:

- UV protection can't be added to lenses that inherently block UV.
- Applicable ANSI standards must be met.
- Doctor-applied UV protection must block 98-100 percent of UVA/UVB rays.

Other Lens Enhancements

Charge your patient the correct Patient Copay in the [VSP Lens Enhancements Chart](#). We won't deduct any lab charge backs from your check because you're providing the lab service for these items. When providing in-office lens enhancements, please note:

- Please carefully inspect any lenses before doing any work on them. If you damage a lens, you're responsible for replacing it.
- You may provide in-office lens enhancements (plastic dyes and UV protection) only if the lens enhancement is the last step in the fabrication process. For example, anti-reflective coating must be applied after a lens has been tinted. So the entire job, including the tint, will be done by the lab to avoid delays. If the lab must dye or UV-coat the lens, the lab will replace the doctor code(s) with its lab code(s) for payment.
- When a redo is required, you must provide the in-office lens enhancement again, regardless of fault. We also require labs to provide original lab-supplied lens enhancements on first-time redos.

- If the lab order information isn't completed properly, the lab may do the work and get payment for services. If the lab inadvertently provides services when the order information is completed correctly, you'll be paid.
- You're required to remit tax on in-office services, as appropriate.
- These In-office lens enhancements cannot be billed on IOF lenses.

Important! You must tell the lab that you're supplying in-office lens enhancements.

Billing for In-Office Lens Enhancements

ON ECLAIM

- Complete the Invoice Services page.
- If supplying a plastic dye, select the appropriate lens enhancement in the Tint Type field:
 - Plastic Dr Supplied—Gradient Color
 - Plastic Dr Supplied—Solid (except Pink 1 and 2)
 - Plastic Dr Supplied—Solid Pink 1 and 2
- If supplying a UV coating, select **Doctor Supplied UV Coating** in the UV coating field.
- The appropriate lab codes will be automatically generated.

ON PAPER

For appropriate payment, mark the following areas on the [Materials Invoice Form](#):

1. In the **Lens Enhancement Code** boxes of the **Lab Information** section, enter the code(s) in the spaces provided:

Example:

LAB INFORMATION										
LAB ID CODE	<input type="text"/>	<input type="text"/>	INVOICE #	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPTION CODES:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Only fill in the **Lab Information** section when you provide an approved in-office service. Please don't complete any other fields in this section; this space is designed for lab use.

2. Enter "Dr Sup" (Doctor Supplied) in the **Special Instructions** section to inform the lab you're providing the specified services. Also specify the lens tint color in the **Plastic Dyes** section or enter "UV" in the **Coatings** section for the record.

PROVIDING FRAMES

VSP's material benefit is designed to provide corrective eyewear to members with visual needs. The minimum criteria for coverage is below. Unless your patient has plano coverage, plano or demo lenses may not be provided in a frame billed to VSP (exceptions apply; see [Suncare Enhancement](#) or [Laser VisionCare](#): postoperative care). Providing frames with plano or demo lenses or providing demo lenses back to a patient for the purpose of placing them in a VSP covered frame is a violation of VSP's policy.

If the patient does not have plano coverage as described above, the patient must pay for the non-covered frame as an out-of-pocket expense if the frame will contain plano lenses. Additionally, we'll deny frame-only claims or frame claims with prescriptions that don't meet the following minimum prescription criteria:

The combined power in any meridian is ± 0.50 diopters or greater in at least one eye or one of the following exceptions occurs:

- Necessary prism of 0.50 diopters or greater in at least one eye
- Anisometropia is 0.50 diopters or greater
- Cylinder power is ± 0.50 diopters or greater

General guidelines when providing frames for VSP patients:

- Depending on lab policy, you can send the frame from your office to the lab, have the frame shipped directly from the manufacturer, or use a frame supplied by the lab.
- Unless your patient is eligible for plano lenses, only provide frames with prescription lenses in them that meet our minimum prescription criteria.
- Lenses that don't meet our minimum prescription criteria aren't covered by VSP and can't be dispensed to your patient in or with a VSP-covered frame.

Out-of-Network Frames

ASPEX EYEWEAR, INC. FRAMES

VSP doesn't provide in-network coverage for frames manufactured and/or distributed by Aspex Eyewear, including, but not limited to, these collections:

- BMW
- Cargo
- Cool Clip
- Easyclip
- Easytwist
- Easytwist & Clip
- Empower
- Greg Norman
- Lincoln Road
- Magnetite

- Magnetwist
- Manhattan Design Studio
- Memoflex
- Pentax
- Takumi
- TurboFlex
- TurboSun

Exclusions

Cigna Vision, MetLife Vision, Medicaid, and Medicare plans are excluded from this out-of-network policy. Cigna Vision, MetLife Vision, Medicaid, and Medicare patients can use their in-network frame allowance towards Aspex frames.

Patient Claim Submission

If the patient wishes to purchase an Aspex frame, charge the patient 80% of your U&C and instruct them to contact VSP to submit for out-of-network frame reimbursement.

VSP Network Doctor Submission

You may also submit an out-of-network Assignment of Benefit (AOB) claim for out-of-network frame reimbursement on behalf of the patient if you wish.

To determine the patient's out-of-pocket expenses:

- Deduct 20% from the retail price of the frame.
- Apply the patient's VSP **out-of-network** frame allowance. (Call VSP at 800.615.1883 to obtain the patient's out-of-network frame allowance amount.)
- Balance-bill the remaining amount to the patient.

To submit the out-of-network frame claim to VSP:

- Bill the eye exam and covered lenses (if any) to VSP as usual and indicate that the frame is "Patient Supplied."
- On box 19 of the CMS-1500 Form, indicate "Unapproved Frame" or "Aspex Frame."
- Complete a paper CMS-1500 Form to VSP for the frame only and mail it to:

Vision Service Plan
P.O. Box 997105
Sacramento, CA 95899-7105

- You'll receive a separate check from VSP for the out-of-network frame reimbursement.

Frames Companies/Lines

Frame companies listed on the [Frame Companies/Lines List](#) have completed our application and meet the following criteria:

- The manufacturer provides us and our doctors with current catalogs and wholesale price lists for their frames, or the manufacturer is listed in the *Frames*[®] catalog.

- Catalog price or manufacturer's wholesale price doesn't exceed a 25% markup over the typical acquisition price.

When billing us for listed frame companies/lines, please use the frame price indicated on the manufacturer's wholesale price list or the *Frames* catalog list as the wholesale cost. If the manufacturer is not listed on VSP's Frame Companies/Lines List, use your acquisition price when indicating the wholesale cost for in-network frames.

Keep invoices of frame purchases other than those on the Frame Companies/Lines List for at least six years. We may ask you for these invoices.

We include listed frame companies' entire collections unless otherwise noted.

The purpose of the VSP Frame Companies/Lines List is solely to ease the administration of wholesale frame calculations and provider reimbursement rates. The list does not specify or guarantee that any particular frame manufacturer or frame brand will be covered by VSP at in-network rates. Certain manufacturers and/or brands may be designated by VSP as "out-of-network" and will be reimbursed on an out-of-network basis; this only applies to manufacturers or brands specifically designated as "out-of-network" frames.

Patient's Frame Allowance

Under the VSP Signature Plan[®], your patient's frame allowance is represented by a combination of the wholesale frame amount and corresponding retail amount for which your patient is covered. Although patients will only be informed of their retail allowance, they're covered for any in-network (or covered) frame less than or equal to their wholesale or retail allowance.

Effective January 1, 2014, most patients with a VSP Signature Plan will have an extra \$20 on top of their frame allowance when they select Marchon[®] or Altair[®] frames. Look for the wholesale and retail allowances for Marchon/Altair and all other frames indicated on the Patient Record Report at authorization. You'll be reimbursed based on the wholesale equivalent of the patient's retail allowance for the frame brand dispensed.

Your patient can apply the frame allowance to any frame, listed or unlisted, (except for out-of-network frames in which case the patient's out-of-network frame allowance should be applied). If patients choose unlisted frames, use your acquisition cost instead of the *Frames* catalog price when submitting the "wholesale cost" to VSP.

There is no charge to patients for standard frame cases; however, you may charge patients for special orders or for deluxe frame cases.

VSP does not provide a dispensing fee when a patient-supplied frame is used and patients can't be charged any additional fees.

FRAME OVERAGES

Charge your patient according to our frame overage procedures. When patients choose frames exceeding both their wholesale and equivalent retail allowances, they're responsible for overages (any amount exceeding their retail frame allowance at 80% of your U&C). Don't charge your patient more than 80% of U&C for frame overage, plus sales tax if it applies.

Don't bill patients for standard costs to ship frames to you. Non-standard shipping costs are a private transaction between you and your patients. Tell patients what the cost will be before ordering frames.

Total charges to patients can't exceed the retail price of frames.

FRAME COMPANIES/LINES

Frame companies on the Frame Companies/Lines List have completed our application and meet the following criteria:

- The manufacturer provides us and our doctors with current catalogs and wholesale price lists for their frames, or the manufacturer is listed in the “*Frames*” catalog.
- Catalog price or manufacturer’s wholesale price doesn’t exceed a 25% markup over your typical acquisition price.

When billing us for listed frame companies/lines, please use the frame price indicated on the manufacturer’s wholesale price list, or the “*Frames*” catalog list as the wholesale cost. If the manufacturer is not listed on VSP’s Frame Companies/Lines List, use your acquisition price when indicating the wholesale cost for in-network frames.

Note: Keep invoices of frame purchases other than those on the Frame Companies/Lines List for at least six years. We may ask you for these invoices.

The purpose of the VSP Frame Companies/Lines list is solely to ease the administration of wholesale frame calculations and provider reimbursement rates. The list does not specify or guarantee that any particular frame manufacturer or frame brand will be covered by VSP at in-network rates. Certain manufacturers and/or brands may be designated by VSP as “out-of-network” and will be reimbursed on an out-of-network basis; this only applies to manufacturers or brands specifically designated as “out-of-network” frames as listed in the [Providing Frames](#) section of the VSP Manual.

Entries don’t imply endorsement, promotion, contracts, or any other relationship between VSP and listed companies. We’ll include listed companies’ entire collections unless otherwise noted.

123 Eyewear

A

A & A Optical Co., Inc.
 A Child’s View, Inc.
 Aaron M. Poriss, Co.
 Abba Optical, Inc.
 Accent Eyewear, Inc.
 Aden Ophthalmic Products*
 Aim Optics
 Alanco Optical
 Alibi Optiks
 Altair Eyewear
 Antica
 AOSafety®
 AO® Sunwear USA, Inc.
 Aoyama USA/International Systech

Apex Sungear, LLC
 Apollo Eye Gear
 Apple Optical Co.
 ARIA Advanced Eyewear
 Aristar
 Art Craft Optical Company, Inc.*
 Artisan Eyewear Design
 Artistic Eye
 Artoptic International Corp.
 Ashley Barrett
 Australian Optical Co.

B

B. Robinson Optical, Inc.
 B.G.E.
 BBH Eyewear
 Bella Italia
 Ben-Glo Optical

Benedict Optical
 Best Image
 Beverly Hills Polo Club
 Bill Blass
 Biovision, Inc.
 Black Flys Eyewear
 Blink Eyewear
 BOIC Eyewear
 Bolle´ America
 Bonjour
 Boston Eye Designs
 BOZ
 Bravo Eyewear
 Brendel Lunettes
 Broadway Eyewear
 Bruno Bernini, Inc.
 Bucci, Inc.

C

C & E Vision Group
 CAC Optical, Inc.
 Cadore Moda
 California Design Studio, Inc.
 Calvin Klein Eyewear
 Canyon Eyewear
 Capital Eyes, LLC
 Capri Optics
 Caravaggio
 Cases & Frames Wholesale Optical Suppliers
 Cazal
 CDS Eyewear
 Charisma Eyewear, Inc.
 Charmant Inc., USA
 Choice Optical Group
 Claiborne Optics/Studio Collections
 Clariti Eyewear, Inc.
 ClearVision Optical
 COCO Lunette International
 Colors in Optics, Ltd.
 Continental Optical Imports
 Continental Sales Co.
 Costa Del Mar
 Cottet Morel Eyewear
 Coyote Vision, USA, Inc.
 Creative Group
 Creative Optics
 Crystal Clear Vision Group
 Crystal Eyewear
 Custom Optical Frames, Inc.
 CXD

D

Dakis Optical Company, Inc.
 Dakota Smith Eyewear
 Dan's Optical Supplies

De Rigo USA
 Diaco, Inc.
 Diversified Ophthalmics
 Dupont Optics Company

E

E'lite Optical
 Eagle Eyewear, Inc.
 Eastern States Optical
 Elizabeth Arden
 Emporium Buyers' Club
 EnVida
 e-SMITH eYeWeAR Inc.
 Euro Designs Eyewear
 Euro Eyewear, Inc.
 Euro Vision Group
 Europa International
 Eurotrends Eyewear
 Excel Eyewear Corp.
 Exclusively Ours
 Exit Eyewear
 Exportimar, Inc.
 Eye Concept Optical Ltd.
 Eye Eye Denmark
 Eye on New York
 Eye Q Eyewear Corporation
 Eye Think Eyewear
 Eyedeals Eyewear
 Eyephorics (2.5)/Optica Italee
 Eyes Cream Shades
 Eyesight Pacific, Inc.
 Eyespace
 Eyestyles
 Eyewear Designs Ltd.

F

Face A Face, Inc.
 Faconnable Eyewear
 First Look Optic
 Fisher Price/Clear Vision
 Fitovers**
 Flintstones
 Focal Change Frames

Foko, Inc.
 Frame Club
 Frame Management, Inc.
 Frames Plus
 Fratelli Lozza/Opti-Fashion

G

Gatling Optical Company
 Global Optique, Inc.
 Gold Coast Imports
 Gordon Optical Supply
 Great Western Optical
 Guess?/Viva

H

Hallmark Optical
 Hart Specialties, Inc.
 Hello Kitty/Fantas-Eyes, Inc.
 Heritage Collection (formerly International Eyewear, Inc.)
 High Fashion Optical
 Hobie
 HSU International
 Hudson Optical Corp.*

I

I2I Moda
 I-Frame, Inc.
 I-Dealoptics
 I-Goti Eyewear
 I.X. Optical U.S.A.
 IC Optical, LLC
 IC Optics, Ltd.
 ICON Eyewear Inc.
 ICP
 Ideas Optical Group, Inc.
 Imagewear
 Infinity Eyewear, Inc.
 Infooptica
 Ink Optical
 Innovative Eyewear for Revolution
 Inspects USA (formerly Gone Vision Group)

International Eyewear, Inc.
(CA)
International Minds
International Point of View
Intervention Eyewear
Ira Mitchell Eyewear
Irish Eyes
it Eyewear
Italian Eyes

J

J & B Optical Co., Inc.
J.F. Rey Eyewear
Jai Kudo
Jason International
Optical, Inc.
Jersey Optical
Jonathan Cate Eyewear
Jordan Eyewear, Inc.
JR Vision Group

K

Kala Eyewear/Golden
Gate Optical USA
Kasperek Optical, Inc.
Kazuo Kawasaki/Optica
Italee
KB Optics
Keezhan Eyewear/Kadima
USA
Kenmark Optical/Lancer
Int'l
Key Largo
Key Lunettes, Inc.
Kingmex International
Corp.
Kio Yamato
Koba Eyewear
Koure Eyewear, Inc.
Kover U.S.A., Inc.
Kyoto Eyewear

L

L & L Optical
L & Y Optical Wholesale
LBI Company
L'Amy, Inc.

L'Unique Optique, Inc.
L'Uomo
La Difference
La Prima Optics
Lantis Optical
Lawrence Eyewear
Mystique
Le Star
Leisure Optiks
LG Eyewear
Liberty American, Inc.
Liberty Optical Mfg. Co.,
Inc.*
Lido West Eyewear, Inc.
Ligo
Limited Editions (except
Ce-Tru Collection)
Linea Roma/Vision Design
Eyewear Inc.
Liz Claiborne
Optics/Studio Collections
Liz Claiborne Sunglasses
Logic Optics USA, Inc.
Logo Paris, Inc.
London Bridge Classics
Look Occhiali SRL
Looking Good Eyewear
Lotus Optical Ind, Corp.
Luminaire Company
Luxottica Group

M

M Par M
Marajo Eyewear
Marchon
Marcolin
Marine Optical, Inc.
Marlin Industries
Marlyn Optical Co., Inc.
Martin Copeland
Masunaga Group, Inc.
MBI, LTD.
McGee Group, The
Meridian Eyewear
Metzler International

(USA), Inc.
Micro Vision Optical Inc.
Microshapes
Milton Appel Co., Inc.
Minima
Minuteman Optical Corp.
Miracle Optics
Mitani USA Inc.
Miyazawa/EnVida
Modern Optical Ltd.
(except Best B-Eyes &
Modern Times)
Modo Eyewear
Moja Design
Momentum Eyewear, Inc.
Montage Eyewear
Montreaux Eyewear
Morton Optical
Mountain Pond Eyewear
Multi Facets

N

Nantucket
Eyewear/Precision Optical
Nassau Vision Group
Nautica Eyewear
Neo Era Optics
Neostyle Eyewear Corp.
Nevada Eyeworks, USA
New Era Optical
New Millennium Eyewear
Group, Inc.
New Trends Eyewear
New Vision Optique, LLC
New York Eye/Hart
Specialties Co.
New York Optical Western
Hemisphere
Nicole Miller
Nikon Eyewear
Noble Optical
Northern Eyes, Inc.
Northwest Eyewear
Nouveau Eyewear
Nutmeg Optical Supply,

Inc.

O

Occhiali West
 Ocean Optical Co.
 O.G.I. Frames, Inc.
 Omni Eyewear
 On-Guard Safety Corp.*
 Opti-Fashion, Inc.
 Optica Italee
 Optical Dispensary
 Management
 Optical Exchange
 Optical Fashion Trade
 Optical Trends
 Optical Xpressions
 Optics Industries
 Optiline, Inc.
 Optimate, Inc.
 Optiq, Ltd.
 Optique Du Monde
 Optique Classique
 Optique Marquis
 Ora Optical
 Otego Optical
 Ownda Eyewear, Inc.
 Oycos/Momentum
 Eyewear, Inc.

P

Panoptx
 Pathway
 Paul Michael Optical
 Corporation
 Perry Ellis
 Phillips Safety*
 Phoenix Optical, Inc.
 Piazza Optical
 Pierre Cardin
 Pixel Optic, LLC
 Portside Eyewear
 Positive Eyewear
 Prava Optics, Inc.
 Premier Eyewear
 Precious Metal Eyewear

Prestige Optics (Prestige
 line only)
 Prio Corporation
 Priority Eyewear
 Private Eyes
 Private Label
 Pro Design Eyewear, Inc.
 Prodigy Eyewear
 Profiles Eyewear

R

R & R Imports
 Rafaela
 Ralph Lauren Eyewear
 Real Eyes Optical
 Red 88 Eyewear
 Rainbow World Optical
 Supply, Inc.
 Regency International
 Regent Optical, Inc.
 Rem Optical Co.
 Renditions Eyewear Group
 Revolution Eyewear
 Revue International
 Rochester Optical
 Manufacturing
 Rodenstock
 ROI
 Royal Vision Int'l. Co.
 Royce Int'l Eyewear
 (formerly Dakota Eyewear)
 Rozin Optical

S

S.P.F. Optical, Inc.
 Safilo USA
 SAMA Eyewear
 Sanders Optical Co., Inc.
 Sans Pareil, Inc.
 Savvy Eyewear
 Scandanavian Frames,
 Inc.
 Scojo Vision, LLC***
 Score International, Inc.
 See O₂ Frames, Inc.
 SEECO Eyewear

Seiko Titanium
 Serengeti Eyewear, Inc.
 Shane Michael
 Sharp Optics
 Shefa, LLC
 Shuron Ltd.
 Siegel Optik
 Signature Eyewear
 Silhouette
 Silver Dollar Optical Corp.
 Smilen Eyewear
 Sola Technologies
 Solo Bambini
 Sorrento Designs
 Southern Optical
 Spectacle Eyeworks
 Spectrum Eyewear
 Spectrum Optical
 Spy Optic, Inc.
 St. John/Studio
 Collections
 St. Moritz
 Standard Optics
 Studio Collections
 (formerly Wilshire
 Designs)
 Styl-Rite Optical
 Styloptic
 Sunaress Eyewear
 Suncloud
 Superior Frame Line, Inc.
 Supreme Optical
 Corporation
 Symmetry Eyewear
 Systech/International
 Systech Corp.

T

Tart Optical
 Enterprises/Bacara
 Technol, Incorporated
 Titmus*
 Toki Eyewear/Masunaga
 Group Inc.
 Transworld Optical

Tura

Tuscany Eyewear

u

U.S. Eyewear

U.S. Optical Frame Co.

U.S. Safety*

Ultra/Palm Optical Co.,
Inc.

United Colors of Benetton

United Optical

Universal-Univis

Upscale Eyewear
Company

USA Optical

Uvex/Leisure Optiks

v

Vanni

Value Eyewear

Veneto

Venuti International

Vision America

Vision Concepts
International Inc.

Viva

w x y z

Welling International

Wiley X Eyewear*

Windsor Eyes (formerly
Windsor Optical/
Ambassador Eyewear)

Wolverine/Kenmark/Lance
r International*

World Spectacles, Inc.

Wreckless Vision

Zeiss/Classic Optical

Zen Eyewear

Zimco Optics, Inc. (except
Budget Collection)

Zyloware

* Safety Eyewear frame company.

** Included when prescription lenses are mounted or if your patient has plano benefits (frame with plano lenses can be used).

*** Included only if the generic lenses supplied with the frame are replaced with custom prescription lenses at the time of purchase.

FIRST-TIME DOCTOR REDOS

The following doctor redo policies and procedures apply to all plans requiring the use of a contract lab. Acceptable first-time doctor redos **for lenses only** maybe done at your discretion without pre-certification:

- Your patient can't be charged for redos required because you or your office staff made errors.
- A frame change alone isn't an acceptable first-time redo (see [Frame Changes](#), below).
- Second or subsequent requests for a lens redo are private transactions between you, the lab, and your patient.

In-Office Finishing Redos

For Signature and Choice single vision stock lenses finished in your office through the VSP In-Office Finishing Program, refer to the [VSP In-Office Finishing Program](#) section for information and requirements regarding first-time doctor redos of these lenses.

First-Time Doctor Redo Requirements and Limitations

The following criteria must be met to qualify as a first-time doctor redo:

- The same doctor and lab must be used for both the original and redo prescriptions.
- The redo must be requested within six months from the date of service.
- The redo is for lenses only.
- One of the following requirements is met:

Requirements	Limitations
<p>Acceptable first-time doctor redos require at least one of the following:</p> <ul style="list-style-type: none"> • Power changes (not including changes resulting in plano lenses) • Axis changes • Segment height/segment style changes due to non-adaptation (e.g., FT28 to Executive) 	<p>The lab will deny any doctor redo that falls within the following limitations:</p> <ul style="list-style-type: none"> • Request for a redo more than six months from the original date of service, unless the patient was physically unable to request the redo (see Redos After Six Months) • Second or subsequent submission of a redo

<ul style="list-style-type: none"> • Change in lens style (e.g., bifocal to trifocal, bifocal to single vision, or any other base lens change, except progressive to non-progressive lens style) • Errors in transcription (not including transcription errors involving tints, photochromics, coatings, or frames) • Change in materials (e.g., glass to plastic, plastic to polycarbonate, plastic to high index plastic or glass, etc.) • Changes in base curves 	<ul style="list-style-type: none"> • Change made by the patient in the frame size, shape, or style • Addition or change made by the patient in tint or coating • Materials lost, broken, or damaged by the patient
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- Lenses covered by a manufacturer's non-adapt warranty (e.g., photochromics, aspheric lenses) are not considered a first-time doctor re-do. Resubmit lenses to the original lab for replacement consideration.

Redos for Progressive Lenses

We won't cover redos on progressive lenses under our first-time doctor redo guidelines. These lenses must be covered under the lab's private progressive warranty or the manufacturer's progressive warranty, then applied to the same VSP patient in the form of replacement lenses. The same doctor must be used for both the original and redo prescriptions. Any redo on a progressive lens must be handled as a private transaction between the doctor, lab, and patient.

If the progressive lens is covered by a manufacturer's warranty or lab guarantee, submit the lens to the original lab on a private invoice for replacement consideration. Lens enhancements or materials not covered by the manufacturer or lab are a private transaction between you and your patient.

Submitting First-Time Doctor Redos on Lenses

1. First-time doctor redos must be for lenses only and submitted within six months of the original order.
2. Order the redo from the same lab that made the original prescription. Complete the lab's private invoice, clearly indicating a "VSP Doctor Redo" is requested.
3. Submit the invoice to the lab with a copy of the original lab order form or Eyefinity Service Report and the patient's original lenses. If you submit an Eyefinity Service Report, please remove procedure and diagnosis information.
4. The lab will send the new lenses to you and keep the original lenses.
5. Redo transactions are between you and the lab. No paperwork needs to be sent to us.

Lens Enhancements

On acceptable first-time doctor redo prescriptions, we'll cover lens enhancements ordered on the original prescription. Follow the procedures below in cases where a new lens enhancement is added on a redo:

Covered Lens Enhancements	All Other Lens Enhancements
<p>You'll be charged privately by the lab. Send a First-Time Redo Verification form with the lab's material invoice to us for reimbursement. There's no charge to your patient for adding a covered lens enhancement.</p> <p>Note: Ordering additional covered lens enhancements as the only reason for a redo doesn't meet VSP's requirements. Refer to the First-Time Doctor Redo Requirements and Limitations section to ensure there's a valid reason for the first-time redo.</p>	<p>Charge your patient either the copay shown on the VSP Signature Lens Enhancement Chart or your U&C fees (or "add-on" fees), whichever is lower. See Patient Lens Enhancements Fees Instructions for more information. The lab will bill you directly for additional lens enhancement.</p>

Frame Changes

A frame change alone is not an acceptable condition for a first-time doctor redo. At least one of the requirements listed above must be met in order for a job to qualify as a first-time doctor redo. If such a valid redo reason exists, the patient may select another frame at that time.

Redo of lenses isn't covered for frame changes due to your error or your patient's dissatisfaction with the style, shape, size, or fit. Any exchange of materials under these circumstances is a private transaction between you and your patient.

Lens redos may be approved if your patient has an allergic reaction to the material in the original frame. Call the Provider Services Support Line at 800.615.1883 to request redo of lenses in this case. If lenses are approved, the frame exchange is a private transaction between you and your patient.

Doctor Redos After Six Months

Doctor redos requested more than six months from the original date of service may be approved for a first-time doctor redo only if your patient was physically unable to visit your office to request the redo earlier (e.g., the patient was ill or out of town for an extended period). Call the Provider Services Support Line at **800.615.1883** to request redo of lenses in this case.

Change in Laboratory

If you need to order a doctor redo from a different contract lab, you must submit the order to VSPOne Columbus with a [First-Time Doctor Redo Verification form](#) indicating that the redo lab has changed. Clearly explain the reason(s) for the lab change on the verification form. We'll only honor doctor redos at the VSPOne lab under the following circumstances:

- The original lab is out of business.
- The original lab couldn't redo the job because of a change in the original order (e.g., couldn't accommodate a brand or material change, etc.).
- The original lab can't complete the job to your satisfaction.

Important! You must try to resolve the issue with the original lab under the first-time doctor redo program before we'll cover new lenses at a different lab.

SECTION 5: CLIENT DETAILS

ANTHEM BLUE CROSS

Members are covered under the VSP Integrated Primary EyeCare ProgramSM. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

Effective January 1, 2014, Anthem Blue Cross PPO is a Covered California health plan company, offering quality health care to millions of Californians in the individual market. Your participation in VSP's Integrated Primary EyeCare Program allows you to provide medical eyecare services to Anthem Blue Cross PPO members eligible through the Covered California marketplace (also known as an "exchange").

Note: Some Anthem Blue Cross PPO members are also eligible for routine benefits through VSP or Blue Cross. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please visit the Anthem Blue Cross website for more information on policies and procedures. You'll need to register for a Provider Access account to see the Anthem Blue Cross PPO (Prudent Buyer Plan) Operations Manual.

Eligibility & Authorization

Anthem Blue Cross uses different service centers based on your patient's location. For questions about eligibility, paper claims and benefits, check your patient's ID card for information and the contact phone number. It might help to note this phone number or keep a copy of the ID card in your patient's file.

Patients may have different ID cards. But the Anthem Blue Cross and "PPO" designations will always be on the cards to identify patients as Anthem Blue Cross PPO members.

SAMPLE ID CARD (COVERED CALIFORNIA, INDIVIDUAL)



SAMPLE ID CARD (NOT COVERED CALIFORNIA, INDIVIDUAL)



Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Anthem Blue Cross website under “Provider Finder.”

Note: Integrated Primary EyeCare patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

Reimbursement

Anthem Blue Cross handles reimbursement, and pays claims daily following state and federal regulations. Reimbursement is based on the lesser of the billed amount or the maximum allowable reimbursement as shown on the fee schedule. Fees are subject to change with notification from VSP.

Note: The Anthem Blue Cross PPO Integrated Primary EyeCare Program provides medical eyecare services and routine eye exams. Routine vision materials are not covered under this program. If a Blue Cross PPO member has routine vision coverage under their medical plan, you should bill Anthem Blue Cross for the routine vision exam and charge the member your Usual & Customary rates for the routine vision materials (glasses or elective contacts). The member can then submit a materials claim to Anthem Blue Cross for reimbursement. For claims questions, refer to the back of the member’s ID card or call 800.274.7767 for Anthem Blue Cross members or 800.444.2726 for BlueCard members.

Anthem Blue Cross Professional Fee Schedule, Effective March 15, 2014

Submitting Claims

Submit claims directly to Anthem Blue Cross through Eyefinity by adding “CA Blue Cross-Anthem Blue Cross” to your carrier list. Claims must be filed within 180 days of the date of service.

You can submit paper claims to the service center address listed on the back of your patient’s ID card.

ARCTIC SLOPE

The following applies to Arctic Slope members who have the Access Indemnity Plan, with co-insurance payment. Refer to the [Access Indemnity Plan Section](#) for complete details about the plan.

Patient Eligibility

The member is eligible to receive services and materials up to their plan maximum of \$500.

They are responsible for paying

- \$50 copay,
- 20% co-insurance (after copay is deducted),
- and any remaining costs once their allowance has been used.

EXAM AND MATERIALS

Arctic Slope members may use their \$500 benefit maximum within the eligibility period for:

- One routine exam AND/OR
- One pair of glasses (lens, lens enhancements and frame) OR
- One contact lens exam and up to an annual supply of contact lenses OR
- Laser VisionCare Services (PRK, LASIK, Custom LASIK using wavefront technology, Custom PRK, or IntraLase).

Note: The member must be eligible for an exam, lens, and frame to be eligible for LVC. LVC is in-lieu of exam, lens, frame, and contact lens benefits. The services may be received on different dates of service during the same eligibility period. Phone 800.615.1883 for additional authorizations for remaining services and/or allowances.

Billing and Reimbursement

The patient is responsible for paying a \$50 copay, a 20% co-insurance amount and any remaining costs after the allowance has been applied.

Calculate changes based on:

- 80% of U&C for exam services and glasses,
- and 85% of U&C for contact lens services.

To determine the patient's out-of-pocket expenses, calculate in this order:

7. Deduct the appropriate amounts from your U&C fees for the services and materials.
8. Subtract the patient's \$50 copay (collect the copay from the patient).
9. Calculate and subtract the patient's 20% co-insurance (collect the co-insurance from the patient).
10. Apply the patient's \$500 VSP allowance.
11. Collect any remaining balance from the patient (if applicable).

Here is an example to calculate the patient's charges for an exam and pair of glasses. (The indicated U&C fees are examples only).

Your U&C fee for the exam and glasses (lens, lens enhancements, and frame):	\$900
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Deduct 20%:	-\$180
<hr/>	
Adjusted Fee	\$720
<hr/>	
Subtract the copay (paid by patient)	-\$50
Subtract the 20% co-insurance fee (paid by patient) (20% of \$670)	-\$134
Subtract the \$500 VSP allowance	-\$500
<hr/>	
Remaining Balance (paid by patient)	\$36
<hr/>	

To determine the patient's total out-of-pocket expense, add the copay, co-insurance, and remaining balance. In this example, the patient would pay \$220 (\$50 copay + \$134 co-insurance + \$36 remaining balance).

Your payment from VSP would be \$500 (the patient's VSP allowance).

Patient Eligibility

The member is eligible to receive services and materials up to their plan maximum of \$500.

They are responsible for paying

- \$50 copay,
- 20% co-insurance (after copay is deducted),
- and any remaining costs once their allowance has been used.

EXAM AND MATERIALS

Arctic Slope members may use their \$500 benefit maximum within the eligibility period for:

- One routine exam AND/OR
- One pair of glasses (lens, lens enhancements and frame) OR
- One contact lens exam and up to an annual supply of contact lenses OR
- Laser VisionCare Services (PRK, LASIK, Custom LASIK using wavefront technology, Custom PRK, or IntraLase).

Note: The member must be eligible for an exam, lens, and frame to be eligible for LVC. LVC is in-lieu of exam, lens, frame, and contact lens benefits. The services may be received on different dates of service during the same eligibility period. Phone 800.615.1883 for additional authorizations for remaining services and/or allowances.

Billing and Reimbursement

The patient is responsible for paying a \$50 copay, a 20% co-insurance amount and any remaining costs after the allowance has been applied.

Calculate changes based on:

- 80% of U&C for exam services and glasses,
- and 85% of U&C for contact lens services.

To determine the patient's out-of-pocket expenses, calculate in this order:

12. Deduct the appropriate amounts from your U&C fees for the services and materials.
13. Subtract the patient's \$50 copay (collect the copay from the patient).
14. Calculate and subtract the patient's 20% co-insurance (collect the co-insurance from the patient).
15. Apply the patient's \$500 VSP allowance.
16. Collect any remaining balance from the patient (if applicable).

Here is an example to calculate the patient's charges for an exam and pair of glasses. (The indicated U&C fees are examples only).

Your U&C fee for the exam and glasses (lens, lens enhancements, and frame):	\$900
Deduct 20%:	-\$180
Adjusted Fee	\$720
Subtract the copay (paid by patient)	-\$50
Subtract the 20% co-insurance fee (paid by patient) (20% of \$670)	-\$134
Subtract the \$500 VSP allowance	-\$500
Remaining Balance (paid by patient)	\$36

To determine the patient's total out-of-pocket expense, add the copay, co-insurance, and remaining balance. In this example, the patient would pay \$220 (\$50 copay + \$134 co-insurance + \$36 remaining balance).

Your payment from VSP would be \$500 (the patient's VSP allowance).

CENTERPOINT ENERGY

UHC Members of Centerpoint Energy residing in the State of Texas with diabetes are covered for diabetes care, education, and wellness management through DiabetesAmerica™.

Referral Process

Patients with diabetes should be referred directly to DiabetesAmerica. Please fax all referrals to 888.627.2443. Patients can also call 888.877.8427 or visit diabetesamerica.com to schedule an appointment.

Covered Services

Through DiabetesAmerica, Centerpoint Energy UHC members can receive \$20 off of their copay.

DiabetesAmerica provides the following covered services for diabetic patients and their dependents 18 and over:

- physician consultations,
- diabetes education at each visit with certified diabetes educators licensed dietitians,
- diabetes-related lab services onsite,
- and online services including:
 - online appointment scheduling,
 - personalized health records,
 - DiabetesAmerica retail pharmacy with free home delivery,
 - DiabetesAmerica cares: 24/7 support by phone by DiabetesAmerica staff.

For more information, visit diabetesamerica.com.

CIGNA HEALTHCARE

Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the Patient Record Report and [Cigna Quick Reference Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Eligibility

Only Cigna HealthCare HMO, managed care, and POS members may be covered through this plan. Members will have their plan type indicated on their Cigna HealthCare ID cards like the ones below.

Network



HMO or POS



HMO Open Access or POS Open Access



Please Note: Cigna members can have routine coverage through Cigna Vision, which is administered through the Choice Network. If your patient has a Cigna Vision ID card, please refer to the Cigna Vision client detail page in the VSP Choice Network Manual for more information.

Routine Coverage

ALTERNATE MEMBER IDENTIFICATION NUMBER

Cigna HealthCare members have an Alternate Member Identification Number (AMI). Most members will have a Cigna generated ID number that begins with “U”, followed by 8 digits. However, there may be instances when a Cigna HealthCare client creates their own unique ID numbers for their employees. The ID number will be listed on the member’s Cigna ID card. Cigna HealthCare members are cross-referenced in our system under both their SSN and their AMI number. You may use either to verify eligibility.

Primary EyeCare

Cigna HealthCare HMO, managed care and POS members (not PPO, OAP or indemnity plan members) are **always** eligible for Primary EyeCare services whether they have routine VSP coverage or not. Check the [Primary EyeCare Plan](#) in the Plans and Coverages section for details on Primary EyeCare coverage.

INITIAL REFERRAL TO DOCTOR

Members of this plan can self-refer for Primary EyeCare services or be referred by their primary care physicians.

PROVIDING SERVICES

Patients must show their Cigna ID cards to get Primary EyeCare services under the Cigna HealthCare plan. The copay for each visit is shown on the right side of the ID card, to the right of the “Specialist” row (see area #4 in the sample ID card below).



REFERRAL BY A VSP DOCTOR

Refer patients back to their Cigna HealthCare primary care physician if your diagnosis shows a need for specialized services not covered under the Primary EyeCare Plan. For care outside your scope and/or plan coverage, your patient’s Cigna HMO primary care physician directs referrals.

SUBMITTING THE CLAIM

When submitting the claim online, note the copay amount in the Amount Paid box (box 29). For paper claims, write “VSP Primary EyeCare” across the top of the CMS-1500 Form and submit the completed form to us with a copy of your patient’s Cigna ID card.

COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to the payment of medical eyecare benefits when a member is covered under two or more benefit plans. If you participate as a provider with Cigna HealthCare and VSP, VSP is the primary payor for Primary EyeCare services, not Cigna. You're responsible for verifying other coverage, if indicated, to bill and collect from the member's other carrier(s) if applicable.

CLOUD PEAK ENERGY LLC CLIENT DETAILS

The following applies to Cloud Peak Energy Resources LLC members only.

ProTec Safety Eyewear

Cloud Peak Energy Resources LLC members are eligible for safety lenses every twelve months and a frame every 24 months. Refer to the [ProTec Safety Plan](#) section for complete Safety Eyecare information and details. Patients may present an ID card with the details of their plan:



Your coverage from a VSP Doctor	Frequency	First pair	Second pair
Exam Fully Covered (no copay)	12 months	✓	–
Prescription Lenses • Fully covered single vision, lined bifocal, lined trifocal, and polycarbonate lenses • Certified according to ANSI requirements • Covered lens options: all tints, no-line multifocals, and anti-reflective coating	12 months	✓	✓
ProTec Eyewear Frame • Fully covered when you choose a safety frame from your VSP doctor's ProTec Eyewear® collection. • Certified according to ANSI requirements.	24 months	✓	✓
Repair/Replacement Benefit • Repair or replacement lenses and/or frame* if lost, stolen, or destroyed.	12 months	–	✓

*Your frame will only be replaced if the cost of repairing it exceeds the cost of a replacement. A replacement frame will be fully covered when chosen from your VSP doctor's ProTec Eyewear collection. ©2011 Vision Service Plan. All rights reserved. JOB7505CM 10/11

SECOND PAIR ELIGIBILITY

A second pair of ProTec Safety lenses are also available every 12 months and a frame every 24 months through Interim Benefits.

Important! The patient could be eligible for a second pair of safety glasses through Interim Benefits, even if they're not showing availability on [eyefinity.com](#). Call VSP to confirm eligibility and receive an authorization.

REPAIR & REPLACEMENT

Cloud Peak members also have an additional interim benefit that includes repair or replacement of lenses and/or frame once every 12 months for any reason (broken, lost, stolen, etc.).

Important! Call VSP to receive an authorization for repair or replacement.

COPAYS

Don't collect any copays from the patient for ProTec Safety lenses, frames, or covered lens enhancements.

The patient is eligible to receive a covered in full contact lens exam (fitting and evaluation) after applicable copay. Please bill your U&C fees.

For NBS Comment Code: D623

Important! The contact lens material code must be billed with the fitting and evaluation code to ensure payment. If materials are not dispensed at the time of the fitting and evaluation, bill the contact lens material HCPCS that the patient is being fitted for with a \$0 amount.

Based on the type of contact lenses prescribed:

Specialty Contact Lenses 15% discount off your usual & customary fee up to an allowance of \$40, minus applicable copay. Patient is responsible for remaining balance. Please bill your U&C fees.	Non-Specialty Contact Lenses Covered-in-full contact lens exam (fitting and evaluation 15% discount off your usual and customary fee) after a \$35 copay. Please bill your U&C fees.
V2501—Hard/PMMA, toric or prism ballast	V2500—Hard/PMMA, spherical
V2502—Hard/PMMA, bifocal	V2510—Gas permeable, spherical
V2503—Hard/PMMA, color vision deficiency	V2513—Gas permeable, extended wear
V2511—Gas permeable, toric, prism ballast	V2520—Soft/hydrophilic, spherical
V2512—Gas permeable, bifocal	V2523—Soft/hydrophilic, extended wear
V2521—Soft/hydrophilic, toric or prism ballast	
V2522—Soft/hydrophilic, bifocal	
V2530—Scleral, gas impermeable per lens	
V2531—Scleral, gas permeable	
V2599—Other	

EXAMPLES

Remaining balance is less than Contact Lens Allowance

1. Determine the total of your fitting & evaluation and U&C material charge.

Your U&C fee for contact lens materials:	\$50
Add 85% of your U&C fee for fitting and evaluation:	+\$30
Total:	\$80

2. Subtract the copay from this total to determine the remaining balance.

Patient's copay:	-\$20
Remaining balance:	\$60

3. Subtract the contact lens allowance from this total.

Contact lens allowance (e.g., \$105)	-\$60
Remaining balance to charge to patient:	\$0

Remaining balance is more than Contact Lens Allowance

1. Determine the total of your fitting & evaluation and U&C material charge.

Your U&C fee for contact lens materials:	+\$95
Add 85% of your U&C fee for fitting and evaluation:	+\$50
Total:	\$145

2. Subtract the copay from this total to determine the remaining balance.

Patient's copay:	-\$20
Remaining balance:	\$125

3. Subtract the contact lens allowance from this total.

Contact lens allowance (e.g., \$105)	-\$105
Remaining balance:	\$20

Note: Our online Savings Statement won't automatically calculate copays for these

ELECTIVE CONTACT LENS COVERED IN FULL EXCEPTION CLIENTS

This information applies only to those clients with Elective Contact Lens (ECL) covered-in-full exceptions. These clients require that an annual supply of ECL contacts be covered in full to your patient.

Important! Please review the “Special Information-Group Comments” on the Patient Record Report for copays or special instructions.

For complete ECL information, refer to [Contact Lens Plans](#) in the Plans & Coverages section.

Submitting the Claim

EYE EXAM

Use your patient’s exam benefit to bill for the routine exam.

CONTACT LENS SERVICES

Bill the right CPT code and your U&C fees for the contact lens services.

CONTACT LENS MATERIALS

Bill the right HCPCs code(s) for provided materials. Submit your U&C fees for materials and indicate the number of units (contact lenses) dispensed.

CONTACT LENS TYPE

Based on the number of units dispensed, indicate the correct type of lenses:

- 1–2 units: Conventional or non-disposable contacts
- 3–52 units: Planned replacement, month/quarter, or 14-day disposables
- 53–106 units: 7-day disposables
- 107–361+ units: 1-day disposables

Reimbursement

We’ll pay you 85% of your contact lens service fees and your U&C fees for materials up to the maximum amount for the type of contact lenses provided. We’ll pay separately for a routine exam.

COPAY

Collect copays from your patient.

BALANCE BILLING

Don't bill your patient for the contact lens services or the annual supply of contact lenses. You must accept payment from us as payment in full for services rendered and make no additional charge to the patient for covered services.

HOMETOWN HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of Hometown Health Plan's HMO and PPO, as well as Renown Health and Senior Care Plus members, are covered under VSP's Integrated Primary EyeCare ProgramSM. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

Note: Some Hometown Health members are also eligible for routine benefits through VSP. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please contact Hometown Health's Provider Relations department at 775.982.3233 to schedule an in-service to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

For questions about eligibility, paper claims and benefits, check your patient's ID card for information and the contact phone number. Keep a copy of the ID card in your patient's file.

SAMPLE ID CARDS


Sample HMO ID Card - Front

Member Number:	
Member Name:	
Subscriber Name:	
PCP Name:	 Catalyst
PCP Phone:	888-341-8574
	Bin:005974
OFFICE COPAYS	RxGrp:HOMETOWN
Primary Care/Specialist	
	RX: Generic/Brand/Non-Formulary
UC/ER COPAYS	
Urgent Care/Emergency Room	
	HMO

Sample HMO ID Card - Back

For routine or urgent care call your Primary Care Physician (PCP) listed on the front of this card.
In northern Nevada, Renown Regional Medical Center and Renown South Meadows Medical Center are the preferred medical facilities for emergency and hospital care.

Submit claims to: EDI Payer ID #88023
Mail claims to: Hometown Health
PO Box 981703
El Paso TX, 79998-1703

 First Health Network

Eligibility, benefits or pre-certification information:
775-982-3232 or 800-336-0123
Health Hotline (24-hour Registered Nurse):
775-982-5757 or 888-324-3243

Possession of this card does not guarantee eligibility.

Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Hometown Health website at www.hometownhealth.com. Services that are approved will be applied to the members' medical benefit.

Note: Integrated Primary EyeCare patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

Reimbursement

Hometown Health handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is based on your current VSP contracted rates.

Submitting Claims

Please refer to the patient's ID card from Hometown Health for directions on submitting claims.

[HOMETOWN HEALTH PROFESSIONAL FEE SCHEDULE – EFFECTIVE FEBRUARY 1, 2014](#)

IDAHO POWER COMPANY

The following applies to Idaho Power Company members' second pair of safety coverage.

Authorization

Idaho Power patients may fill out a questionnaire about their work environments and related safety requirements before their exam. A sample [Safety Requirements Questionnaire](#) is located in the **Tools and Forms** section of the **Manuals** on **VSPOnline** on [eyefinity.com](#). Keep a copy of the questionnaire or the information it contains in your patient's record.

To obtain an authorization, contact our Provider Services Support Line at 800.615.1883.

Copay

Collect a \$20 copay from patients.

Materials Coverage

LENSES

Safety lenses are available to the member only. The following lens enhancements are covered:

- Polycarbonate
- Blended
- Photochromic

- Anti-reflective
- Solid and gradient tints
- Ultraviolet (UV) coating (required)

FRAME

Permanent side shields are required for all frames and are covered, up to the frame allowance, including frame and side shields.

The patient has a retail frame allowance of \$100 (wholesale allowance of \$38). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, deduct 20% from the retail overage. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Lab

Order safety lenses and frames for these clients from a lab capable of producing ANSI certified safety eyewear (see the National Contract Lab List).

L3 COMMUNICATIONS

The following client details apply to L3 Communications members only. Please refer to Safety EyeCare Plan in the Plans and Coverages section for complete Safety EyeCare information.

Eligibility

Your patient must get a signed "Safety EyeCare Authorization Form" from L3 Communications before scheduling an appointment. The patient must also fill out our VSP's Safety Requirements Questionnaire before getting an exam. Please put both forms in the patient's file.

Authorization

Important! L3 Communications employees must provide a signed Safety Eyewear Authorization Form before they can receive safety services or materials even if they are eligible for safety benefits online.

There are two ways to get authorization:

Online: Log on to eyefinity.com, select **Get Authorization & Check Eligibility**, and then select **Member Search**.

By phone: Call the VSP Provider Services Support Line at 800.615.1883. You'll need to provide the name of the L3 Communications supervisor who approved the benefit to our Customer Service Representative to get an authorization.

COPAY

No copay to collect from patients.

Providing Materials

L3 Communication members are eligible for one safety frame and Repair benefit at a \$25 wholesale/\$65 retail frame allowance.

The following limitations and requirements apply to L3 Communications employees:

- Safety glasses are available to the employee only.
- Rose 1 & 2 tints are covered.
- Polycarbonate lenses are preferred and are covered.
- Permanent or removable side shields are required for all frames and are covered, up to the frame allowance, including frame and side shields.
- Frames for electricians must be made from non-metallic materials.
- Progressive lenses are covered for safety eyewear only if the patient's primary pair of glasses is also dispensed with Progressives.

MICHIGAN EDUCATION SPECIAL SERVICES ASSOCIATION (MESSA)**Coordination of Benefits (COB)**

Follow VSP's standard COB process. When paying secondary, please use the below COB secondary allowances.

MAXIMUM COB SECONDARY ALLOWANCES

	Plan 1	Plan 2	Plan 3	Plan 3+	Bronze	Silver	Gold	Platinum
Exam	\$38	\$38	\$38	\$38	\$38	\$38	\$38	\$38
Lenses	\$50	\$50	\$50	\$70	\$50	\$50	\$50	\$70
Frame	\$50	\$65	\$65	\$80	\$130	\$130	\$130	\$130
Deductible	\$35	\$24.50	None	None	\$35	\$24.50	None	None

Plan Details

	Exam Copay	Materials Copay	Elective Contact Lens Allowance	Frame Allowance	Covered Lens Enhancements	Non-covered Options
Plan 1	\$10	\$25	\$65 total; see Note #1.	\$65 retail/ \$26 whsl.	Rimless drilling and grooving, Pink 1 or 2 tints.	Tints other than Pink 1 or 2, photochromics, oversize blanks, blended/progressive lenses, and all items on the VSP Signature Plan Lens Enhancements Chart .
Plan 2	\$6.50	\$18	\$90 total; see Note #1	\$65 retail/ \$26 whsl.	For both: Rimless drilling and mounting, all tints, photochromics, oversized blanks, blended lenses (not progressive), polarized lenses.	For all: Anti-reflective or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch-resistant coatings, edge coating/ groove painting, faceting, UV 400 coatings, roll, and polish.
Plan 3	None	None	\$115 total; see Note #1.	\$65 retail/ \$26 whsl.		
Plan 3+	None	None	Non-Disposables: Covered in full. Disposables: The allowance is \$200 total. Deduct 20% from the balance of the U&C fees for fitting, evaluation and first three months after applying the patient's allowance. See Note #4.	\$80 retail/ \$35 whsl.	Rimless drilling and mounting, all tints, photochromics, oversized blanks, blended and progressive lenses including smart-segs, polarized lenses.	
Starter Plan	\$10	None	\$65	N/A; see Note #2.	N/A; see Note #2.	N/A; see Note #2.

Bronze	\$10	\$25	\$85 total; see Note #3.	\$130 retail/\$50 whsl.	Rimless drilling and mounting, Pink 1 or 2 tints.	Tints other than Pink 1 or 2, photochromics, oversize blanks, blended/progressive, and polarized lenses.
Silver	\$6.50	\$18	\$110 total; see Note #3.	\$130 retail/\$50 whsl.	For both: Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended lenses (not progressives), polarized lenses.	For all: Anti-reflective or mirror coating, thin-lite/hi-lite, hi-index lenses, progressives, polycarbonate lenses, scratch- resistant coatings, edge coating/ groove painting, faceting, UV 400 coatings, roll, and polish.
Gold	None	None	\$135 total; see Note #3.	\$130 retail		
Platinum	None	None	Covered in full. Disposables limited to a Total: contact lens plan with \$250 allowance, including routine exam, contact lens services, and materials; see Note #4.	\$130 retail/ \$50 whsl.	Rimless drilling and mounting, all tints, photochromics, oversize blanks, blended and progressive lenses (including smart-segs), polarized lenses.	

Important! Exam and material copays don't apply to contact lenses. Don't collect these from your patient or deduct them from your patient's contact lens allowance.

CLIENT DETAIL NOTES

Note #1: Add your U&C fees for professional services & materials, then apply your patient's allowance. Deduct 20% from any remaining balance. For disposable contacts, only deduct 20% from the first three months' supply. This replaces the standard contact lens benefit of 85% of U&C for exam, fitting, and evaluation.

Note #2: Patients are responsible for lenses and frames, so please give them itemized receipts. They'll submit charges to us for reimbursement. For contact lenses, charge your U&C fee, minus the allowance.

Note #3: Standard contact lens benefit of 85% of U&C for exam, fitting, and evaluation.

Note #4: As defined by MESSA: Disposables are daily and 1-2 week disposables. Non-disposables are conventional and planned replacement (including monthly and quarterly). When billing for 1-24 units of Planned Replacement lenses, enter “Planned Replacement” in Box 19.

Please use HCPCS-specific codes when filing VSP claims through eClaim. The Contact Lens Type drop-down list has HCPCS-specific codes and descriptions consistent with industry standards.

Covered Contact Lens Type Codes

<u>HCPCS Description</u>	Covered*
V2500—Hard/PMMA, spherical	2 or less
V2501—Hard/PMMA, toric or prism ballast	2 or less
V2502—Hard/PMMA, bifocal	2 or less
V2503—Hard/PMMA, color vision deficiency	2 or less
V2510—Gas permeable, spherical	2 or less
V2511—Gas permeable, toric, prism ballast	2 or less
V2512—Gas permeable, bifocal	2 or less
V2513—Gas permeable, extended wear	2 or less
V2520—Soft/hydrophilic, spherical	24 or less, see Note #4
V2521—Soft/hydrophilic, toric or prism ballast	24 or less, see Note #4
V2522—Soft/hydrophilic, bifocal	24 or less, see Note #4
V2523—Soft/hydrophilic, extended wear	24 or less, see Note #4
V2530—Scleral, gas impermeable per lens	2 or less
V2531—Scleral, gas permeable	2 or less
V2599—Other	2 or less

*Number of units covered, up to the [maximum](#). Don't balance-bill patients. An allowance applies if units are over this amount.

Other Lens Enhancements

If your patient chooses a lens enhancement that is covered with copay, charge your U&C fee for the Starter Plan or the patient copay for all other plans.

If you offer a special promotion or discount, charge whichever is lower: Your “special” fee or 80% of U&C. If you're charging the patient your “special” fee, explain that in “Special Instructions.”

Elective Contact Lens Allowance

Patients can use the Elective Contact Lens allowance only to pay for new or replacement contact lenses. The allowance doesn't cover lost or damaged lenses, except at covered intervals.

Note: Using the Elective Contact Lens allowance makes the patient ineligible for any other service or materials for that eligibility period.

The following items aren't covered and are a private transaction between you and your patient:

- Contact lens insurance
- Contact lens care kit
- Follow-up visits (except those included in the initial fee)
- Plano sunglasses
- Supplies

NV ENERGY CLIENT DETAILS

The following applies to NV Energy, formerly known as Nevada Energy Inc., members' additional pair of safety coverage. NV Energy also provides VSP Signature Plan and Computer VisionCare coverage.

Authorization

NV Energy patients may fill out a questionnaire about their work environments and related safety requirements before their exam. A sample [Safety Requirements Questionnaire](#) is located in the Tools and Forms section of the Manuals on VSPOnline on eyefinity.com. Keep a copy of the questionnaire or the information it contains in your patient's record.

To obtain an authorization, contact VSP at 800.615.1883.

Copay

Collect a \$10 copay from patients.

Materials Coverage

LENSES

Safety lenses are available to the employee only.

Polycarbonate lenses are preferred and covered.

Photochromic lenses are covered.

Progressive lenses are covered.

FRAME

The patient has a retail frame allowance of \$90 (wholesale allowance of \$35). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, deduct 20% from the retail overage. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Lab

Order safety lenses and frames for these clients from a lab capable of producing ANSI certified safety eyewear (see the [National Contract Lab List](#)).

POST-CATARACT ENHANCEMENT CLIENTS

Coverage for post-cataract enhancement services is indicated by comment code S316: "Patient is eligible for exam and materials after cataract surgery. Call Customer Service."

Copays vary. Please call VSP at 800.615.1883 for authorization and copay information.

Post-Cataract Services

Our post-cataract services are based on national Medicare guidelines. Patients can get post-surgical exams and materials covered up to the plan allowance, minus any copays. Please call VSP for an authorization for post-cataract exams and materials. Pre-certification isn't required.

This isn't a medical benefit and doesn't cover postoperative/ambulatory care. The benefit only covers a comprehensive or intermediate exam and corrective materials needed after cataract removal or the lack of an IOL.

ELIGIBILITY

Aphakic with IOL (pseudophakia): Post-surgical exam and one pair of eyeglasses or contact lenses after each cataract surgery with IOL insertion (ICD-9 V43.1) once per lifetime per operative eye.

Aphakic without IOL: In addition to the post-surgical exam, aphakic patients who do not have an IOL (diagnosis codes ICD-9 379.31 [aphakia] and ICD-9 743.35 [congenital aphakia]) are covered for the following lenses or combination of lenses after each cataract surgery when visually necessary:

- Bifocal lenses in frames; or
- lenses in frames for distance vision and lenses in frames for near vision (two pairs of glasses); or
- conventional contact lenses for distance vision, eyeglasses for near vision to wear with contact lenses, and eyeglasses to wear when the contact lenses have been removed.

LENS MATERIALS

The following lens enhancements are covered following cataract extraction when visually necessary and documented by the treating doctor:

- Tints (V2744-V2745)
- Anti-reflective coating (V2750)
- UV lenses (V2755)
- Oversize lenses (V2780)

FRAMES

Only standard frames are covered (V2020). Deluxe frames (V2025) aren't covered, but your patient may pay to upgrade frames. Tell patients about price differences in advance. They must sign an "Advanced Beneficiary Notice" agreeing to pay the extra charge.

NON-COVERED MATERIALS

If your patient chooses materials other than those covered, the cost of those materials is a private transaction between you and your patient. We don't cover replacement frames, eyeglasses, or contact lenses.

PRINCIPAL FINANCIAL GROUP

Please refer to Access Plan in the Plans and Coverages section for further information.

Access Plan Eligibility

- Principal identifies members by a nine-digit ID number. This number is displayed on the member's Principal ID card. The Principal ID card is accepted in place of a VSP Access Plan ID card.

Principal Indemnity Schedule

- Principal offers an indemnity plan in addition to VSP's Access Plan. Principal administers the indemnity benefit.
- If the patient has Principal indemnity benefit and VSP Access Plan, calculate charges based on the VSP Access Plan.
- Patient is responsible for submitting claim to Principal for reimbursement through the indemnity benefit.

RAYTHEON COMPANY

Important! Raytheon employees are covered under the VSP ProTec Safety plan.

The following client details apply to Raytheon Company members only. They don't apply to Raytheon Aircraft employees in Kansas and Arkansas. Please refer to the Safety Eyecare Plan in the Plans and Coverages section for complete Safety Eyecare information for these members.

Eligibility

Before scheduling an appointment, Raytheon members must get a signed "Raytheon Company ProTec Eyewear Authorization Form" from Raytheon. Although not required, Raytheon members may also present the VSP Safety Requirements Questionnaire at the time of their exam. Please put all applicable forms in the patient's file.

Authorization

Important! Raytheon employees must provide a signed Raytheon Company ProTec Eyewear Authorization Form before they can receive safety services or materials even if they are eligible for safety benefits online.

There are two ways to get authorization:

Online: Log on to eyefinity.com, select **Get Authorization & Check Eligibility**, and then select **Member Search**.

By phone: Call VSP at 800.615.1883. You'll need to provide the name of the Raytheon supervisor who approved the benefit to our Customer Service Representative to get an authorization.

COPAY

Exam – If the member doesn't have an exam benefit under their Raytheon Company Safety Plan, check under the Raytheon Company full service plan (Group #12099251) to issue an exam authorization with a \$10 copay.

Important! Most Raytheon employees will have their exam benefit under the Raytheon Company full service plan #12099251 and not under the Raytheon Company Safety Plan.

Materials – No copay.

Providing Materials

Under the ProTec Safety Plan, Raytheon members are eligible for a fully covered safety frame from the ProTec Eyewear® frame kit and single-vision, lined bifocal, or trifocal polycarbonate lenses. Detachable side shields and a frame case are provided with each order through the participating labs.

The following limitations and requirements apply to Raytheon members:

- Safety glasses are available to the employee only.
- Polycarbonate lenses are preferred and covered.
- Permanent or removable side shields are required for all frames and are covered for ProTec Eyewear frames.
- If permanent side shields are required it will be noted on the member's Raytheon Company ProTec Eyewear Authorization form. Note: When billing on eyefinity.com enter "permanent side shields" in Lab Special Instructions on Invoice Services page of eClaim.
- All ProTec Safety and Repair/Replace orders must be sent to participating labs.
- Frames for electricians must be made from non-metallic materials.

Repair/Replace Benefits

Raytheon employees must provide a signed "Raytheon Company Safety Eyewear Authorization Form" before they can receive repair/replacement safety services or materials.

After using their materials benefit under their ProTec Safety plan, Raytheon members have an additional Repair/Replace benefit for their safety eyewear which covers materials.

- Raytheon members are eligible for repair/replacement if their spectacle lenses or frames are broken or damaged.
- Eligible Raytheon members covered under this additional benefit are entitled to safety eyeglass lens and safety frame repair/replacement.
- Frame repair includes temples only, front only, hinge, and miscellaneous repairs.
- The repair benefit may also include replacement of a complete frame and/or basic lens based on your professional judgment.

The following limitations and requirements apply to Raytheon members:

- For Raytheon members that supply a non-ProTec Eyewear frame to have lenses replaced, order must be sent to participating labs.
- For Raytheon members that supply a non-ProTec Eyewear frame for repair/replacement, previous safety frame must be replaced with a selected ProTec Eyewear model.
- For new frames, Raytheon members must choose one of the 30 ANSI-approved frames from the ProTec Eyewear kit or online catalog which are fully covered.

SAFETY EYEWEAR PLANS—AZ CLIENT DETAILS

The following information applies to this Arizona-based safety client only:

- Tucson Electric Power Company

Please refer to the [Safety EyeCare Plans](#) section in the Plans and Coverages section of this manual for administration information and coverage details for **national** VSP members.

Materials

Lenses	Frames
Members are entitled to one pair of single vision, bifocal or trifocal monogrammed safety lenses in glass, plastic or polycarbonate. If the member chooses to add enhancements to the safety lenses above and beyond those included in the plan, the patient is required to pay lens enhancement fees according to the VSP Signature Plan Lens Enhancements Chart .	Members are eligible to receive one Titmus safety frame from the Standard Collection, <i>excluding</i> UVEX Astro RX 3003. Members may upgrade their frame to one of the listed Titmus collections below by paying the applicable upgrade charge if the collection is not covered as part of their benefit. Permanent side shields cannot be mounted on all frame styles. Authorizations indicating "Permanent Side Shields Only" must accommodate permanent side shields.

Frame Collections

Titmus (a.k.a. Uvex by Honeywell) frames are provided in the following collections. Upgrade charges for some clients might apply. Current styles can be found online at the Honeywell website. Or call Honeywell at 800.446.1802 for a local representative.

Collection Name	Upgrade Charge
Standard (excluding UVEX Astro RX 3003) or Baseline	None
Fashiongarde	\$12
Premiere	\$17
Trendsetter	\$28
Exclusive, SWRx	\$38
Titanium	\$65

Labs

Order safety lenses and frames for this client from one of these VSP Safety Contract Labs:

Aspen Optical 1050 West Main St., Ste. 102 Mesa, AZ 85201 480.894.8770 or 800.926.5367	Meridian Optical Laboratory 3711 E. Atlanta Avenue Phoenix, AZ 85040 602.257.8555 or 800.352.5465	Bristow Optical Co. 3840 East 5 th St. Tucson, AZ 85716 520.327.5885 or 800.303.5885
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SOUNDPATH HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of Soundpath Health Plan are covered under VSP's Integrated Primary EyeCare ProgramSM. Refer to the [Integrated Primary EyeCare Program](#) in the Plans & Coverages section for more information.

Note: Some Soundpath members are also eligible for routine benefits through VSP. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please contact Soundpath Health Plan's Customer Service department at 866.789.7747 to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

SOUNDPATH'S PROVIDER PORTAL

Soundpath offers an online tool that allows you easy access to check eligibility and claims for Primary EyeCare services billed directly to Soundpath. The Soundpath Health Provider Portal can be found under the Provider Tab at www.soundpathhealth.com.

If you have any questions or need assistance with the Soundpath Health Provider Portal, you can email portal@soundpathhealth.com.

For additional questions about eligibility, paper claims and benefits, check your patient's ID card for information and the contact phone number. Keep a copy of the ID card in your patient's file.

SAMPLE ID CARDS

Soundpath HEALTH

Member: Eleven LName
Member ID: P0000000006
Issuer: (80840) H9302-011
PCP: Doctor Name
PCP Phone: (999) 999-9999
Effective Date: 99/99/2014

RX Bin: 015574
RX PCN: ASPROD1
RX Group: PSH01
RX Copay: Retail \$6 \$18 \$36 \$60 25%
Mail Order \$6 \$18 \$36 \$60 25%

Group Plan (HMO): PEAK + RX
Provider Network: FCN

Copay due at time of service
PCP: \$15
Specialist: \$50
Urgent Care: \$50
ER: \$65
Routine Vision: NO ROUTINE VISION
Chiropractic: ASHN

MedicareRx
Prescription Drug Coverage

Important Contact Information:

Customer Service: 1-866-789-7747
TTY/TDD: 1-866-264-4141
Mail Order Pharmacy: 1-888-479-2000
After Hours Pharmacy Support: 1-877-391-9299

Information for Providers & Pharmacists:

Eligibility and Plan Information: 1-866-789-7747
24/7 Pharmacy Support: 1-877-391-9299

Claims:

PO Box 4537
Federal Way, WA 98063

Electronic Claims: Payer ID# 42172

Emergencies: Call 911 or go to the nearest emergency care facility. Contact Soundpath Health within 24 hours of an emergency admission.

www.SoundpathHealth.com

This card is not an authorization of services or a guarantee of payment.

Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Soundpath Health Plan website at

www.soundpathhealth.com. Services that are approved will be applied to the member's medical benefit.

Note: Integrated Primary EyeCare patients can only be referred to another doctor or refused service if the service required is beyond the scope of your licensure.

Reimbursement

Soundpath Health Plan handles reimbursement and pays claims daily following state and federal regulations. Reimbursement is based on your current VSP contracted rates.

Submitting Claims

Please refer to the patient's ID card from Soundpath Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to Soundpath Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

Soundpath Health Plan Professional Fee Schedule: Applicable WA Counties – Effective February 1, 2014

Soundpath Health Plan Professional Fee Schedule: King County– Effective February 1, 2014

TELEPHONE AND DATA SYSTEMS INC. (TDS)

TDS members can use their material benefit on a non-prescription, ready-made pair of sunglasses in place of contact lenses or prescription lenses and frames.

Non-Prescription Sunglasses

Coverage is valid for any ready-made, doctor-supplied sunglasses, and can be ordered if not available at the time of visit. Sunglasses can't be sent to a lab for lenses or have additional lens enhancements added. Any modification will make the sunglasses a non-covered item.

Submitting Claims

When you submit claims for non-prescription sunglasses on eClaim, indicate the order as a "frame only" order.

THE GREENBRIER COMPANIES INC.

The following applies to The Greenbrier Companies Inc. members' additional pair of safety coverage.

Authorization

The Greenbrier Companies Inc. patients may fill out a questionnaire about their work environments and related safety requirements before their exam. A sample Safety Requirements Questionnaire is located in the Tools and Forms section of the Manuals on VSPOnline on eyefinity.com. Keep a copy of the questionnaire or the information it contains in your patient's record.

To obtain an authorization, contact VSP at 800.615.1883.

Copay

Collect a \$40 copay from patients.

Materials Coverage

LENSES

Safety lenses are available to the member only.

Polycarbonate lenses are preferred and covered.

Ultraviolet (UV) coating is required and covered.

FRAME

The patient has a retail frame allowance of \$65 (wholesale allowance of \$25). If the member chooses a frame with a cost that exceeds both the wholesale and retail allowances, deduct 20% from the retail coverage. Determine the patient's cost (if any) as you do today and collect any overages from patient.

Lab

Order safety lenses and frames for these clients from a lab capable of producing ANSI certified safety eyewear (see the National Contract Lab List).

TUCSON ELECTRIC POWER

The following applies to Tucson Electric Power patients only. This information is intended to explain their unique first and second pair safety glasses benefits. Refer to the [ProTec Safety Plan](#) section for complete coverage and billing details.

ProTec Safety First Pair Benefit and Eligibility

Tucson Electric Power members have a materials only [ProTec Safety Plan](#). Members are eligible for a first pair of safety lenses and frame, which can either be clear or a tinted set of prescription safety glasses, once every 30 months. Visit eyefinity.com for eligibility and authorization information.

If the member has already obtained their first pair of safety glasses, call VSP at 800.615.1883, they could be eligible for a second pair of safety glasses.

ProTec Safety Second Pair Benefit and Eligibility

Second pair of prescription ProTec Safety lenses and frame may be available, once every 30 months, and can also be either clear or tinted.

The second pair benefit doesn't automatically appear on eyefinity.com; call VSP at 800.615.1883 for eligibility and authorization information.

Respirator Lens Inserts

Some patients may be eligible for prescription respirator lens inserts, once every 12 months. The inserts are supplied by Tucson Electric Power and the patient will bring the inserts with them at the time of their appointment.

The respirator lens inserts benefit doesn't automatically appear on eyefinity.com, call VSP at 800.615.1883 for eligibility and authorization information.

Providing Materials

The following are a listing of covered lens enhancements:

- Progressives
- Polycarbonate lenses
- Solid and gradient tints
- Scratch resistant coating
- Ultra violet coating

Copays

Don't collect any copays from the patient.

UNION BENEFITS TRUST (FORMERLY OCSEA)

Interim benefits are available within 12 months of the last exam. Exam and lenses are covered if:

- Diopter changes \geq .50 diopters, or
- Axis change \geq 15 degrees, or
- Prism change \geq .50 diopters, or
- Visual acuity improvement: at least one line on standard eye.

See Interim Benefits in the Plans and Coverages section for more information.

UNITED PARCEL SERVICE (UPS)

Eligibility

UPS members who are eligible for hard and soft daily-wear contacts under the Special Daily Wear Contact Lens Coverage are identified by the following comment code:

— P010: SPECIAL DAILY WEAR CONTACT LENS COVERAGE

Please use HCPCS-specific codes when filing VSP claims in eClaim. The Contact Lens Type drop-down list has HCPCS-specific codes and description consistent with industry standards.

Daily Wear Contact Lenses (Hard and Soft)

Contact Lens Type	Covered	Covered Codes
Soft daily wear	Yes	V2520—2 units or less
Hard daily wear	Yes	V2500—2 units or less
Other	No—See Other Contact Lenses	N/A

Two units or less of daily-wear clear contact lenses should be handled as stated in “Covered Contacts Plans” under Contact Lens Plans in the Plans and Coverages section of the Manual.

Other Contact Lenses

All other elective contact lenses, i.e., disposable, planned replacement, extended wear, bifocal, toric, or tinted daily wear, as well as rigid, gas-permeable daily wear, are covered through the Exam And plan. Refer to the Contact Lens Plans in the Plans and Coverages section of the Manual for more information.

Patient Education

You must provide a Healthy Connections flier to all Non-Union UPS members.

Non-Union members: [Non-Union Member Healthy Connections–Informed Choices flier](#)

Important! To determine if a patient is a non-union member, refer to the special comments section of the Patient Record Report.

VSP GLOBAL® CLIENT DETAILS

Materials coverage

FRAME

Patients may choose a Marchon® or Altair® frame, covered up to their frame allowance, plus an additional 20% off any amount exceeding the allowance.

If another frame is selected, charge the patient 80% of your U&C fees (or 70% of your U&C fees if the frame is selected on the same day as the eye exam). Select patient-supplied frame when submitting through eClaim.

If you don't carry certain Marchon or Altair frames you can still order them for VSP employees—simply follow these steps:

- Contact Marchon or Altair directly and indicate that you need a frame sent directly to the lab for a VSP employee:
 - Marchon 800.645.1300
 - Altair 800.505.5557
- You can also order Marchon or Altair frames through eClaim on eyefinity.com by selecting lab-supplied; and the frame will be sent to your office once completed at the lab.
- If your patient wears multi-focal lenses, contact your lab or the frame manufacturer directly to obtain a frame for proper segment height measurements.

LENS

Patients who select progressive lenses and anti-reflective (AR) coatings are covered exclusively for UNITY® progressive lenses and AR coatings. If the patient selects another brand of progressive lenses or AR coating, charge the fee listed in the VSP Signature Plan Patient Lens Enhancements Chart or your U&C, whichever is lower.

Important! Although the UNITY Performance Optics portfolio also includes single vision and computer vision lenses, these may not be fully covered. Please review the [Dispensing and Patient Lens enhancements section](#) and charge the patient as you would any other VSP Signature Plan® patient.

SECTION 6: POLICIES

BUSINESS CONTINUITY PLAN

We've established emergency recovery plans that'll go into effect immediately in the unlikely event our corporate office experiences a major disaster, such as a flood or earthquake. Follow the guidelines below in the event of a disaster.

Affected Support Services

Major disasters could impact these authorization support systems:

- Electronic claim submission system
- Interactive Voice Response (IVR) system

Procedures to Follow During a Major Disaster

Please follow these guidelines if a disaster impacts our corporate office:

- Call VSP at 800.615.1883 and follow the recorded instructions. We'll update them as needed.
- For procedural questions, check the appropriate section in this manual.
- Modified Authorizations—If the greeting instructs you to give “modified authorizations,” please follow this procedure:

Provide exam services to your patient. Explain that VSP's experiencing a business interruption and you can't obtain an authorization for services. Tell your patient that, unless you receive full authorization, they may have out-of-pocket expenses that you can't confirm until later.

Have your patient sign a Patient Responsibility Statement. You can find an electronic copy under the Patient Education area in the Administration section on VSPOnline at eyefinity.com. Collect deductibles (if known).

Complete your claim form, except for the “Authorization Number” field. We'll assign an authorization number when we process your claim. Please include all client information to help us process your claim. You'll get confirmation of patient deductibles on your future Explanation of Payment. Material services need standard authorization. They can't be billed on a modified authorization. Patients can pick out what they want, but don't order them until you can check eligibility. Before ordering, tell your patients about any out-of-pocket expenses they might have once you confirm coverage.

Note: To get authorizations during our recovery phase, please use the electronic claim submission system when it becomes available for you to get authorizations.

CHARITY PROGRAMS: SIGHT FOR STUDENTS® , AMERICAN RED CROSS, AND VSP MOBILE EYES®

Starting October 27, 2009, only Choice Network providers will be eligible to provide eyecare services to VSP charity patients. Please refer to the Choice Manual for more details.

COMPLAINTS AND GRIEVANCES

While VSP makes every attempt to resolve patient concerns quickly and to the patient's satisfaction, each VSP network doctor is responsible for ensuring office staff is aware of the VSP complaint process and provides a copy of the [VSP Member Complaint/Grievance Form](#) to patients when they ask. The Member Complaint/Grievance Form is available in English, Spanish, and Chinese, and can be found in the **Patient Education** area **Administration – Form Library** section on **VSPOnline** at eyefinity.com.

NOTE: For California residents see [Complaints and Grievances under Patients' Rights and Responsibilities](#).

The role of our Quality Assurance (QA) program is to make sure our doctors comply with our patient-care standards. These standards reflect requirements set by state and federal regulations and several entities, including government agencies (e.g., Centers for Medicare and Medicaid Services), medical/employer groups, and accreditation agencies (e.g., NCQA, or the National Committee for Quality Assurance).

Our QA program includes a clinical review of potential quality-of-care grievances. We require you to give a written explanation and relevant documentation if potential quality-of-care concerns are identified. A VSP clinical reviewer evaluates the complaint and informs you of the outcome by mail.

QA evaluates all potential quality-of-care complaints/grievances for individual doctor trends. Our reviewer can use information from past complaints during the review. The frequency and outcome of previous quality of care complaints/grievances may lead to improvement action up to and including termination from the VSP network.

Patient Satisfaction

We mail patient satisfaction surveys monthly or quarterly to a random sample of our patients who've seen VSP doctors. Most returned surveys reveal our patients are completely satisfied with services. But when one of our patients expresses a concern or complaint, we refer that to the appropriate department for review and resolution, following our policies and procedures described above.

INSURANCE, LICENSURE AND CERTIFICATION

Insurance Requirement

Our network doctors must maintain individual malpractice insurance coverage in an amount of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. However, if a doctor participates in an active state patient compensation fund or excess liability program and meets that particular state's fund/program requirements, that doctor will be exempt from maintaining VSP's individual malpractice insurance coverage requirements. All other network doctors shall maintain the requisite individual coverage, not shared with another individual or entity. Doctors must notify us within 10 days of any lapse in professional or general liability insurance coverage and indemnify us against damage or claims stemming from a lack of insurance coverage. Insurance verification is done during the credentialing and recredentialing processes.

Licensure and Certification

Our network doctors must be licensed and in good standing as optometrists or ophthalmologists in the state(s) where they practice. We verify state licenses, state-controlled substance licenses (CDS) and federally controlled substance certificates (DEA) during the credentialing and recredentialing processes.

THERAPEUTIC PHARMACEUTICAL AGENTS (TPA) CERTIFICATION: OPTOMETRISTS

Optometrists must be fully licensed and TPA certified.

BOARD CERTIFICATION: OPHTHALMOLOGISTS

All ophthalmologists must be board-certified by either the American Board of Ophthalmology (ABO), or the American Osteopathic Board of Ophthalmology and Otorhinolaryngology Certificate of Specialization (AOBOO).

A certificate from the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery isn't acceptable.

U.S. DRUG ENFORCEMENT ADMINISTRATION REQUIREMENTS

Ophthalmologists must maintain current authorization to prescribe medication following federal DEA and state requirements in each state where they see patients. In some states, optometrists must have current DEA licenses to get or maintain TPA certification and prescribe medicine to the fullest extent of that certification.

Some of our clients require optometrists to have DEA certificates. We support any such requirement.

Medicare

Medicare participation is required of all VSP network doctors in order to comply with the implementation of the Centers for Medicare and Medicaid Services' (CMS) Medicare Advantage program. VSP doctors are required to provide evidence of participation at initial and re-credentialing.

MEDICAID & MEDICARE COMPLIANCE

Employing or Contracting with Excluded Individuals or Entities is Prohibited

Your agreement with VSP requires you to comply with all applicable requirements under state and federal laws and regulations. According to the U.S. Department of Health and Human Services, applicable requirements include the following:

You are responsible for ensuring that you do not employ or contract with excluded individuals or entities, whether in a physician practice, a clinic, or in any capacity or setting in which Federal health care programs may reimburse for the items or services furnished by those employees or contractors. This responsibility requires screening all current and prospective employees and contractors against OIG's List of Excluded Individuals and Entities. This online database can be accessed from OIG's Exclusion Web site. If you employ or contract with an excluded individual or entity and Federal health care program payment is made for items or services that person or entity furnishes, whether directly or indirectly, you may be subject to a civil monetary penalty and/or an obligation to repay any amounts attributable to the services of the excluded individual or entity.

For more information, see OIG's exclusion Web site available at <http://oig.hhs.gov/fraud/exclusions.asp>.

MEDICARE ADVANTAGE CONTRACT PROVISIONS TO NETWORK DOCTOR AGREEMENT

The Centers for Medicare and Medicaid Services (hereinafter "CMS") requires that specific terms and conditions be incorporated into the Agreement between a Medicare Advantage Organization or First Tier Entity and a First Tier Entity or Downstream Entity to comply with the Medicare laws, regulations, and CMS instructions, including, but not limited to, the Medicare Prescription Drug, Improvement and Modernization Act of 2003, Pub. L. No. 108-173, 117 Stat. 2066 ("MMA"); and

Except as provided herein, all other provisions of the Agreement between Vision Service Plan ("VSP") and Member Doctor not inconsistent herein shall remain in full force and effect.

Definitions:

Centers for Medicare and Medicaid Services ("CMS"): the agency within the Department of Health and Human Services that administers the Medicare program.

Completion of Audit: completion of audit by the Department of Health and Human Services, the Government Accountability Office, or their designees of a Medicare Advantage Organization, Medicare Advantage Organization contractor or related entity.

Downstream Entity: any party that enters into a written arrangement, acceptable to CMS, with persons or entities involved with the MA benefit, below the level of the arrangement between an MA organization (or applicant) and a first tier entity. These written arrangements continue down to the level of the Member Provider of both health and administrative services.

Final Contract Period: the final term of the contract between CMS and the Medicare Advantage Organization.

First Tier Entity: any party that enters into a written arrangement, acceptable to CMS, with an MA organization or applicant to provide administrative services or health care services for a Medicare eligible individual under the MA program.

Medicare Advantage (“MA”): an alternative to the traditional Medicare program in which private plans run by health insurance companies provide health care benefits that eligible beneficiaries would otherwise receive directly from the Medicare program.

Medicare Advantage Organization (“MA organization”): a public or private entity organized and licensed by a State as a risk-bearing entity (with the exception of provider-sponsored organizations receiving waivers) that is certified by CMS as meeting the MA contract requirements.

Member or Enrollee: a Medicare Advantage eligible individual who has enrolled in or elected coverage through a Medicare Advantage Organization.

Provider: (1) any individual who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and (2) any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.

Related entity: any entity that is related to the MA organization by common ownership or control and (1) performs some of the MA organization’s management functions under contract or delegation; (2) furnishes services to Medicare enrollees under an oral or written agreement; or (3) leases real property or sells materials to the MA organization at a cost of more than \$2,500 during a contract period.

VSP and Member Doctor agree to the following:

1. Member Doctor agrees that Health and Human Services (“HHS”), the Comptroller General, or their designees have the right to audit, evaluate, and inspect any pertinent information for any particular contract period, including, but not limited to, any books, contracts, computer or other electronic systems (including medical records and documentation of the first tier, downstream, and entities related to CMS’ contract with a Medicare Advantage Organization, (hereinafter, “MA organization”) through 10 years from the final date of the final contract period of the contract entered into between CMS and the MA organization or from the date of completion of any audit, whichever is later. [42 C.F.R. §§ 422.504(i)(2)(i) and (ii)]
2. Member Doctor will comply with the confidentiality and enrollee record accuracy requirements, including: (1) abiding by all Federal and State laws regarding confidentiality and disclosure of medical records, or other health and enrollment information, (2) ensuring that medical information is released only in accordance with applicable Federal or State law, or pursuant to court orders or subpoenas, (3) maintaining the records and information in an accurate and timely manner, and (4) ensuring timely access by enrollees to the records and information that pertain to them. [42 C.F.R. §§ 422.504(a)(13) and 422.118]
3. Enrollees will not be held liable for payment of any fees that are the legal obligation of the MA organization. [42 C.F.R. §§ 422.504(i)(3)(i) and 422.504(g)(1)(i)]

4. For all enrollees eligible for both Medicare and Medicaid, enrollees will not be held liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts. Providers will be informed of Medicare and Medicaid benefits and rules for enrollees eligible for Medicare and Medicaid. The Member Doctor may not impose cost-sharing that exceeds the amount of cost-sharing that would be permitted with respect to the individual under title XIX if the individual were not enrolled in such a plan. Providers will: (1) accept VSP payment as payment in full, or (2) bill the appropriate State source. [42 C.F.R. §§ 422.504(i)(3)(i) and 422.504(g)(1)(i)]
5. Any services or other activity performed in accordance with a contract or written agreement by VSP or the Member Doctor are consistent and comply with the MA organization's contractual obligations. [42 C.F.R. § 422.504(i)(3)(iii)]
6. Contracts or other written agreements between the MA organization and providers or between first tier and downstream entities must contain a prompt payment provision, the terms of which are developed and agreed to by the contracting parties. The MA Organization is obligated to pay contracted providers under the terms of the contract between MA Organization/VSP and Member Doctor. [42 C.F.R. §§ 422.520(b)(1) and (2)]
7. Member Doctor and any related entity, contractor or subcontractor will comply with all applicable Medicare laws, regulations, and CMS instructions. [42 C.F.R. §§ 422.504(i)(4)(v)]
8. If any of the MA Organization's activities or responsibilities under its contract with CMS are delegated to any first tier, downstream, and related entity:
 - (i) CMS and the MA Organization reserve the right to revoke the delegation activities and reporting requirements or to specify other remedies in instances where CMS or the MA Organization determines that such parties have not performed satisfactorily.
 - (ii) The MA Organization will monitor the performance of the parties on an ongoing basis.
 - (iii) The credentials of medical professionals affiliated with the party or parties will be either reviewed by the MA Organization or the credentialing process will be reviewed and approved by the MA Organization and the MA Organization must audit the credentialing process on an ongoing basis.
 - (iv) If the MA organization delegates the selection of providers, contractors, or subcontractor, the MA organization retains the right to approve, suspend, or terminate any such arrangement. [42 C.F.R. §§ 422.504(i)(4) and (5)]
9. To agree that cost sharing for dual-eligible Members is limited to the Medicaid cost sharing limits; and that for those dual-eligible Members the Network Doctor will accept MA or VSP payment as payment-in-full or will separately bill the appropriate state source for any amounts above the Medicaid cost sharing.

In the event that VSP, CMS, and/or MA determine that Network Doctor's performance under this MA Contract provision is not satisfactory, VSP, CMS, and/or MA may revoke Network Doctor's participation in the MA Program.

Except as provided in this Contract provision, all other provisions of the Agreement between Network Doctor and VSP not inconsistent with this Contract provision shall remain in full force and effect. This Contract provision shall remain in force as a separate but integral addition to the Agreement to ensure compliance with required CMS provisions, and shall continue concurrently with the term of the Agreement.

CAPITATED FINANCIAL ALIGNMENT DEMONSTRATION MODEL FOR PERSONS DUALY ELIGIBLE FOR MEDICARE AND MEDICAID

Pursuant to the Affordable Care Act, the Centers for Medicare & Medicaid Services (CMS) is implementing a national demonstration program to test new service delivery and payment models for people dually eligible for Medicare and Medicaid (Dual Members), known as the Capitated Financial Alignment Demonstration Model (CFAD or CFAD Program).

The CFAD will be implemented through private health plans contracting with CMS and the applicable state Medicaid agency. The Medicare Advantage statute and regulations (Chapter 42 of the Code of Federal Regulations, Part 422) apply to the CFAD. Agreements with providers and other third parties who contract with health plans (directly or indirectly) in connection with the CFAD must comply with applicable Medicare Advantage first tier and downstream entity [contract requirements](#) unless otherwise provided for under the CFAD Program.

VSP and Network Doctor agree to comply with the following requirements:

To agree that cost sharing for Dual-Eligible Members is limited to the Medicaid cost sharing limits; and that for those dual-eligible Members the Network Doctor will accept VSP, CMS, CFAD and/or MA payment as payment-in-full or will separately bill the appropriate state source for any amounts above the Medicaid cost sharing.

OFFICE STANDARDS

VSP Network Participation Requirements

1. Submit all eligible VSP claims through VSP's electronic claim submission system (applies only to doctors joining the VSP Network effective May 1, 2002, or later).
2. Use VSP contracted laboratories, as required based upon a patient's VSP plan type.
3. Provide and have, or be employed by another VSP doctor who has, majority ownership and complete control of on-site dispensing services contiguous to the practice office location to ensure VSP patients the benefit and convenience of a full-service, quality vision care program.
4. If an owner doctor, be present to the public in his/her open office(s) a minimum of 8 hours per week.
5. Maintain and display a minimum inventory of 200 frames from approved frame manufacturers, including a minimum of 100 frames that fall within the average VSP frame allowance of \$150.
6. Provide contact lens care to VSP patients.
7. Provide 24-hour access to VSP patients, as well as have 24-hour access to instrumentation and materials. The 24-hour access to patients must include one or more of the following options: (a) answering service, (b) on-call service, (c) pager/mobile phone or (d) answering machine message providing the patient with instructions on how and where to obtain services from a VSP doctor. All of these options must allow a patient to leave a message for a returned call back. All messages are required to be returned by a doctor or qualified office personnel within one hour.

8. Provide service to patients who have the VSP Choice Plan (except, that this sentence shall not apply to doctors who practice in states with laws that specifically prohibit a health plan such as VSP from requiring the provision of such services).
9. VSP's primary method of communication is e-mail. At least one network doctor's valid e-mail address is required for each Qualified Office Location. It is the network doctor's responsibility to maintain an up-to-date e-mail address to ensure receipt of important updates and critical information from VSP.

General Office Standards

1. Provide access to a clean, properly working restroom, and have a sink with hot and cold running water available in or near the exam room.
2. Provide access for handicapped patients, including doors wide enough for wheelchairs (minimum 32 inches), restrooms with handrails, and a handicapped parking space. The facility or office must be free of barriers that may prevent a handicapped/disabled person from receiving eye care services.
3. Provide a reception area with adequate lighting and office furnishings that are clean and in a good state of repair.
4. Maintain a pet-free environment, except as required by law.
5. Meet applicable local health and safety codes, including fire hazards, electrical wiring, and office floors that are clean and free of any hazardous obstacles.
6. Have convenient access to records of all patients seen within the last three years.
7. Maintain medical records in a confidential, secured location not accessible to the public.
8. Maintain all VSP patient records according to the state law.
9. Efficiently process incoming telephone calls during business hours. A patient should be able to reach the doctor's office by phone within 30 seconds on the first attempt.
10. Efficiently process incoming telephone calls after business hours. A patient should be able to leave a message with an answering service within 45 seconds.
11. Make every effort to see the patient at his/her scheduled appointment time. The patient's waiting time should not exceed 30 minutes from that time.
12. Make appointment for services available depending on the patient's condition as follows:

Routine Preventive Care: Non-symptomatic, routine preventive eye exam within 30 calendar days.

Medical Care: Routine eyecare within seven days.

Urgent Care: During office hours, within 24 hours, based on the severity of the patient's condition as determined by the doctor.

Emergency Care: When emergency treatment is necessary (as determined by the VSP doctor to be serious or life threatening), the patient is to be directed to the most appropriate emergency facility.

Unscheduled Appointments: Evaluated (triaged) by a doctor to determine the severity of the condition and disposition of the patient. Patients who need to be seen immediately are to be accommodated.

Specialty Referral: Within 14 calendar days from the time the primary care provider requests the referral.

13. Have online access to **Manuals** located on **VSPOnline** at **eyefinity.com**, or maintain a current paper copy of the **VSP Provider Reference Manual** and **Lens Enhancements Chart**
14. Have VSP complaint/grievance policy and patient resolution forms available to patients upon request.

Clinical Office Standards

1. Have the minimum instrumentation necessary to provide routine and therapeutic services at the comprehensive level.
2. Maintain diagnostic and/or therapeutic pharmaceutical agents and an inventory of supporting contact lens solutions and care products that are not outdated or expired.
3. Keep all equipment and instruments in proper working order, including (but not limited to):
 - Biomicroscope (Slit Lamp)
 - Foreign Body Removal Instruments
 - Keratometer
 - Lensometer
 - Phoropter
 - Tonometer
 - Threshold Visual Fields Device, or Visual Field Testing Device (Minimum of a Tangent Screen)
 - Blood Pressure Measuring Device
 - Gonioprism
 - Lacrimal Dilators, Irrigators, Punctal Plugs
 - Ophthalmoscope
 - Volk or Hruby Type Lens
4. Maintain hygienically clean instruments and testing devices.
5. Keep antiseptic solutions, such as alcohol, on hand for cleaning faceguards and other areas of instrumentation that come into contact with patients.
6. Maintain good personal hygiene and professional demeanor.
7. Have diagnostic contact lenses available. These can't be expired.
8. Maintain contact lens wear and care instructional materials. Use an approved method of disinfecting diagnostic contact lenses.

Office Standards for Infection Control and Safety

Infection control measures are to be used for decreasing the risk of transmission of microorganisms in patient care settings. VSP has adopted the recommendations/guidelines of the Centers for Disease Control (CDC) and the Association for Practitioners in Infection Control (APIC) as part of its provider office standards. A fundamental component of infection control is the concept of Universal Precautions, which involve the use of protective methods when taking care of patients.

The following measures make up the fundamentals of infection control:

Hand Washing and Gloving

Wash hands promptly and thoroughly between patient contacts and after contact with blood, body fluids, secretions, excretions, and equipment or articles used in the patient exam/care setting is one of the most effective measures to reduce the risk of transmitting organisms from one person to another, or from one site to another. Hand washing facilities is defined by OSHA as an adequate supply of clean (potable) running water, soap and single use towels (paper towels, roller towels, or hot air hand dryer acceptable).

Gloves are to be worn when appropriate, to provide barrier protection for the patient and doctor, and to reduce opportunities for the transmission of microorganisms between patients, doctors, and other office personnel. The failure to change gloves between patient contacts is an infection control hazard.

Wearing gloves does not replace the need for hand washing; hands should be washed immediately or as soon as feasible, after removal of gloves or other protective equipment.

Cleaning, Disinfection and Sterilization of Patient Care Equipment

Disinfect all instrument surfaces that come into contact with patients by using standard methods such as the recommendations of the CDC (www.cdc.gov) and the APIC (www.apic.org).

Contact Lens Disinfection

Use an approved method of disinfecting diagnostic gas permeable contact lenses. Heating at 70 to 80 degrees centigrade for 10 minutes is also an acceptable method of disinfection. Soft trial contact lenses should be disinfected with hydrogen peroxide.

Infectious Waste Disposal

All infectious waste must be placed in appropriately labeled containers (a lined wastebasket with a lid or a sharps container where appropriate) and disposed of according to Federal, state, and local regulations. Infectious waste includes, but is not limited to:

- disposable gloves and gowns
- all sharp disposable instruments
- products used in patient care (e.g., tissue, gauze, etc.)

Occupational Safety and Health Administration (OSHA) Blood Borne Pathogens Standard

Most optometry offices will not be exposed to blood borne pathogens; however, a copy of the OSHA Exposure to Blood Borne Pathogen Standard (29 CFR 1910.1030) can be obtained from the OSHA Publications Office, 200 Constitution Avenue, N.W., Washington, DC 20210, or at the Web site of the Labor Department's Occupational Safety and Health Administration (www.osha.gov).

Instrument Maintenance

Instruments should be calibrated and maintained according to the manufacturers' directions. Keep a log of calibration, cleaning, and maintenance for each instrument.

Facility Safety

The office should be safe and accessible for all patients. Safety considerations include ensuring that all areas are free from physical hazards. Minimum standards include proper equipment and patient care material storage, clearly defined exit signs, and clear exit areas. The office is required to have an operational smoke detector and a fire extinguisher. Proper lighting in and around the office, including stairways and parking lots, is also an important safety consideration.

Offices are required to meet the Americans with Disabilities Act Accessibility Guidelines (ADAAG), which are available from the Department of Justice at (800) USA-ABLE, or from the Access Board's Web site (www.access-board.gov).

PATIENTS' RIGHTS AND RESPONSIBILITIES

We're committed to mutually respectful relationships between patients and doctors. We expect these relationships will lead to effective healthcare while recognizing people are individuals who all have different needs. We explain our expectations and set up guidelines for cooperation between patients, doctors, and clients. Patients can find this information at vsp.com.

Our patients have the right to be treated with consideration, dignity, respect and to have VSP doctors:

- Provide complete information about their eyecare and any proposed procedures and alternatives regardless of cost or benefit coverage.
- Allow patients to control decisions about their eyecare treatment.
- Provide 24-hour access for ocular emergencies.
- Maintain privacy and confidentiality regarding their care.
- Make appropriate preventive health services available.
- Give prompt and reasonable responses to questions and requests.
- Provide information regarding their services and qualifications.
- Provide the VSP grievance procedures if there is dissatisfaction with services.
- Obtain input regarding services and assist them with any problems.

Our patients have the responsibility to follow preventative eyecare guidelines, and:

- Check the health care benefits and exclusions of their coverage.
- Establish and maintain a relationship with their primary eyecare provider.
- Give eyecare providers complete and accurate information needed in order to care for them.
- Notify eyecare provider if they are going to be late or need to reschedule an appointment.
- Know the cost (co-payment, deductible, co-insurance) of their care.
- Carry out the treatment plan agreed upon with their eyecare provider or primary care physician.
- Know how to access urgent, emergency and out-of-area medical eyecare services.

American Sign Language (ASL) Interpreter Requests

Under the Americans with Disabilities Act of 1990, eye doctors and other health care providers are required under this federal law to provide American Sign Language (ASL) interpreter services, at no cost to the patient, to patients who need and request ASL interpreter services.

If you or a member of your staff are ASL-fluent, you may, of course, communicate with hearing-impaired patients in that manner. If neither you nor a member of your staff have fluency in ASL, you should make arrangements for an ASL interpreter to assist at no cost to the patient. If you need help finding an ASL interpreter, you may contact the national

Registry of Interpreters for the Deaf (RID) by calling 703.838.0030 or by visiting their website at rid.org.

VSP Members Language Assistance Program

California health plans regulated by the Department of Managed Health Care (DMHC) are required to implement a Language Assistance Program (LAP) to provide linguistic services to California enrollees who prefer to conduct their affairs in a language other than English.

We have identified that our California Language Assistance Program threshold languages for written document support are Spanish and Chinese.

VSP provides an online resource for providers to access information on diversity, cultural awareness, and health literacy. The Health Literacy App on the VSP Provider Facebook page offers several resources addressing topics of interpretation services, better communication, health literacy and census information that the provider can drill down to their practice location. To access the Health Literacy App, visit www.facebook.com/VSPProviders.

DOCUMENT TRANSLATION

Members who prefer their VSP member materials in a language other than English can receive free translation of VSP member documents. A notice of VSP's language assistance services is provided in each California member mailing. This notice is written in VSP's threshold languages of English, Spanish, and Chinese and provides information on translation services and how to access materials in other languages.

VSP also has a member website available in Spanish. You can direct members who prefer to read VSP's website in Spanish to es.vsp.com to view all member information, including finding a doctor.

INTERPRETATION

VSP provides telephone interpretation services to any VSP member who prefers to communicate with VSP about their benefits in a language other than English, including TTY/TDD for those who are hearing impaired. In addition to our threshold languages of Spanish and Chinese, VSP provides telephone interpretation for almost all other languages as well.

VSP members who want to discuss their benefits in another language or want to request a translated VSP document can call VSP at **800.877.7195** and indicate their language need. Members can also visit vsp.com to see a list of VSP practices where language(s) other than English are spoken.

You are required to keep your office(s) language capabilities current so members know where they can receive services in languages other than English. We encourage you review quarterly on **VSPOnline** at [eyefinity](http://eyefinity.com).

Practices must keep in mind that family, friends, and minor children are considered untrained interpreters. Using family, friends, and minor children poses a problem with patient privacy. In addition, family may impose their view of the patient and their health that can lead to not providing the highest quality care as desired.

Note: If a patient insists that the provider or staff communicate with bilingual family or friends, document in the member patient record that the VSP member refuses interpreter services and/or uses friend or family to interpret.

DOCUMENTATION

The following items should be documented in the patient's medical record and/or patient history form:

- Patient's preferred written and spoken language
- Refusal of interpreter (if applicable)
- Use of interpreter and who (family member, minor, friend, doctor, office staff, or trained professional interpreter)

It is suggested to also document the patient's race and ethnicity with an option for the patient not disclose this information.

COMPLAINTS AND GRIEVANCES

We make every attempt to resolve patient concerns quickly and to their satisfaction. Doctors are responsible for making sure their staff knows our complaint process and gives our complaint/grievance form to patients when they ask. You can find master copies of these forms on **VSPOnline** at eyefinity.com. The **VSP Member Complaint/Grievance Form** is available in [English](#), [Spanish](#), and [Chinese](#).

New York Confidentiality Protocols for Victims of Domestic Violence and Endangered Individuals

Individuals experiencing actual or threatened violence frequently establish new addresses and phone numbers to protect their health and safety.

Insurance Regulation 168 (11NYCRR 244) pursuant to New York State Insurance Code, Section 2612, requires VSP® Vision Service Plan to provide Confidentiality Protocols for Victims of Domestic Violence and Endangered Individuals. VSP will accommodate a reasonable request to provide communications of claims-related information by alternative means or at alternative locations in accordance with this regulation for the state of New York.

We recommend you post the full description of **VSP's protocol** in your office.

SERVICES SUBJECT TO REVIEW/AUDIT

The services provided by a Network Doctor to any VSP Patient will be subject to review or audit. Upon request, and at their own expense, a Network Doctor will timely furnish patient records to VSP of any or all Enrollees for whom claims have been submitted to VSP for payment. VSP may use any information obtained from those records for statistical, actuarial, scientific, peer review, or other reasonable purposes, including applicable state and federal law requirements, provided that the confidentiality of VSP Patient medical information is not compromised or any professional confidence is breached. A Network Doctor agrees that utilization and claims information may be released to MCOs and peer review groups.

As part of a Network Doctor's contractual requirements, the doctor agrees to fully cooperate with VSP review or audit activities/processes, including, but not limited to, in-office audits or inspections, business audits, special investigation audits, medical records reviews, and/or similar VSP investigative or quality assurance efforts. A Network Doctor will timely reimburse VSP for its reasonable out-of-pocket expenses and costs incurred in such audit(s)/inspection(s), except for an educational review as set forth under the Quality Assurance Program section in this VSP Provider Reference Manual, which VSP considers to be of a routine review.

A Network Doctor agrees to cooperate with, abide by, and adhere to, all rulings of any VSP quality assurance, or peer review committee. All records, data, and information acquired by or prepared for any VSP quality assurance or peer review committee shall be held in confidence, except to the extent necessary to carry out the purposes of such review activities, and shall not be subject to subpoena or discovery, which limitations shall survive the expiration or termination of the VSP Network Doctor Agreement.

QUALITY ASSURANCE PROGRAM

Program Overview

Our Quality Assurance (QA) program partners with you to deliver the highest quality eyecare to VSP patients. The program also educates you and your staff about our QA policies and procedures. This program follows state and federal regulations and guidelines from accrediting organizations like the National Committee for Quality Assurance (NCQA).

Note: Our Quality Assurance department protects patient records, confidentiality, and all proprietary information. For more information, refer to VSP's Privacy Procedures.

Quality Assurance Medical-Record Review

Medical record reviews involve an internal mail-in review or an on-site office review. QA requests only VSP patient records during these reviews. Electronic-record documentation is acceptable if findings are included. We use clinical peer reviewers trained in our policies and procedures to assess and grade reviews.

Review Levels

Medical record reviews have up to three levels and may occur at any time. Each level requires ten, randomly selected VSP patient records. The patient names are chosen from claims billed in your name. A patient record with a different doctor noted as the one who performed the exam will not be reviewed and may impact the result of your review.

A peer reviewer accesses each record based on VSP's exam and documentation standards and returns the results to the QA administrator who informs you of the review outcome. A

QA contact name is provided and you may call at any time for clarification of the review results.

EDUCATIONAL REVIEW (ROUTINE REVIEW)

The first review you'll receive is a routine educational review. The review is assessed for a pass or non-pass and the results are communicated to you.

If you pass this educational review, no follow up review or financial assessment will occur.

A non-passing outcome will result in a First Formal review in approximately six months. This timeframe allows correction of the initial identified discrepancies.

FIRST FORMAL REVIEW

You will receive a First Formal review, requiring another ten VSP patient medical records, when you do not pass the prior educational review.

If you pass this First Formal, no follow up review or financial assessment will occur.

A non-passing outcome results in a financial assessment for each record with discrepancies at a maximum of \$100.00. A Second Formal follow up review will occur in approximately six months. This timeframe allows the doctor to correct identified discrepancies.

SECOND FORMAL REVIEW

You will receive a Second Formal review, requiring another ten VSP patient medical records, when you do not pass the prior First Formal review. This is the last review level to demonstrate you meet VSP's exam and documentation standards.

A \$500.00 fee is assessed and collected at the time of the Second Formal review.

If you pass this Second Formal, no other follow up review or additional financial assessment will occur.

Non-passing outcomes, at a minimum, lead to higher financial assessments for records with discrepancies based on the doctor's 12-month claim volume and may result in a recommendation for possible contract termination from our network.

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Eye Health Management Program®

The VSP Eye Health Management Program focuses on early detection and aids in the treatment and coordination of care for eye and related health conditions. It integrates the medical data collected through VSP providers with the healthcare system.

Benefits to Your Practice

- Promotes and quantifies optometry's participation in medical care.
- Helps facilitate medical care for your patients.
- Brings patients into your office and helps keep them there.
- Helps your practice earn more money.

Reimbursement Opportunity

By reporting chronic health conditions to VSP, we'll reimburse you for the additional education and services you provide to patients.

For each patient identified, you can earn:

- \$5 for reporting diabetes and/or diabetic retinopathy.
- \$2 for reporting hypertension and/or high cholesterol.

Note: Payment won't exceed \$5 and isn't cumulative. If a \$5 condition and a \$2 condition are checked, then \$5 is paid. If two \$2 conditions are checked, \$2 is paid. The patient's medical record must indicate any condition reported on a claim.

Please refer to the following section for more information on the Eye Health Management Program.

- **Eligibility and Authorization**
[Submitting Claims/Timelines](#)

Patient condition reporting just got easier. Follow these simple steps.

- Before seeing the patient, print the Patient Record Report or place a sticky note on each patient file.
- During the exam, check the appropriate patient condition box(es) on the Patient Record Report or sticky note.
- Use the information from the Patient Record Report or sticky note to submit a WellVision Exam claim.

Note: The Patient Record Report now includes an Eye Health Management section, making it even easier to collect and report patient conditions.

Eye Health Management Program Data Requirement

Doctors are required to report patient conditions through eClaim, practice management software, or paper, and will be monitored as part of the Quality Assurance (QA) Program. Eye Health Management results will be provided in the QA Review Summary. Outcomes identifying the need for improvement will require the doctor's acknowledgement of the results and an improvement action plan.

Below are the guidelines for submitting claims with patient condition(s)

Diabetes. Check this box or enter diagnosis codes for patients who self-reported having diabetes.

- **Diabetic Retinopathy.** Check this box or enter diagnosis codes when your patient has diabetic retinopathy, regardless of whether the patient has been diagnosed with

diabetes. If the patient has been diagnosed with diabetes, also check the diabetes box or enter diagnosis codes.

- **Hypertension.** Check this box or enter diagnosis codes for patients who either self-reported being diagnosed with hypertension or those who are taking medications specifically for hypertension.
- **High Cholesterol.** Check this box or enter diagnosis codes for patients who either self-reported being diagnosed with high cholesterol or those who are taking medications specifically for high cholesterol.
- **Glaucoma.** Enter diagnosis codes for patients who have been diagnosed with glaucoma at any time, including the current visit
- **ARMD.** (Age-related Macular Degeneration). Enter diagnosis codes for patients who have been diagnosed with ARMD at any time, including the current visit.

Check the patient's conditions (diabetes, diabetic retinopathy, hypertension, high cholesterol) using the check boxes on eClaim or enter diagnosis codes. Report glaucoma, age-related macular degeneration, and other conditions using diagnosis codes.

Diabetes	Diabetic Retinopathy
• 250.00 - 250.03	• 362.01 - 362.07
• 250.10 - 250.13	• 364.42
• 250.20 - 250.23	•
• 250.30 - 250.33	Glaucoma
• 250.40 - 250.43	• 365.05
• 250.50 - 250.53	• 365.06
• 250.60 - 250.63	• 365.10
• 250.70 - 250.73	• 365.11
• 250.80 - 250.83	• 365.89
• 250.90 - 250.93	• 365.9
•	• 365.1
Age-related Macular Degeneration	• 365.13 - 365.15
• 362.50 - 362.53	• 365.20 - 365.24
•	• 365.31
High Cholesterol	• 365.32
• 272.0 - 272.2	• 365.41 - 365.44
• 272.4	• 365.51
Hypertension	• 365.52
• 401.0	• 365.59 - 365.65
• 401.1	• 365.70 - 365.74
• 401.9	• 365.81 - 365.83
• 997.91	•

Claims Submission

Reimbursement will apply to all VSP Signature Plan® and VSP Choice Plan® claims that include a WellVision Exam® (in network) and one or more reported patient condition.

Additional reimbursement applies to VSP Signature Plan® and VSP Choice Plan® claims only that are billed with one of the following exam codes: 92002, 92004, 92012, 92014, S0620, or S0621.

VSP Payment Guidelines for Coordination of Benefits (COB) Claims between a Medical Health Plan or Medicare and VSP Plans

The patient's chief complaint or presenting symptoms determines the primary diagnosis on the claim. If the primary diagnosis is a medical eye condition, you may bill the patient's medical insurance as primary and coordinate benefits with VSP as secondary. Some major medical plans cover annual eye exams for patients with conditions such as diabetes, regardless of whether they present with medical symptoms or just for their annual eye exam. However, if the medical plan is going to be billed, it is extremely important to explain this to the patient in the exam room before the patient is escorted to the front desk for check out.

If the patient has no medical chief complaint and the medical plan does not cover routine/annual eye exams, bill VSP.

Note: Proper documentation of the patient's chief complaint, medical condition(s), related eye symptoms, and high-risk medications should all be recorded in the presenting reasons for the patient's visit.

For further details, refer to the Provider Reference Manual for VSP's [COB guidelines](#).

Reimbursement

VSP's Doctor Payment System

We reimburse doctors according to a unique fee payment methodology. Our goals are to pay doctors as fairly as we can while, at the same time, provide an eyecare plan to clients at a competitive price.

We pay professional fees for the VSP Signature Plan® and VSP Choice Plan® exams (diagnostic services) and lens and frame dispensing services. Refer to the [VSP Signature Plan](#) in **Section 2: Plans and Coverages** for more information.

Filing Doctors' Fees

Doctors' usual and customary (U&C) fees are first filed with VSP during the Credentialing process. VSP uses this information to determine each doctor's payable fees for providing services to VSP patients.

Assigned Fee Reports

Assigned Fee Reports (AFRs) reflect the doctor-submitted U&Cs and VSP-determined payable amounts for exams, basic lens, and frame services based on VSP Plan type. Access your Assigned Fee Report for your practice on VSPOnline at eyefinity.com by clicking the View and Update Fees link under Practice/Doctor Updates in the Administration area.

SIGNATURE NETWORK

Your VSP Signature Plan reimbursement schedule is contained in your Assigned Fee Report on VSPOnline. Check here to see your reported U&Cs and VSP-determined payable amounts for exams, basic lens, and frame services.

CHOICE NETWORK

Your VSP Choice Plan reimbursement schedule is contained in your Assigned Fee Report on VSPOnline. Check here to see your reported U&Cs and VSP-determined payable amounts for exams, basic lens, and frame services.

OTHER NETWORKS

Our Regional Network Plans, VSP Advantage, and Medicaid Plans have fee schedules for each state. View fee schedules for plans you participate with by accessing the appropriate Manual on VSPOnline.

Maximum Allowances

Our Board of Directors establishes maximum amounts that can be reimbursed for exams and for lens and frame services in each geographic region. The board reviews these confidential amounts when applicable.

Progressive Lenses (Signature and Choice)

You will receive your bifocal dispensing fee PLUS a service fee for progressive lenses. If covered, both the bifocal dispensing and applicable service fee are paid by VSP. For all other progressives, see **Lens Enhancements Charges Report** for information on patient charges.

Payments

We deposit payment to your bank account via Electronic Funds Transfer (EFT) following your state's established pay schedule and include payment for claims turned in and received during specified pay periods. An Explanation of Payments (EOP) itemizing the claims paid with checks and post statements is available to view on **VSPOnline**.

Important! All VSP payments will be made by EFT, also known as direct deposit. Network doctors must be enrolled in order to receive payment. Doctors can enroll their practice online or by contacting Customer Service at 800.615.1883. Also, EOPs will be available online only. Doctors can print their EOPs by accessing them online if needed.

Cutoff Dates

Our payment schedule includes cutoff dates; claims need to be processed by these dates for them to be paid on your next check. Cutoffs usually fall five to 10 days before the last day of the payment period. We can't guarantee internal processing time, but claims turned in at least three working days before the cutoff usually are paid on the upcoming check.

Claims Not on the Explanation of Payment (EOP) Statement

If payment for a claim doesn't appear on your check, it could be because:

- The wrong doctor ID number was used.
- We need more information.
- We got the claim after the deadline, so it'll be included on your next check.
- We haven't received the claim.
- We're auditing the claim or lab invoice.

For claims that have gone unpaid more than two months, copy the "Doctor's Copy" of the claim and mail it with a note explaining the situation. Please mail that to VSP's Member Claims Processing Department at the same address you send your VSP claims.

Important! Please clearly print your doctor ID number on the claim copy so pay isn't further delayed.

Payment Errors

If you see a payment error, write us within five days after your EFT is deposited. Please include copies of your EOP and the "Doctor's Copy" of the claim so we can review the claim. For more information, please call VSP at 800.615.1883.

HOW TO USE THE VSP NAME AND LOGO

You can use the registered mark "VSP®" and our registered logo. Just ask all doctors in your practice, or your school's Dean/Clinical Director, to sign and return a "Limited License Agreement." We'll contact you once it's approved.

Which Logo Should I Use?

It's up to you. Download one from **VSPOnline** at eyefinity.com.

Once you have all approved LLAs on file, follow these guidelines to ensure you stay in compliance with other VSP specifications, policies, and applicable approvals.

SMALLER ADS AND PROMOTIONS

These types of ads and promotions do not require VSP review and pre-approval before they run:

- Business cards or letterhead (only if promoting “VSP® members welcome”)
- Value or promotional pack discount mailings
- In-office supplies (e.g., posters, brochures)
- Print and online ads (e.g., Yellow Pages, newspaper, practice website)
- Marketing and promotional materials (e.g., reminders and referral mailings, newsletters)

LARGER, MASS MEDIA ADS, AND PROMOTIONS

Please submit an Ad Approval Request form for these types of ads and promotions before they run:

- Billboards
- Radio
- Television
- Transit vehicles (e.g., bus stops, taxi signs)

Always include the ® symbol showing VSP is a registered service mark.

For example:

“VSP® members welcome”

“VSP® network doctor”

Note: Check state regulatory and professional associations for more information on laws and regulations in your area.

Things to Remember:

Only use the full-color, all-white, or all-black logo.

- On color paper, use only the all-white or all-black logo. For Yellow Pages and newspaper advertisements, use the all-black logo only.
- Don't duplicate the logo stock typefaces or modify the logo in any way.
- The logo and all text within the logo, including the “Vision care for life” tagline, must be legible.
- When using the VSP logo on your website, you can link it to **vsp.com**.
- When using the logo in your print or online materials, you can proportionately resize it, but it can't be any smaller than one-half inch in height.
- The space around the logo should be free from other graphics or messages.
- The minimum clear space around the logo must be equal to the height of the “p”.
- Always consult your designer/printer to ensure correct formatting.

A Few Words from Our Legal Department

The marks “VSP,” “Vision Service Plan,” “Vision care for life”, and “VSP Vision Care” are registered or common law marks owned by VSP. Unauthorized use of these marks may

violate your VSP Network Doctor Agreement, VSP Facility Agreement, or VSP Participating School Agreement.

In addition, the following actions **are not allowed**:

- Use VSP's name or logo in advertisements containing statements of price or offers of discounts (e.g., "\$25 off," "free sunglasses with any purchase," "two pairs of glasses for the price of one").
- Refer to clients contracted with VSP (e.g., "Employees of ABC Inc. are accepted here.")
- Mail to employees of a VSP client.
- Use the term "Vision Service Plan" (rather, use "VSP® or VSP® Vision Care" when referring to your network participation).
- Use the VSP name and/or logo more than twice in a single media (e.g., the same advertisement, newsletter article, mailing, etc.).

Violation of your signed LLA could result in monetary penalties, the revocation of your license agreement and/or VSP terminating its contract with you.

If your LLA is revoked or you terminate your contract with VSP, you must immediately remove all references to your VSP network participation.

For questions or more information, please call 800.615.1883 or e-mail: networkmanagement@vsp.com.

VSP'S NOTICE OF PRIVACY PRACTICES

This "Notice of Privacy Practices" (given to patients) replaces VSP's Privacy Policy, in compliance with the Health Insurance Portability and Accountability Act (HIPAA).

Overview

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please read carefully.

PURPOSE

The purpose of this notice is to:

- Notify you of our information protection practices
- Explain your rights as a VSP member

VSP'S RESPONSIBILITIES

We're required to abide by the terms of this notice currently in effect by:

- Maintaining the privacy of your Protected Health Information
- Notifying you of any breaches of your unsecured Protected Health Information

- Providing you with notice of our legal duties and privacy practices with respect to Protected Health Information

NOTICE REVISIONS

We reserve the right to revise the terms of this notice and to make the revised terms effective for all Protected Health Information that it maintains. If we revise this notice, we'll make the revised notice available on vsp.com and include information about the changes in our next annual mailing.

Definitions

Business Associate	A person or entity that uses Protected Health Information to perform a service for us, including (but not limited to): <ul style="list-style-type: none"> • Billing • Claim processing • Data entry
Healthcare Operations	Activities related to our operations, including (but not limited to): <ul style="list-style-type: none"> • Quality assessment and improvement • Doctor-performance evaluations • Fraud and abuse detection • Claim payment • Claim audits • Customer-issue resolution
Payment	Our collection of insurance premiums or its determination and payment of claims.
Protected Health Information	Information relating to a VSP patient's past, present or future health or condition, the provision of healthcare to a VSP patient or payment for providing healthcare to a VSP patient. Protected Health Information includes (but isn't limited to): <ul style="list-style-type: none"> • Patient name • SSN/member ID • Service date • Diagnosis information • Claim information
Treatment	Provision, coordination or management of vision care and related services by one or more vision care providers.

Privacy Practices

How VSP Uses and Discloses Information About You	We'll only use and disclose your Protected Health Information without your authorization when needed for: <ul style="list-style-type: none"> • Coordination of your vision care treatment • Disclosure to your plan sponsor to the extent permitted by law • Payment • Healthcare operations • As required or permitted by law (please see "Use or Disclosure Required or Permitted by Law" section)
Disclosure to our Business	We'll only disclose your Protected Health Information to Business Associates who've agreed in writing to maintain the privacy of

Associates	Protected Health Information as required by law.
Use or Disclosure Requiring Authorization	<p>We won't use or disclose your Protected Health Information for any purpose besides those described in this notice. We'll request your written authorization if it becomes necessary to disclose any of your Protected Health Information for other reasons.</p> <p>Revoking Authorization: If you give us written authorization, you can revoke it at any time in writing, except to the extent that we've relied on the authorization before it was revoked.</p>
Use or Disclosure Required or Permitted by Law	<p>We can use or disclose your Protected Health Information to the extent the law requires the use or disclosure:</p> <p>Public Health: For public health activities or as required by the public health authority.</p> <p>Health Oversight: To a health oversight agency for activities such as audits, investigations and inspections. Oversight agencies include, but aren't limited to, government agencies overseeing the healthcare system, government benefit programs, other government regulatory programs, and civil rights laws.</p> <p>Legal Proceedings: In response to an order by a court or administrative tribunal responding to a subpoena, discovery request, or other legal process.</p> <p>Criminal Activity: As requested by law enforcement authorities, if use or disclosure is needed to prevent or lessen a serious, imminent threat to the health or safety of a person or the public.</p> <p>Law Enforcement: For law enforcement purposes, including:</p> <ul style="list-style-type: none"> • Legal process or as otherwise required by law • Limited information requests for identification and location • Use or disclosure related to a crime victim • Suspicion that a death stems from criminal conduct • If a crime occurs on VSP's premises • In a medical emergency where it's likely a crime has been committed
Use and Disclosure Examples	<p>Payment: We use Protected Health Information during payment processing to verify services provided were covered under your patient's vision care plan.</p> <p>Healthcare Operations: We use and disclose Protected Health Information to audit and review claims payment activity and make sure claims were paid right.</p> <p>Treatment: To coordinate treatment by a healthcare provider.</p> <p>Personal Representative: We may disclose your Protected Health Information to a person who has legal authority to make healthcare decisions on your behalf.</p>
Disclosure Requiring Opportunity to	We may disclose your Protected Health Information to a family member, friend, or other person involved in your care or payment if the information is relevant to their involvement and you have

Object	agreed or had an opportunity to object.
Genetic Information	We are prohibited from using or disclosing your genetic information for underwriting purposes.

Know Your Rights

Exercising Your Rights	You may exercise any of your below rights by calling our Member Services Department at 800.877.7195
Review Your Protected Health Information	You have a right to inspect and get a copy of your Protected Health Information. Important: If you feel your Protected Health Information is wrong, you have the right to request that it be corrected.
Request to Restrict Your Protected Health Information	You can request restrictions on the use and disclosure of your Protected Health Information. We're not required to agree to a requested restriction. Example: If a restriction request prevents us from giving service to you or from performing payment-related functions, we won't be able to agree to the request.
Confidential Communication	When needed, we mail your Protected Health Information to your home. If you think getting a copy at home could compromise your safety, you can request an alternate communication method and/or location. But you have to make the request in writing. Important: We won't ask for an explanation for requests, but we might charge a small fee for this service. Example: Patients might decide for their safety to have mail containing Protected Health Information sent somewhere other than home, or to have the information faxed.
Explanation of Disclosures	If your Protected Health Information was disclosed to anyone but you for a reason other than treatment, payment, or healthcare operations, you have a right to an explanation. Important: If the disclosure was made to you, VSP won't provide an explanation.
Get a Copy	You can view and print a copy of this Notice of Privacy Practices through vsp.com. You can also request a copy from your Benefit Administrator, or a paper copy from us.
Complaints	If you believe your privacy rights were violated, you can turn in a complaint to us, or to the U.S. Secretary of Health and Human Services at any time. We won't retaliate against you for filing a complaint. File complaints at vsp.com or call Member Services at 800.877.7195.

Contact Information

Refer patients to VSP at 800.877.7195 or vsp.com if they ask about their Protected Health Information in regard to:

- Restrictions on the use or disclosure of Protected Health Information
- Amendments to Protected Health Information
- Revoking authorizations
- Explaining use or disclosure of Protected Health Information
- Copies of Protected Health Information

VSP'S PRIVACY COMMITMENT

Our Privacy Commitment

All VSP employees, upon employment, get privacy and security training and agree to abide by our “Confidentiality of Information” policy. Our policy explains the importance of protecting the confidentiality of medical records, personal information, insurance claims and other materials. Violating this policy can lead to disciplinary action up to and including termination.

Medical Directors, Optometry Directors, Clinical Consultants, and Clinical Committee Members also get Privacy and Security training. They must sign a Conflict of Interest and Confidentiality Statement.

Any patient specific or Protected Health Information is confidential. This information is shared only with people who have a need to know and authority to get such information, as explained above.

We'll only use and disclose patient Protected Health Information when needed to coordinate vision care treatment, to disclose information to the patient's employer/plan sponsor to the extent permitted by law, for payment and healthcare operations, or as required or permitted by law.

Our legal department reviews any court order or subpoena for disclosure of confidential information to determine the order's legitimacy, the reason for disclosure, and limitations on information disclosed.

All patient information is stored for the amount of time required by law and company policy in locked files accessible only for the above reasons.

System stored patient information is protected by system security measures block unauthorized access. We've also implemented security policies and procedures required by HIPAA. We currently employ industry-standard, system-security measures to protect electronically stored and transmitted information.

Our network doctors' offices must maintain confidentiality and guard patients' Protected Health Information against loss, defacement, tampering, or use by unauthorized people. The contracted doctor's office must maintain a policy of confidentiality for patient medical record information.

If we uncover a confidentiality violation by a network doctor, either through an onsite visit or a complaint/grievance, our Quality Assurance Committee and our staff determine steps needed to restore confidentiality. We consult our Human Resources department if one of our employees was involved in violating confidentiality.

Our Notice of Privacy Practices will be provided to any member, client, or network doctor on request.

Confidentiality and Security on vsp.com

We respect the privacy of our website users. We don't collect personal information from anyone who simply visits our website.

Patients who enter personal information should know all communication between their computers and our Web servers is encrypted using secured server technology (SSL). Our secure server software is the industry standard and among the best software available today for secure transactions.

VSP'S FRAUD AND ABUSE POLICY

VSP considers insurance fraud and abuse as professionally unacceptable and criminal behavior and takes every precaution to ensure such activities are detected, eliminated, and referred to appropriate governmental authorities. VSP will vigorously pursue all fraudulent and abusive activities and supports all efforts to combat such practices by enforcing the following measures concerning, but not limited to, the health care provider, contract laboratories, VSP employees, clients, agents, and patients.

Program Components

The components of our Anti-Fraud and Abuse Business Plan are:

- The Anti-Fraud and Abuse Policy
- Education
- Prevention and Internal Controls
- Detection
- Investigation
- Sanctions and Disciplinary Action
- Full Cooperation with Law Enforcement and Regulatory Authorities
- Reporting

Education

VSP recognizes that the best defense against becoming a victim of fraudulent or abusive behavior is an educated work force capable of preventing, detecting and eliminating such activities. VSP is dedicated to providing appropriate education and training in this area. Company-wide training of all employees will cover the following topics:

- VSP's Fraud and Abuse Policy
- The true costs of insurance fraud and how it directly affects them
- Definition of what constitutes fraud and abuse, including money laundering
- Indicators of fraudulent and abusive activities
- Reporting of suspected fraud and abuse
- Roles and responsibilities of the Special Investigative Unit (SIU)
- Responsibilities of each employee in reporting suspected or known fraudulent or abusive activities

Education and training for providers, contract laboratories, clients, agents, and patients concerning fraud and abuse will consist of:

- Definition of what constitutes fraud and abuse
- Indicators of fraudulent and abusive activities
- Repercussions of fraud and abuse
- Reporting of suspected fraud and abuse

Prevention and Internal Controls

VSP will maintain a comprehensive system of internal controls designed to prevent and detect occurrences of fraud and abuse. The system of internal controls will consist of:

- An organizational structure which segregates functions of claims processing, claims recording, and claims payment as well as maintenance of patient and provider membership tables and provider and laboratory fee tables
- Procedures incorporated into the manual work flow to maximize the probability that questionable claims will be identified and investigated
- Mainframe system checks that identify all claims which meet pre-set indicators and criteria that are known to be outside the norm of our industry standards and services
- Provider peer review processes and procedures
- Internal claim audits of a statistically valid sampling
- A system of supervisor accountability for the review and approval of their unit's actions

Detection

Well-trained personnel are able to routinely spot indicators of fraud and abuse. VSP's SIU is the coordinator for all information and investigation regarding the detection and reporting of fraudulent and abusive activities. Detection of fraud or abuse can come from the following areas:

Claims Processors

- All claims processors will be familiar with the indicators of fraud and abuse
- Suspicious claims will be reviewed to determine if any misrepresentation has occurred
- Pertinent information will be documented
- If a claim is VSP internally confirmed to be fraudulent or abusive of the system, the matter will be forwarded to the SIU for appropriate action

Claims Auditors

- The claims auditors will continuously review reimbursement claims received during the normal course of daily audits with the purpose of identifying fraud and abuse

- The claims auditors will be made available to perform special reviews of any situation where fraud or abuse is suspected

Customer Service Representatives

- All customer service representatives will be familiar with the indicators of fraud and abuse
- Calls concerning provider fraud and abuse will be documented and the information forwarded to the SIU.
- All non-provider calls concerning fraud and abuse will be documented and the information forwarded to the SIU.

Quality Management Specialists

- All quality management specialists will be familiar with the indicators of fraud and abuse.
- Any potential fraud or abuse issues that are identified during a quality assurance review will be forwarded directly to the SIU.

SIU

- The SIU will routinely run reports against our claims systems to identify activities that are uncharacteristic of our industry.
- Abnormal utilization patterns will be researched and appropriate action taken.

Hotline

- An Anti-Fraud Hotline has been made available for all parties (providers, contract laboratories, employees, clients, agents, and patients) to report any suspected fraud or abuse.
- The toll-free number is 800.877.7236.

Investigation

All cases of suspected fraudulent or abusive activities employed/practiced by providers, contract laboratories, VSP employees, agents, clients, or patients will be fully investigated with the involvement of the SIU and VSP Legal Counsel as needed. The following items will be considered to be a part of the investigation:

- Information gathering
- Claim validity
- Scope of the investigation
- Ability to prosecute
- Ability to recover monies owed
- On-site investigations conducted by VSP personnel
- Use of outside investigators and experts

Sanctions and Disciplinary Action

Fraudulent and/or abusive practices could result, without limitation, in the following sanctions and/or disciplinary actions:

- Providers—suspension or removal from the VSP doctor network, assessment and collection of restitution, assessment and collection of reasonable audit costs and expenses, referral to the appropriate state’s governing Board of Optometry, Board of Ophthalmology, or Medical Boards, referral to the appropriate state’s law enforcement or other government agency(ies) and reporting to the National Practitioner Data Bank and/or other appropriate data reporting agency
- Contract Laboratories—suspension or removal from the approved listing of VSP laboratories and restitution collected
- VSP employees—termination and restitution collected
- Agents—suspension or removal as VSP agent, restitution collected, and referral to the appropriate state’s governing Insurance Department

Upon the expiration or termination of the VSP Network Doctor Agreement, a doctor will no longer be or be considered a VSP Network Doctor. From the date of expiration or termination onward, unless the parties otherwise agree in a separate writing, the doctor, in any capacity, unless prohibited or limited by law, will: (a) no longer directly or indirectly submit any VSP patient claims for reimbursement to VSP for any purpose, (b) directly or indirectly advertise or indicate in any manner or in any way that he/she is a VSP Network Doctor, affiliated with or authorized by VSP and/or a VSP out of network provider, or any variation thereof, (c) act as, or hold himself/herself out to the public to be, a VSP Network Doctor and/or a VSP out of network provider, or any variation thereof and/or (d) submit any VSP patient claims for reimbursement to VSP as an out of network provider. The doctor will promptly advise all VSP patients that as of the date of expiration or termination, he/she no longer is a participant on the VSP doctor network. The doctor shall not issue/make any disparaging, slanderous and/or libelous remarks regarding/concerning VSP and its business to any VSP client, VSP patient and/or any third party for any reason whatsoever.

Full Cooperation with Law Enforcement and Regulatory Authorities

In cases where sufficient evidence is gathered to indicate that fraudulent activity has in fact occurred, VSP's Corporate Legal Counsel will coordinate actions with law enforcement agencies as well as be prepared to initiate civil litigation in furtherance of all anti-fraud objectives. VSP will cooperate fully with all law enforcement agencies in the subsequent prosecution of fraudulent activities.

Reporting

The SIU will collect data and maintain documentation of investigations to provide support for Company actions. Cases under review or turned over to law enforcement for prosecution will be documented and reported to the Corporate Compliance Officer quarterly. The Corporate Compliance Officer will report the quarterly results to the Finance Committee of the Board. To meet standards of compliance, the SIU will report to states and requesting clients as required. The Company will also evaluate the effectiveness of its anti-fraud and abuse efforts on an annual basis.

VSP is a member of the National Health Care Anti-Fraud Association. VSP will incorporate any additional fraud detection and investigation measures deemed necessary and pertinent to our operation to comply with the NHCAA standards, and with local, state or federal law, as required.

VSP ELECTRONIC FUNDS TRANSFER AND EXPLANATION OF PAYMENT POLICIES

EFT Requirement

All VSP network doctors must be enrolled in Electronic Funds Transfer (EFT), also known as direct deposit. Doctors can enroll their practice online or can call 800.615.1883.

Electronic EOP Requirement

Printed Explanation of Payment (EOP) documents will not be mailed. EOPs are accessible through [eyefinity.com](https://www.eyefinity.com). Call 800.615.1883 for assistance accessing your online EOP.

VSP SAVINGS STATEMENT

It is recommended that VSP doctors use the VSP Savings Statement with VSP patients. Studies show patients are more satisfied when they get a statement during an office visit.

Note: You may use your own version of a savings statement (i.e., OfficeMate® patient fee slip); provided it contains similar information to the VSP Savings Statement reinforcing the value the patient receives from their coverage.

An automated version of the VSP Savings Statement is available when doctors submit a patient's claim through the Eyefinity® eClaim system. The statement is automatically completed based on a patient's claim information entered into eClaim, and is available through the Report Window on [eyefinity.com](https://www.eyefinity.com).

To help offices use the automated VSP Savings Statement, we've also implemented several new requirements:

- A patient signature is no longer required on the statement.
- If you dispense contact lenses or glasses, the automated statement can be provided when a patient picks up materials.
- Doctors don't need to keep a copy of patients' completed statements.

If patients don't order materials, please give them VSP Savings Statements during the office visit.

Doctors can get blank copies of the statement in the “Tools and Forms” section or under “Working with VSP” on **VSPOnline** at **eyefinity.com**. Doctors may give a paper copy to patients if they choose.

You can show you gave a savings statement by choosing the right check box when submitting claims through Eyefinity’s eClaim system.

At this time, patients in the following plans and programs shouldn’t get savings statements:

- Medicaid and SCHIPS
- Primary and Acute EyeCare
- VSP Diabetic Eyecare ProgramSM
- VSP Diabetic Eyecare Plus ProgramSM
- VSP Laser VisionCareSM
- Vision Therapy
- Repair

GLOSSARY

Acute EyeCare	A VSP product covering patients who need urgent care.
Administrative Simplification	Administrative Simplification, or Title II of the Health Insurance Portability and Accountability Act (HIPAA), will standardize specific electronic transactions used in the healthcare industry. This requires protecting patient privacy and ensuring the security, integrity and authenticity of health information.
Algorithm	In this context, a step-by-step description of the suggested procedure for monitoring and/or treating certain conditions. Algorithms are intended to provide guidance only; they never replace a doctor’s professional judgment.
Allowance	The maximum amount, in dollars, we will pay toward a certain service.
Authorization	The process of making sure a patient’s eyecare may be covered by VSP. Authorization doesn’t guarantee payment for a service.
Benefit	In this context, the type and amount of coverage for a service.
Birthday Rule	A way to determine the primary vision plan for dependent children covered by more than one plan. In this case, the primary plan is the one held by the parent whose birthday comes first in the calendar year.
Claim	A healthcare provider’s request to a health plan for payment and the necessary accompanying information.
CMS-1500	Formerly HCFA-1500. A federally approved claim form used to record the patient’s condition and bill for services rendered.

Computer VisionCare Plan	Computer VisionCare Plan includes a series of exam procedures to analyze eyesight requirements associated with viewing a computer monitor.
Coordination of Benefits	Also called COB. The process of coordinating multiple plans for a single patient visit.
Contract Lab	An optical lab that has signed a contract with us to make lenses for our patients.
Copay	Payment collected from a patient before services are given. Copays vary between plans, clients and levels of coverage.
Coverage	A term showing that the cost of a certain service provided to a patient will be reimbursed by us in part or in full.
CPT Code	“Current Procedural Technology Code.” An identifying code and descriptive term used to report services and procedures.
Credentialing	The process of making sure our doctors meet standards including current licensing and board certification, as applicable.
Diabetic Eyecare Program	A VSP product that provides medical eyecare services for patients with Type 1 diabetes.
Diabetic Eyecare Plus Program	A VSP product that provides medical eyecare services for patients with Type 1 and Type 2 diabetes, as well as, glaucoma and AMD.
Dispensing	The process of providing materials, such as lenses and frame, to patients.
Eligibility	Whether a patient can get VSP benefits.
Encounter Data	Detailed patient demographic, health and health insurance information collected from a CMS-1500 claim form.
Fee-For-Service Plan (FFS)	Health coverage in which doctors and other providers receive get a fee for each service such as an office visit, test, procedure or other healthcare service. The plan will either pay the medical provider directly or reimburse the patient for covered services after the patient has paid the bill and filed an insurance claim. Patients can get medical care from doctors they choose.
First-Time Redo	The one-time remaking of a lens that falls within our first-time redo policy.
Frame Overage	The dollar amount patients must pay when they chooses frames whose cost exceeds both the patient’s wholesale and retail frame allowance.
Gender Rule	A way to designate a primary vision plan for dependent children covered by more than one vision plan. In this case, the father usually holds the primary plan.
Half-Pair Lens Enhancement	Typically refers to a patient lens enhancement when the doctor or patient requests the enhancement on only one lens, rather than a pair of prescription lenses.
HCPCS	HCFA's Common Procedure-Coding System. A list of descriptive terms and identifying codes for reporting medical services given by healthcare providers.

Health Maintenance Organization (HMO)	A type of health plan that provides care through a network of doctors in certain geographic or service areas. HMOs coordinate healthcare services patients get.
HEDIS	Health Plan Employer Data and Information Set. A set of standardized measures designed to assess health plan performance.
HIPAA	The Health Insurance Portability and Accountability Act (HIPAA) is federal legislation intended to improve the portability and continuity of health benefits, to ensure greater accountability for healthcare fraud and to simplify administering health insurance.
Independent Lab	An optical lab not under contract with us.
Interim Benefit	A supplemental benefit (offered by some VSP clients) that covers services before the patient's next eligibility date. Interim benefits particularly apply when there are significant changes in the patient's prescription.
IVR	Interactive Voice Response. This is our automated system allowing doctors to access patient eligibility and coverage by phone.
Laser VisionCare	A VSP eyecare plan offering coverage for laser procedures.
Member	A person enrolled in a VSP plan who is the primary insured.
NCQA	National Committee for Quality Assurance. This is an independent, not-for-profit organization setting health plan accreditation standards.
Order of Benefits	The sequence in which benefits are used, beginning with primary plans, secondary plans and then numerically succeeding plans.
Overage	Amount the patient pays the doctor (in addition to the copay) for services and products not covered by any plan.
Lens Enhancements	Cosmetic lens features or enhancements. Patients pay the Patient Copay unless their plans cover that enhancement. Examples of lens enhancements include tints, polycarbonate and anti-reflective coatings.
PCP	Primary Care Physician. The doctor the patient usually visits.
Preferred Provider Organization (PPO)	A fee-for-service option where a member can choose plan-selected providers who have agreements with the plan. When a member uses a PPO provider, they pay less money out-of-pocket for medical service than when they use a non-PPO provider.
Primary Coverage	In coordination of benefits, the primary coverage is held by the person whose benefits will be exhausted before benefits from secondary and other plans are used.
Primary EyeCare	A VSP product that provides supplemental medical eyecare services for the detection, treatment and management of ocular and/or systemic conditions that produce ocular or visual symptoms.
Primary Plan	The plan held by the person whose benefits are exhausted first, following the order of benefits.

Provider Review	Also called a Medical Record Review, this is the process exam and treatment of each patient is properly documented and billed.
Referral	The process doctors use to direct patients to consult with another doctor.
Reimbursement	Money paid to doctors for covered services.
Explanation of Payment (EOP)	A statement explaining service payments and adjustments included in VSP doctor reimbursements. Also called an Explanation of Benefits (EOB) or Remittance Advice (RA).
Schedule of Allowances	A list of services patients are covered for, and the amounts to which patients are covered, according to their plans.
Secondary Allowance	The amount available for each benefit when VSP is the secondary plan.
Secondary Coverage	In coordination of benefits, secondary coverage is held by the person whose benefits are used after benefits from the primary plan have been exhausted.
Secondary Plan	The plan held by the person whose benefits are used after primary plan benefits have been used.
Service for Service	The secondary allowance is applied first to the same service or product of the primary plan (exam to exam, lens to lens, frame to frame, etc.). Any benefit amounts remaining after applying the allowance to a like benefit can be used for other services.
Service Verification	The process for making sure a service is covered and we'll reimburse you for that service before you give that service. You'll be notified which services need special processing to obtain a case number.
U&C; U&C Fees	Usual and Customary Fees. These are a doctor's standard, unmodified charges for given services.
VDT	Video Display Terminal. This term is used mainly when talking about our VDT VisionCare plan .
VSP Network Doctor	An optometrist or ophthalmologist who's signed a contract to take part in our doctor network.

VSP Signature Plan®

Lens Enhancements Chart



Effective March 1, 2013

Use this chart to determine what to charge patients and reconcile your VSP® Vision Care Explanation of Payment.

Copay

All lens enhancements are covered after a copay. Charge patient the listed copay or your usual and customary fee (U&C), whichever is lower.

Charge Back

This is the amount charged to you for lab fees. You won't be charged for covered lens enhancements.

Service Fee

You'll receive the listed service fee. VSP will reimburse this fee for covered lens enhancements. For other enhancements, this will be included in the copay you collect from the patient.

VSP Signature Plan

Effective March 1, 2013

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

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$13	\$23	\$14	\$14	\$28
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$22	\$51	\$33	\$22	\$55
AH	High-index Plastic 1.66/1.67	\$48	\$28	\$76	\$58	\$32	\$90
AJ	High-index Plastic 1.70 & Above	\$68	\$34	\$102	--	--	--
AD	Polycarbonate	\$10	\$13	\$23	\$14	\$14	\$28
AF	High-index Glass 1.60-1.80 (Clear)	\$35	\$20	\$55	\$85	\$42	\$127

Digital Aspheric Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
BA	Digital Aspheric Lenses – Plastic	\$19	\$14	\$33	\$26	\$14	\$40
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53-1.60/Trivex	\$16	\$11	\$33 + \$27	\$16	\$11	\$40 + \$27
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	\$37	\$19	\$33 + \$56	\$40	\$25	\$40 + \$65
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 & Above	\$57	\$25	\$33 + \$82	--	--	--
BD	Digital Aspheric Lenses – Polycarbonate	\$19	\$14	\$33	\$26	\$14	\$40

Occupational Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	Polarized Lenses – Plastic A	\$36	\$17	\$53	\$48	\$23	\$71
DA + DB	Polarized Lenses – High-index Plastic 1.53-1.60/Trivex	\$47	\$23	\$53 + \$70	\$59	\$29	\$71 + \$88
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	\$55	\$27	\$53 + \$82	--	--	--
DA + DD	Polarized Lenses – Polycarbonate	\$13	\$14	\$53 + \$27	\$13	\$14	\$71 + \$27
DE	Polarized/Laminated Lenses – Glass	\$49	\$23	\$72	\$63	\$30	\$93

Bifocal Lens Styles (Mark bifocal box.)		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IA	Near Variable Focus – Plastic A	--	--	--	\$16	\$14	\$30
IL	Near Variable Focus – Plastic B	--	--	--	\$26	\$20	\$46
+IB	Near Variable Focus – High-index Plastic 1.53-1.60	--	--	--	\$11	\$10	\$21
+II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$18	\$45
+ID	Near Variable Focus – Polycarbonate	--	--	--	\$7	\$10	\$17
GA	Blended Bifocal – Plastic	--	--	--	\$14	\$13	\$27

Plastic Dyes		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MM	(Lab Use Only)	--	--	--	--	--	--
MN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$8	\$13	\$5	\$8	\$13
MP	Plastic Dyes – Gradient	\$7	\$8	\$15	\$7	\$8	\$15

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.
Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no service fee for those lens enhancements.
Additionally, for children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

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

Glass Tints and Color Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
MQ	(Lab Use Only)	--	--	--	--	--	--
MR	Glass Tints Solid (Except Pink I & II & Yellow)	\$16	\$14	\$30	\$24	\$17	\$41
MS	Glass Color Coatings – Solid	\$22	\$16	\$38	\$22	\$16	\$38
MT	Glass Color Coatings – Gradient	\$25	\$17	\$42	\$25	\$17	\$42

Photochromics		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	Photochromics – Glass	\$15	\$14	\$29	\$23	\$14	\$37
PR	Photochromics – Plastic A	\$22	\$20	\$42	\$39	\$25	\$64
PP	Photochromics – Plastic B	\$42	\$20	\$62	\$51	\$25	\$76
^PP	Photochromics – Mid-index	\$42	\$20	\$62	\$51	\$25	\$76

Other Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$16	\$37	\$21	\$16	\$37
QN	Anti-reflective Coating B	\$34	\$17	\$51	\$34	\$17	\$51
QT	Anti-reflective Coating C	\$41	\$20	\$61	\$41	\$20	\$61
QV	Anti-reflective Coating D	\$52	\$23	\$75	\$52	\$23	\$75
QP	Mirror – Solid & Single Gradient (Includes Base Color)	\$26	\$18	\$44	\$26	\$18	\$44
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$20	\$50	\$30	\$20	\$50
QQ	Scratch-resistant Coating A – Factory Applied	\$7	\$8	\$15	\$7	\$8	\$15
QS	Scratch-resistant Coating B – Other Approved Coatings	\$15	\$14	\$29	\$15	\$14	\$29

Oversize		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater – Plastic	\$5	\$5	\$10	\$6	\$6	\$12
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$5	\$12	\$10	\$6	\$16

Miscellaneous		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
SP	High-luster Edge Polish	\$6	\$8	\$14	\$6	\$8	\$14
SQ	Edge Coating	\$17	\$15	\$32	\$17	\$15	\$32
SR	Faceted Lenses (Includes Polishing)	\$41	\$20	\$61	\$41	\$20	\$61
SV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14
BV	UV Protection – Backside	\$7	\$3	\$10	\$7	\$3	\$10
SH	(Lab Use Only)	--	--	--	--	--	--
ST	(Lab Use Only)	--	--	--	--	--	--
SW	(Lab Use Only)	--	--	--	--	--	--

Doctor Supplied		Single Vision			Multifocal		
Code	Lens Enhancement Description	In-office Lab ¹	Service Fee	Patient Copay	In-office Lab ¹	Service Fee	Patient Copay
IM	Plastic Dyes – Solid Color (Pink I & II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$8	\$13	\$5	\$8	\$13
IP	Plastic Dyes – Gradient	\$7	\$8	\$15	\$7	\$8	\$15
IV	UV Protection	\$6	\$8	\$14	\$6	\$8	\$14

¹If ordered with SunSensors or SunGray photochromics, lens enhancement code PP includes payment for mid-index materials.

Please note: If the patient is covered for plastic dyes, glass tints, or photochromics, there is no service fee for those lens enhancements.

¹In-office Lab[®]: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements. For all other lens enhancements, this will be included in the patient copay you collect from the patient.

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

Progressive				
Code	Lens Enhancement Description	Charge Back	Service Fee ²	Patient Copay
CM	Custom Measurements (on Eligible Progressive N or O) Lenses	\$2	\$8	\$10
NA	Progressive N – Plastic	\$95	\$65	\$160
NA + NB	Progressive N – High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$160 + \$42
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$24	\$160 + \$72
NA + NJ	Progressive N – High-index Plastic 1.70 & Above	\$77	\$38	\$160 + \$115
NA + ND	Progressive N – Polycarbonate	\$15	\$15	\$160 + \$30
NA + NP	Progressive N – Polarized	\$51	\$25	\$160 + \$76
OA	Progressive O – Plastic	\$75	\$45	\$120
OA + OB	Progressive O – High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$120 + \$42
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$24	\$120 + \$72
OA + OJ	Progressive O – High-index Plastic 1.70 & Above	\$77	\$38	\$120 + \$115
OA + OD	Progressive O – Polycarbonate	\$15	\$15	\$120 + \$30
OA + OP	Progressive O – Polarized	\$51	\$25	\$120 + \$76
FA	Progressive F – Plastic	\$54	\$36	\$90
FA + FB	Progressive F – High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$90 + \$42
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$24	\$90 + \$72
FA + FJ	Progressive F – High-index Plastic 1.70 & Above	\$77	\$38	\$90 + \$115
FA + FD	Progressive F – Polycarbonate	\$15	\$15	\$90 + \$30
FA + FP	Progressive F – Polarized	\$51	\$25	\$90 + \$76
FE	Progressive F – Glass/High-index Glass (Clear)	\$59	\$36	\$95
JA	Progressive J – Plastic	\$46	\$34	\$80
JA + JB	Progressive J – High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$80 + \$42
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$24	\$80 + \$72
JA + JJ	Progressive J – High-index Plastic 1.70 & Above	\$77	\$38	\$80 + \$115
JA + JD	Progressive J – Polycarbonate	\$15	\$15	\$80 + \$30
JA + JP	Progressive J – Polarized	\$51	\$25	\$80 + \$76
JE	Progressive J – Glass/High-index Glass (Clear)	\$56	\$34	\$90
KA	Progressive K – Plastic	\$30	\$20	\$50
KA + KB	Progressive K – High-index Plastic 1.53-1.60/Trivex	\$25	\$17	\$50 + \$42
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$24	\$50 + \$72
KA + KJ	Progressive K – High-index Plastic 1.70 & Above	\$77	\$38	\$50 + \$115
KA + KD	Progressive K – Polycarbonate	\$15	\$15	\$50 + \$30
KA + KP	Progressive K – Polarized	\$51	\$25	\$50 + \$76
KE	Progressive K – Glass/High-index Glass (Clear)	\$50	\$20	\$70

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

²The Service Fee for progressives is paid in addition to your VSP Signature Plan bifocal dispensing fee.

Please note: For children or handicapped patients, there is no Service Fee for covered polycarbonate lenses when dispensed.

Progressive Categories ³		
Custom	N	Hoyalux® iD LifeStyle/cd*, VSP Reveal® Freeform Vi*, UNITY® PLxpression*, Varilux Ipseo*, Varilux Physio Enhanced Fit*, Zeiss Individual*
	O	Autograph II*, GT2 3D/Short, GT2 3DV, Hoyalux Summit cd/ecp iQ*, Kodak Unique, Reveal Freeform, SOLA HDV, Supercede/Ws Internal, UNITY PLxtra/PLxtreme*, Varilux Ellipse 360, Varilux Physio/Short 360, Varilux Physio Enhanced
Premium	F	Accolade Freedom, AO Easy HD, Creation, Definity/Short, Element/Short, GT2/Short, Hoyalux Summit ecp/cd, Kodak Digital Precise/Short, Presio i/Digital, Reveal, Shamir Spectrum, SOLAOne HD, Succeed Internal, UNITY PLx, Varilux Comfort 2 DRx/Short/Enhanced, Varilux Physio/DRx/Short
	J	AO Easy, Compact ULTRA, Compact ULTRA HD, Essilor Ideal Short/Advanced, Genesis, Gradal Top, Hoyalux GP Wide, Kodak Precise/Short, Kodak Precise PB/Short, Piccolo, SOLAOne, Varilux Comfort 2/Short, Varilux Ellipse
Standard	K	Accolade, Adaptar, Amplitude/Mini, AO Compact, Essilor Ideal, Freedom ID, HD Trinity/Short, Illumina, Image, Instinctive, iRx Pro, Kodak, Kodak Concise, Natural, Navigator/Short, Outlook, Ovation, SmallFit, SOLAMAX, VIP

³If a lens is not shown, please refer to the **Product Index** in the **Manuals** on **VSPOnline** at **eyefinity.com**.

*This progressive lens is customizable for the most precise prescription. You'll receive the additional CM service fee when the frame wrap, pantoscopic tilt, and vertex distance measurements are submitted with your lab order via **eClaim** at **eyefinity.com**. All three measurements are required. Refer to the **Product Index** in your **VSP Manual** for additional eligible lenses.



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