



VSP® Choice Network Manual

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VSP CHOICE PLAN[®]

This supplement to the VSP Manual provides information regarding coverage for VSP patients with the VSP Choice Plan, VSP Choice Exam Plus PlanSM, Choice Access, and supplemental plans.

Enrollment/Doctor Participation

Only participating Choice Network doctors can provide services to VSP Choice Plan patients.

ELIGIBILITY & AUTHORIZATION

Copays

Copay information is provided when you obtain an authorization.

Note: Don't waive copays.

Coordination of Benefits (COB)

With the exception of the secondary allowances, the VSP Choice Plan[®] COB guidelines are the same as the VSP Signature Plan[®]. For additional information, see [Coordination of Benefits](#) in the VSP Manual.

The following table shows you how to use the secondary plan to coordinate benefits based on your network participation.

Patient's Primary Plan	Patient's Secondary Plan	Your Network Participation	Then
VSP Choice Plan	VSP Signature Plan	Choice Network	You'll be reimbursed based on the VSP Signature Plan COB allowances (see COB rules for exceptions).
VSP Choice Plan	VSP Signature Plan	Non-Choice Network	We'll reimburse the patient based on the VSP Signature Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.
VSP Signature Plan	VSP Choice Plan	Choice Network	You'll be reimbursed based on the VSP Choice Plan COB allowance (see COB rules for exceptions).
VSP Signature Plan	VSP Choice Plan	Non-Choice Network	We'll reimburse the patient based on the VSP Choice Plan non-VSP provider reimbursement schedule if out-of-network coverage is available.

CHOICE 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.

EXAM COVERAGE

Covered comprehensive eye exams are generally available to patients once every 12 or 24 months on a service year, fiscal year, or calendar year basis. Provide the level of exam necessary to determine your patient's eye health and visual status.

Patients may also be covered for:

- **Primary EyeCare services.** For more information, see [Primary and Acute EyeCare](#) in the VSP Manual.
- **Retinal Screening.** For more information about the Retinal Screening Value-Added Feature and Retinal Screening Covered Benefit, see [Retinal Screening](#) in the VSP Manual.

Your assigned VSP Choice Plan[®] eye exam fees are based on levels of service. See [Eye Exams](#) in the VSP Manual for additional information. Exam services are paid only once per eligibility period. Don't balance bill for exams.

Note: Avoid reduced reimbursement. Bill separately for refraction (92015). Your Choice Network Fee Schedule lists your refraction fee.

MATERIALS COVERAGE

Patient's Frame Allowance

Under the VSP Choice 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 Choice 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 Marchon and Altair frames.

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.

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

FRAME OVERAGES

Charge the patient according to our frame overage procedures. When the selected frame exceeds both the wholesale and equivalent retail allowance coverage, your patient is responsible for the overages exceeding his or her retail frame allowance, at 80% of U&C. Don't charge your patient more than 80% of U&C on frame overage, plus any applicable sales tax.

For more information, refer to the [Providing Frames](#) section in the VSP Manual.

You'll only receive payment for frames when the lenses meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

LENSES

- Single vision, bifocal, trifocal, or lenticular lenses in plastic or glass
- Eye sizes up to and including 60mm
- Polycarbonate lenses for monocular patients, dependent children, and handicapped patients

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

Note: We only cover lenses that meet the minimum prescription criteria, unless your patient is eligible for plano lenses.

Here's our minimum prescription criteria:

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.
-

OTHER LENS ENHANCEMENTS

If your patient selects a lens enhancement that has a copay, collect the lens enhancement copay directly from the patient. You'll be charged the VSP Choice Plan charge-back fee for those lens enhancements.

Covered with Copay: For lens enhancements that are covered with copay, charge the patient the patient copay listed on the [VSP Choice Plan Lens Enhancements Chart](#) or 80% of your U&C fees, whichever is lower, or the client-specific copay indicated on the Patient Lens Enhancement Report.

Covered with Copay, 80% U&C: For lens enhancements not listed on the [VSP Choice Plan Lens Enhancements Chart](#), charge 80% of your U&C fees.

Patient Charges

The following example illustrates how to calculate "add-on" fees based on your total prices for a specific lens enhancement.

Your U&C fee for UNITY™ PLx Trivex (mid-index) is:	\$260
Subtract your U&C fee for UNITY PLx in plastic:	-\$200
Your U&C add-on fee for mid-index is:	\$60
Deduct 20%	\$48
Add the VSP Choice Plan Lens Enhancement price for Progressive F in Plastic (FA):	+\$105
Patient pays:	\$153

Your U&C fee for near-variable focus, plastic is:	\$180
Subtract your U&C fee for bifocals (FT28):	-\$130
Difference (your U&C add-on fee)	\$50
Deduct 20% (your U&C add-on fee):	-\$10
Patient pays:	\$40

COVERED LENS ENHANCEMENTS

If your patient chooses a covered lens enhancement, you'll receive the Choice Plan covered service fee. We won't apply a charge back.

Note: Covered service fees don't apply to polycarbonate lenses dispensed to children or handicapped patients or patients with the Federal Plan.

FLEXIBLE LENS ENHANCEMENTS

To offer more customized coverage to clients and members, we've developed flexible lens enhancement 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.

Contact Lenses

ELECTIVE CONTACT LENSES

Many clients provide coverage for contact lenses in lieu of prescription glasses. To qualify, patients must first be eligible for glasses. Refer to the Patient Record Report for the patient's specific type of coverage and contact lens allowances.

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.

VSP patients may have the following elective contact lens benefits:

Contact Lens Exam Copay with Materials Allowance – Your patient has a copay toward contact lens exam services and a separate allowance for contact lens materials. The patient pays the contact lens exam services (initial fitting and evaluation, or F&E) copay or 85% of your U&C fees, whichever is less. VSP will reimburse the difference between the patient's copay and 85% of your U&C fees. There is no copay for contact lens materials.

Exam And (Combined Contact Lens Allowance) – Your patient has a combined allowance toward contact lens exam services, calculated at 85% of your U&C fees, and materials. There is no copay for contact lens materials. Your patient is responsible for the difference between your fees for contact lens exam services (85% U&C) materials, and their contact lens allowance.

Covered Contact Lenses – Your patient is covered after a copay for contact lens exam services and an annual supply of contact lenses.

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. Coverage is limited and may require special handling to ensure proper reimbursement. Refer to [Visually Necessary Contact Lenses section](#) in the VSP Manual for more information.

Don't balance bill your patient. Apply exam and 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. 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 manufacture'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.

Note: Visually necessary contact lenses are not fully covered under the Individual Plan. Patients covered under the Individual Plan have a \$120 contact lens allowance for both elective and visually necessary contact lenses.

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.

Note: The "initial" contact lens fitting period for all contact lens benefits is 90 days. Additional services outside of the initial fitting period (whether finalizing the fitting, or additional services throughout the year for ongoing management of a patient's condition) should be handled privately between you and the patient.

Low Vision

Many clients provide this coverage. Refer to [Low Vision](#) section in the VSP Manual for more information.

Value-Added Benefits

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

EXAM SERVICES

Charge 80% of U&C on additional eye exams.

GLASSES

Charge 80% 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 80% of U&C fee.
- Applies to prescription and non-prescription lenses.
- Doesn't apply to cleaning products or repairs of prescription lenses or frames.

Note: If a patient has coverage for lenses every 12 months and a frame every 24 months, charge 80% of U&C for the frame in the year when the patient is eligible for lenses but not for a frame.

CONTACT LENSES

Charge 85% of U&C on contact lens services. This benefit:

- Is subtracted from your U&C fee for evaluation, fitting, and follow-up services for prescription contact lenses.
- Is unlimited for 12 months on or following the date of the 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 80% of U&C.
- Doesn't apply to lenses, 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 of the **VSP Manual** for more information.

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 PRK LASIK with wavefront technology using the microkeratome only or Bladeless LASIK.
- 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.

DIABETIC EYECARE PLUS PROGRAMSM

- The Diabetic Eyecare Plus Program provides medical eye care 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.
- Please see the [Diabetic Eyecare Plus ProgramSM](#) section for more information

Supplemental Plans

The VSP Choice Plan may also be sold with the following supplemental plans:

CHOICE COMPUTER VISIONCARESM PLAN

Note: If your patient chooses a covered lens enhancement, there's no charge. If your patient selects any other lens enhancements charge the patient according to the [VSP Choice Plan Lens Enhancements Chart](#) or your U&C fees, whichever is lower. You may charge 80% of your U&C fees for lens enhancements not listed on the [VSP Choice Plan Lens Enhancements Chart](#). You'll be charged back the VSP Choice Plan lab fee for those lens enhancements.

See the [VSP Computer VisionCare Plan](#) section of the VSP Manual for more information.

CHOICE SECOND PAIR

Note: If your patient chooses a covered lens enhancement, there's no charge. If your patient selects any other lens enhancements charge the patient according to the [VSP Choice Plan Lens Enhancements Chart](#) or your U&C fees, whichever is lower. You may charge 80% of your U&C fees for lens enhancements not listed on the VSP Choice Plan Lens Enhancements Chart. You'll be charged back the VSP Choice Plan lab fee for those lens enhancements.

Doctors are paid Choice fees for the materials dispensing. See Lab instructions for materials dispensed under these supplemental plans.

Reminder: Obtain a separate authorization for these plans and follow the plan information provided on the authorization.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

Submitting Claims

Submit VSP Choice Plan[®] claims following the same procedure as VSP Signature Plan[®] claims. For additional information, refer to the [Submitting Claims](#) section in the VSP Provider Reference Manual.

Billing

- 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.
- For dates of service **on and after 10/1/15**, all WellVision[®] Exams should be billed with Z01.00, Z01.01 or Z13.5 or the appropriate [refractive diagnosis code](#); materials must be billed with the appropriate refractive disorder diagnosis code.
- For dates of service **on and before 9/30/15**, all WellVision[®] Exams should be billed with V72.0, V80.2 or 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.

Note: Bill your U&C fee on two lines for progressive lenses; one for the base bifocal lenses and the second for the progressive add-on.

Reimbursement

Reimbursement is made according to the current VSP Choice Plan Fee Schedule. View the **VSP Choice Plan Fee Schedule** on **VSPOnline** under **Administration**, by clicking on **Practice/Doctor Updates** and then **View or Update Fees**.

Note: Only Practice Administrators can view the Professional Fee Schedules. If you aren't able to access the fee schedule, contact Eyefinity[®] at 877.448.0707.

Refractive Diagnosis Codes			
For dates of service on and before 9/30/15		For dates of service on and after 10/1/15	
ICD-9	Description	ICD-10	Description
367.0	Hypermetropia	H52.01	Hypermetropia, right eye
		H52.02	Hypermetropia, left eye
		H52.03	Hypermetropia, bilateral
367.1	Myopia	H52.11	Myopia, right eye
		H52.12	Myopia, left eye
		H52.13	Myopia, bilateral
367.20	Astigmatism, unspecified	H52.201	Unspecified astigmatism, right eye

		H52.202	Unspecified astigmatism, left eye
		H52.203	Unspecified astigmatism, bilateral
367.21	Regular astigmatism	H52.221	Regular astigmatism, right eye
		H52.222	Regular astigmatism, left eye
		H52.223	Regular astigmatism, bilateral
367.22	Irregular astigmatism	H52.211	Irregular astigmatism, right eye
		H52.212	Irregular astigmatism, left eye
		H52.213	Irregular astigmatism, bilateral
367.31	Anisometropia	H52.31	Anisometropia
367.32	Aniseikonia	H52.32	Aniseikonia
367.4	Presbyopia	H52.4	Presbyopia
367.51	Paresis of accommodation	H52.521	Paresis of accommodation, right eye
		H52.522	Paresis of accommodation, left eye
		H52.523	Paresis of accommodation, bilateral
367.52	Total or complete internal ophthalmoplegia	H52.511	Internal ophthalmoplegia (complete) (total), right eye
		H52.512	Internal ophthalmoplegia (complete) (total), left eye
		H52.513	Internal ophthalmoplegia (complete) (total), bilateral
367.53	Spasm of accommodation	H52.531	Spasm of accommodation, right eye
		H52.532	Spasm of accommodation, left eye
		H52.533	Spasm of accommodation, bilateral
367.81	Transient refractive change	H52.6	Other disorders of refraction
367.89	Other disorders of refraction and accommodation	H52.6	Other disorders of refraction
367.9	Unspecified disorder of refraction and accommodation	H52.7	Unspecified disorder of refraction

VSP EASYOPTIONS

For more information on [VSP EasyOptions](#), refer to the **Plans and Coverages** section in the **VSP Manual**.

VSP ELEMENTS PROGRAM[®]

For more information on [VSP Elements](#), refer to the **Plans and Coverages** section in the **VSP Manual**.

LAB

Refer to the [Using Our Contract Lab System](#) page in the **VSP Manual**.

Submission Instructions

Online eClaim Submission: Submit orders to any contract lab through eClaim. Include all prescription information. You can choose any lab on the [VSP National Contract Lab list](#).

Paper Claims: Submit your orders to any contract lab on the [VSP National Contract Lab list](#).

Lab Information

The Doctor Service Report on Eyefinity will show the selected lab's contact information for each submitted order. The Lab Packing Slip also shows this information.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a patient's lenses to meet their needs. Refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

LAB – CALIFORNIA

VSP**One** Sacramento or VSP**One** San Diego must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-office Finishing Program. Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSP**One** Sacramento at:

151 Blue Ravine Road
Folsom, CA 95630
800.952.5518
VSP**One**.com

Contact VSP**One** San Diego at:

2651 La Mirada Drive
Vista, CA 92081
866.569.8800
VSP**One**.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSP**One** Sacramento or VSP**One** San Diego, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

Using Non-Contract Labs

You can only use non-contract labs in emergencies. VSP monitors the use of non-contract labs and they may only be used in the situations 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

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

Important! Inappropriate use of Non-Contract Labs will result in the denial of services and materials.

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.

All Lab invoices must be kept for a minimum of seven (7) years. Failure to keep Lab invoices may result in the denial of services and materials.

Lab invoices from an outside private lab must include the following:

- Patient name
- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

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.

LAB – FLORIDA

VSP**One** Ft. Lauderdale or VSP**One** Tampa must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-office Finishing Program.

Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSP**One** Ft. Lauderdale at:

6611 NW 15th Way
Fort Lauderdale, FL 33309
800.327.3718
VSP**One**.com

Contact VSP**One** Tampa at:

5600 115th Avenue North
Clearwater, FL 33760
866.587.6141
VSP**One**.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSP**One** Ft. Lauderdale or VSP**One** Tampa, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

Using Non-Contract Labs

You can only use non-contract labs in emergencies. VSP monitors the use of non-contract labs and they may only be used in the situations 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

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

Important! Inappropriate use of Non-Contract Labs will result in the denial of services and materials.

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.

All Lab invoices must be kept for a minimum of seven (7) years. Failure to keep Lab invoices may result in the denial of services and materials.

Lab invoices from an outside private lab must include the following:

- Patient name
- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

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.

LABORATORY— OHIO

VSPOne Columbus must fabricate all covered lenses dispensed to VSP patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-Office Finishing Program. Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Columbus at:

2605 Rohr Road
Lockbourne, OH 43137
800.251.5150
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Columbus, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

Using Non-Contract Labs

You can only use non-contract labs in emergencies. VSP monitors the use of non-contract labs and they may only be used in the situations 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

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

Important! Inappropriate use of Non-Contract Labs will result in the denial of services and materials.

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.

All Lab invoices must be kept for a minimum of seven (7) years. Failure to keep Lab invoices may result in the denial of services and materials.

Lab invoices from an outside private lab must include the following:

- Patient name
- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

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.

LAB – OREGON, WASHINGTON

VSPOne Olympia must fabricate covered lenses dispensed to your patients—[unless there's an emergency](#), you're providing a [Doctor In-Office Lens Enhancement](#), or you're using the MarchonDirect service or VSP In-office Finishing Program.

Refer to the [VSP In-Office Finishing Program](#) section in the VSP Manual for information about finishing stock lenses in your office.

Contact VSPOne Olympia at:

8719 Commerce Place Drive NE, Suite D
Lacey, WA 98516
888.352.7502
VSPOne.com

Important! In lieu of using the above optical technology centers, you have additional options to deliver eyewear even faster:

MarchonDirect is a complete eyewear service that helps you save money. You can pair a Marchon frame with UNITY lenses, for ANY patient, and save!

[VSP In-Office Finishing](#) enables you to use your in-office finishing equipment to earn additional revenue and take advantage of great pricing on a wide selection of high-quality stock lenses for both VSP and private-pay patients.

First-Time Doctor Redos—Lab Finished Lenses

You may need to remake a pair of lenses to meet your patient's needs. For lenses finished at VSPOne Olympia, refer to [First-Time Doctor Redos](#) in the VSP Manual for instructions.

Using Non-Contract Labs

You can only use non-contract labs in emergencies. VSP monitors the use of non-contract labs and they may only be used in the situations 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

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

Important! Inappropriate use of Non-Contract Labs will result in the denial of services and materials.

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.

All Lab invoices must be kept for a minimum of seven (7) years. Failure to keep Lab invoices may result in the denial of services and materials.

Lab invoices from an outside private lab must include the following:

- Patient name
- Date ordered/date completed
- Rx
- Lens enhancements
- Style and frame type, including make and model

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.

SUBMITTING CLAIMS/BILLING & REIMBURSEMENT

Submitting Claims

Submit VSP Choice Plan[®] claims following the same procedure as VSP Signature Plan[®] claims. For additional information, refer to the [Submitting Claims](#) section in the VSP Provider Reference Manual.

Billing

- 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.
- For dates of service **on and after 10/1/15**, all WellVision[®] Exams should be billed with Z01.00, Z01.01 or Z13.5 or the appropriate [refractive diagnosis code](#); materials must be billed with the appropriate refractive disorder diagnosis code.
- For dates of service **on and before 9/30/15**, all WellVision[®] Exams should be billed with V72.0, V80.2 or 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.

Note: Bill your U&C fee on two lines for progressive lenses; one for the base bifocal lenses and the second for the progressive add-on.

Reimbursement

Reimbursement is made according to the current VSP Choice Plan Fee Schedule. View the **VSP Choice Plan Fee Schedule** on **VSPOnline** under **Administration**, by clicking on **Practice/Doctor Updates** and then **View or Update Fees**.

Note: Only Practice Administrators can view the Professional Fee Schedules. If you aren't able to access the fee schedule, contact Eyefinity[®] at 877.448.0707.

Refractive Diagnosis Codes			
For dates of service on and before 9/30/15		For dates of service on and after 10/1/15	
ICD-9	Description	ICD-10	Description
367.0	Hypermetropia	H52.01	Hypermetropia, right eye
		H52.02	Hypermetropia, left eye
		H52.03	Hypermetropia, bilateral
367.1	Myopia	H52.11	Myopia, right eye
		H52.12	Myopia, left eye
		H52.13	Myopia, bilateral

367.20	Astigmatism, unspecified	H52.201	Unspecified astigmatism, right eye
		H52.202	Unspecified astigmatism, left eye
		H52.203	Unspecified astigmatism, bilateral
367.21	Regular astigmatism	H52.221	Regular astigmatism, right eye
		H52.222	Regular astigmatism, left eye
		H52.223	Regular astigmatism, bilateral
367.22	Irregular astigmatism	H52.211	Irregular astigmatism, right eye
		H52.212	Irregular astigmatism, left eye
		H52.213	Irregular astigmatism, bilateral
367.31	Anisometropia	H52.31	Anisometropia
367.32	Aniseikonia	H52.32	Aniseikonia
367.4	Presbyopia	H52.4	Presbyopia
367.51	Paresis of accommodation	H52.521	Paresis of accommodation, right eye
		H52.522	Paresis of accommodation, left eye
		H52.523	Paresis of accommodation, bilateral
367.52	Total or complete internal ophthalmoplegia	H52.511	Internal ophthalmoplegia (complete) (total), right eye
		H52.512	Internal ophthalmoplegia (complete) (total), left eye
		H52.513	Internal ophthalmoplegia (complete) (total), bilateral
367.53	Spasm of accommodation	H52.531	Spasm of accommodation, right eye
		H52.532	Spasm of accommodation, left eye
		H52.533	Spasm of accommodation, bilateral
367.81	Transient refractive change	H52.6	Other disorders of refraction
367.89	Other disorders of refraction and accommodation	H52.6	Other disorders of refraction
367.9	Unspecified disorder of refraction and accommodation	H52.7	Unspecified disorder of refraction

CLIENT DETAILS

ADP TOTALSOURCE

LVC Allowance Exception

Instead of using their material benefit for prescription eyewear (including lens, frame, and contact lenses), eligible patients can choose to use their benefit toward approved Laser Vision Care (LVC) services (PRK, LASIK, Custom PRK , Custom LASIK using wavefront technology or Bladeless LASIK.

Eligible patients will have a \$150 LVC allowance every plan year. The allowance amount applies to both eyes. The patient must be eligible for materials to receive LVC services. The patient will still be eligible for the standard LVC discounts.

CENTERS PLAN FOR HEALTHY LIVING INTEGRATED PRIMARY EYECARE

Members of Centers Plan for Healthy Living 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 Centers Plan for Healthy Living members are also eligible for routine benefits through VSP, including Medicaid. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

Please contact Centers Plan for Healthy Living's Customer Service department at **1.855.270.1600**, option 2 to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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

 <p>FIDA Care Complete</p> <p>Participant Name: <Cardholder Name> RxBin: 015574 Participant ID: <Cardholder ID#> RxPCN: ASPROD1 Health Plan (80840): <Card Issuer Identifier> RxGRP: CPL02 Effective Date: <Date Card Issued> RxID: <RxID#></p> <p>PCP Name: <PCP Name> PCP Phone: <PCP Phone></p> <p>Copays: PCP/Specialist: \$0 ER: \$0 Rx: \$0</p>	<p>In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your Care Manager or the 24-Hour Nurse Advice line.</p> <p>Participant Services: 1-800-466-2745 (TTY: 1-800-421-1220) 24-Hour Nurse Advice: 1-855-270-1600 (TTY: 1-800-421-1220) Care Management: 1-855-270-1600 Behavioral Health Line: 1-855-205-9184 Dental Services: 1-888-468-5175 Pharmacy Help Desk: 1-888-266-7460 Website: www.centersplan.com/fida/fida-mmp-members</p> <p>Send Claims To: Centers Plan c/o RelayHealth, 1564 Northeast Expressway, Mail Stop: HQ-2361, Atlanta, GA 30329-2010 Claim Inquiry: 1-855-270-1600, option 2</p>
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Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the Centers Plan for Healthy Living website at www.centersplan.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

Centers Plan for Healthy Living 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 Centers Plan for Healthy Living for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to Centers Plan for Healthy Living and are viewable under this tool. Continue to submit claims for routine eye care to VSP.

Centers Plan for Healthy Living Schedule of Covered Services - Medicare: Effective January 1, 2017

EYES OF HOPE[®] PROGRAMS: SIGHT FOR STUDENTS[®], AMERICAN RED CROSS, AND VSP MOBILE EYES[®] GIFT CERTIFICATES

VSP offers several types of charitable gift certificates that provide no-cost eye exams and glasses for adults and children in need who qualify through Choice Network doctors:

- Sight for Students gift certificates are distributed through national and regional strategic partners to help children succeed in school.
- American Red Cross gift certificates are distributed through local Red Cross chapters and shelters to adults and children who have lost or damaged their glasses during a disaster.
- VSP Mobile Eyes gift certificates are distributed at local outreach events with charitable and community partners throughout the U.S.

Your practice will be reimbursed for the eye care and glasses you provide just as if the patient is a VSP member. Please review the following information carefully, as each gift certificate program has unique benefits.

Waiving Sales Tax Collection

Because VSP’s gift certificate programs are designed to provide a comprehensive eye exam and prescription glasses at no cost to those in need, VSP strongly encourages all VSP Network doctors not to collect sales tax from these patients for covered materials.

Gift Certificates

Only Choice Network doctors can provide services to gift certificate patients. If you are not currently a Choice Network provider, please refer the patient back to VSP to find a participating provider.

Important! Please make sure the gift certificate is valid.

Patients must present a valid gift certificate to receive charitable services. Please check to make sure the certificate is being redeemed before the expiration date, and refer the patient back to the partner organization to obtain a new certificate if necessary. Unfortunately, VSP can’t accept claims on expired gift certificates.

Eligibility

A social security number is required to use a VSP gift certificate. When a gift certificate is issued to someone 18 years of age or younger, the child or the child’s parent or guardian must provide a social security number. The child may use their parent or guardian’s social security number if they do not have their own. Refer to the chart below to determine a child’s eligibility based on a parent or guardian’s social security number.

If the SSN provided is the	and you find vision coverage that is	then the
parent’s	member only	child is eligible for Sight for Students. Click Return to Check Eligibility & Retrieve Authorizations ,

		enter the gift certificate number (including the letters GC) and click Gift Certificate . Process the claim as usual.
parent's	family	child isn't eligible for Sight for Students. Services should be billed under the parent's plan.
guardian's	N/A	confirm the guardian's SSN entered. If it's correct, click Return to Check Eligibility & Retrieve Authorizations , enter the gift certificate number (including the letters GC) and click Gift Certificate . Process the claim as usual.
child's	anything other than Sight for Students	child isn't eligible for Sight for Students, and services should be billed under the covered plan.
child's	Sight for Students (used within the last 12 months)	child isn't eligible for Sight for Students.
parent's	a sibling has a Sight for Students certificate, too	child is eligible for Sight For Students. Add the new child as a dependent. Enter the gift certificate number (including the letters GC) to get authorization.

Getting an Authorization Number for Gift Certificates

- Check eligibility through eClaim. Patients with other VSP coverage are not eligible for services. If patient has the Access Plan, they may still be eligible. Call VSP for assistance.
- If the patient doesn't have other VSP coverage, you'll see the "Member ID not found" alert message. Click Back to Previous Page and go to the eInsurance tab. Enter the gift certificate number (including the letters GC) and click Gift Certificate.
- Enter the patient information to generate an authorization number.
- Put the gift certificate in the patient's file.

Submitting Claims

ELECTRONIC CLAIMS

eClaim accepts Sight for Students, American Red Cross, and VSP Mobile Eyes gift certificates. Submit the claim as you would for any VSP plans. Keep the gift certificate in your patient's file.

PAPER CLAIMS

Keep a copy of the certificate in your patient's file. Call **800.615.1883** if you have questions about submitting a paper claim.

Exam only - Submit the original certificate to us with a completed [CMS-1500 claim form](#).

Exam and materials for Sight for Students claims that require Otis & Piper frames - Submit the original certificate, a completed [CMS-1500 claim form](#), and a completed VSP Materials Invoice form to **VSPOne** Columbus at 2065 Rohr Road, Lockbourne, OH 43137.

Exam and materials for American Red Cross and VSP Mobile Eyes - Submit the original certificate, a completed [CMS-1500 claim form](#), and a completed VSP Materials Invoice form to a VSP wholly-owned lab. Please follow all other normal lab processing procedures; reserve private lab use for emergencies only.

Sight for Students

ELIGIBILITY

Partner organizations, such as the National Association of School Nurses, distribute Sight for Students gift certificates to students who meet income requirements. The practice should always verify the criteria below to ensure that you'll be reimbursed:

- The patient doesn't have routine exam or materials coverage through Medicaid or any other vision insurance. Children with other VSP coverage aren't eligible for Sight for Students; however, children covered by the VSP Access Plan may qualify for Sight for Students if they meet all other eligibility criteria. Need clarification? Call VSP.
- The patient is 19 or younger.
- Only one Sight for Students gift certificate per child can be redeemed in any 12-month period. Glasses that are lost, stolen, or broken within 12 months after a previous certificate is redeemed won't be covered or replaced.
- The patient provides a social security number. A child may use their parent or guardian's social security number if they do not have their own. Refer to the chart above to determine a patient's eligibility based on a parent or guardian's social security number.

COVERAGE

Frames

Sight for Students patients must select a covered frame from the Otis & Piper collection. Frames from the Otis & Piper collection are fully covered for patients and will be lab supplied through VSPOne Columbus.

If you don't carry the Otis & Piper frame kit, please contact Altair at **800.505.5557** to request one. You can also view the **Otis & Piper collection** online or refer the patient back to VSP to find a provider who offers these frames.

OUT-OF-KIT FRAMES

Out-of-kit frames are allowed for the following medically or visually necessary reasons:

- Frame material allergies.
- The appropriate eye size is unavailable within the Otis & Piper kit selection.

Use a KX modifier to indicate medical necessity. Medical necessity must be documented in the patient's file.

Out-of- kit frames are available in any of the Altair frame collections or Altair manufactured frame lines.

- Patients can choose from any frame manufactured by Altair.

- Frames manufactured by Altair include Altair, Altair Evolution, Anne Klein, bebe, Cole Haan, Genesis, JOE Joseph Abboud, Joseph Abboud, Kilter, Revlon, Sight for Students, Sunlites and Tommy Bahama.

Frames are covered up to \$115.00 (wholesale \$45).

If the frame exceeds wholesale and retail allowance, the patient pays the retail overage.

The patient receives a 20% savings on the overage.

For patient supplied frames:

- Patient may re-use their own existing frame; doctor can bill on Eyefinity as patient supplied.
- Patient may **not** purchase a new non-Altair frame privately.

Provider reimbursement:

- The doctor will receive a combined lens and frame dispensing fee of \$25.
- For patient-supplied frames, the doctor will receive a \$25 dispensing fee. Both frame and lens benefit will be exhausted.

Lab:

- The VSPOne Columbus lab must be used to process all out of kit orders, including paper claims.

Lens Enhancements

Patients may choose to add lens enhancements. Follow the instructions on the Patient Record Report and charge patients according to the [VSP Choice Plan[®] Lens Enhancements Chart](#).

- Polycarbonate lenses are covered. Patient pays any additional lens enhancements. Please see [Lenses](#) on Materials Coverage section for more information.

Low Vision

Patients may qualify for low vision services/aids. Please see [Low Vision](#) in the Plans & Coverages section for further information.

Vision Therapy

Patients may qualify for vision therapy. Please see [Vision Therapy](#) in the Plans & Coverages section for further information.

Necessary Contact Lenses

Patients may qualify for necessary contact lenses. Please see [Necessary Contact Lenses](#) in the Plans & Coverages section for further information.

Reimbursement

You'll receive your VSP Choice Plan[®] exam fees. For materials, you'll receive a \$25 dispensing fee for lenses and frames. With Otis & Piper frames, the frame is lab supplied, so you won't have to pay for the frame or pay a lab bill.

LAB

- The VSPOne Columbus lab must be used to process all Sight for Students orders, including paper claims.

American Red Cross**ELIGIBILITY**

Please verify that the patient meets the following criteria to ensure that you'll be reimbursed:

- Patient's eyeglasses or contacts were lost or damaged during a disaster, and the patient doesn't have vision insurance or isn't eligible to use their existing vision insurance.
- VSP members are NOT eligible for American Red Cross certificates, but VSP will reinstate benefits for members who have lost or damaged their glasses during a disaster. Patients covered by the VSP Access Plan may qualify for American Red Cross certificates if they meet all eligibility criteria. Call VSP to clarify the member's VSP coverage or reinstate benefits.
- The patient provides a social security number A child may use their parent or guardian's social security number if they do not have their own. Refer to the chart above to determine a child's eligibility based on a parent or guardian's social security number.

COVERAGE**Frames**

Patients with an American Red Cross gift certificate may select from a variety of Altair frames. If you do not carry Altair frames, contact Altair at **800.505.5557** to add them to your dispensary, view the collection online at altaireyewear.com, or refer the patient back to VSP to find a provider who offers these frames.

Lens Enhancements

- Polycarbonate lenses are covered for patients 19 years old or younger, and for adults with monocular vision.
- Patients may choose to add lens enhancements. Follow the instructions on the Patient Record Report and charge patients according to the [VSP Choice Plan® Lens Enhancements Chart](#).

Low Vision

American Red Cross patients may qualify for low vision services/aids. Please see [Low Vision](#) in the Plans & Coverages section for further information.

Necessary Contact Lenses

Patients may qualify for necessary contact lenses. Please see [Necessary Contact Lenses](#) in the Plans & Coverages section for further information.

Vision Therapy

This coverage isn't available through the American Red Cross program.

Reimbursement

When you treat a patient with a gift certificate from one of these programs, the claim will be reimbursed based on your VSP Choice network fees.

LAB

- American Red Cross gift certificate claims must be processed by an approved VSP Lab from the eClaim drop-down menu.
- Please follow all other standard lab processing procedures; reserve private lab use for emergencies.

VSP Mobile Eyes

The practice should verify the criteria below to ensure that you'll be reimbursed:

- If the patient has coverage for routine exam but not materials, bill exam through other vision insurance and use gift certificate for materials only.
- VSP members aren't eligible for the VSP Mobile Eyes program; however, patients covered by the VSP Access Plan may qualify for VSP Mobile Eyes if they meet all other eligibility criteria. Call VSP to verify the member's coverage and eligibility.
- A patient may redeem a gift certificate only once every 12 months. Glasses that are lost, stolen, or broken within 12 months after a certificate is redeemed can't be covered or replaced.
- The patient provides a social security number. A child may use their parent or guardian's social security number if they do not have their own. Refer to the chart above to determine a child's eligibility based on a parent or guardian's social security number.

COVERAGE**Frames**

Patients with a VSP Mobile Eyes gift certificate may select from a variety of Altair frames. If you do not carry Altair frames, contact Altair at **800.505.5557** to add them to your dispensary, view the collection online at altaireyewear.com, or refer the patient back to VSP to find a provider who offers these frames.

Lens Enhancements

- Polycarbonate lenses are covered for patients 19 years old or younger, and for adults with monocular vision. Please see [Lenses](#) on Materials Coverage section for more information.
- Any lens enhancement listed as an "N" or "Non-covered" isn't available to the patient and will invalidate the materials portion of the claim. If a claim is submitted with any non-covered lens enhancements, the provider will be responsible for the lab bill and for the entire cost of all materials.

Necessary Contact Lenses

Patients may qualify for necessary contact lenses. Please see [Necessary Contact Lenses](#) in the Plans and Coverages section for more information.

Low Vision

Coverage isn't available through the VSP Mobile Eyes gift certificate program.

Vision Therapy

Coverage isn't available through the VSP Mobile Eyes gift certificate program.

Reimbursement

When you treat a patient with a gift certificate from one of these programs, the claim will be reimbursed based on your VSP Choice network fees.

LAB

- VSP Mobile Eyes claims must be processed by an approved VSP Lab from the eClaim drop-down menu. Please follow all other standard lab processing procedures; reserve private lab use for emergencies.

CIGNA HEALTHY REWARDS—VISION NETWORK SAVINGS PROGRAM

Important! If updates are made to the VSP Choice Access Plan, those changes will apply to Cigna's Vision Network Savings Program.

VSP administers the Vision Network Savings Program under Cigna's Healthy Rewards Program. The program provides savings for routine vision services and materials to all Cigna members through a Cigna Vision provider. This program is also available to Cigna's dental and behavioral health network of providers.

The plan is a VSP Choice Access plan with regional pricing on certain vision services and materials (see below for savings and prices). Prices are determined regionally, and services are available through VSP's Choice Network of doctors. Savings may be used an unlimited number of times during the patient's enrollment as a Cigna member.

There are no authorizations or claims to file—just bill the patient directly after applying the appropriate savings and regional prices.

Other Cigna Plans

There are several different types of Cigna plans that offer various VSP plan coverage. Refer to the [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

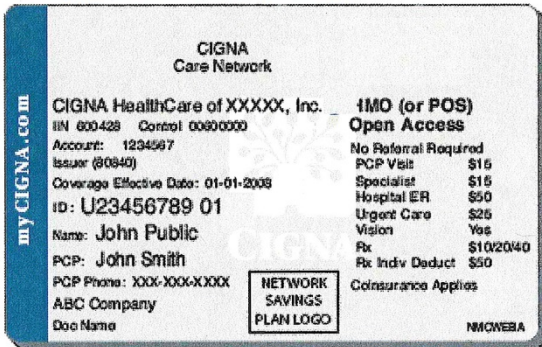
- All Cigna medical, dental, vision, pharmacy, behavioral health, and voluntary plan members are eligible for the program and can receive savings on routine vision services and materials from a Cigna Vision provider.
- Cigna's network of dental and behavioral health providers are eligible to receive savings through this program.
- Eligibility for the Vision Network Savings Program will not be available online—you won't be able to obtain an authorization or file a claim with VSP.
- If the patient has routine coverage available, please use that coverage first.
- The savings are available when patients pay privately for services and materials—they aren't combined with any other routine vision coverage.

Please Note: Some Cigna members may have routine benefits directly through Cigna. If benefits can't be verified with VSP, apply the Vision Network Savings Program benefits, charge the patient, and advise him or her to contact Cigna to find out if he or she can submit a claim directly to Cigna.

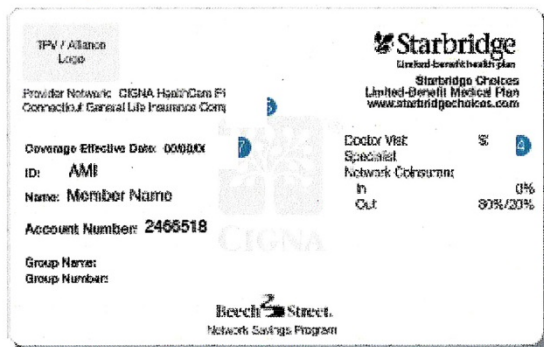
ID CARDS

Most members will have a Cigna ID card with the Cigna logo in the background like the samples below. Cigna's dental and behavioral health providers will also have an ID card identifying their eligibility for the program.

HMO Open Access or POS Open Access



Starbridge



Patients with My Care Allies coverage will have ID cards like the one below that don't have the Cigna logo, but they are eligible for the Vision Network Savings Program.

	<p>Healthy Rewards® for MyCareAllies members</p>	<p>How to use Healthy Rewards®</p>
	<p>Member Name:</p> <p>Note: Not all Healthy Rewards programs are available in all states.</p>	<p>Visit a Healthy Rewards participating provider to receive the discounts available through this program.</p> <p>Just set the appointment yourself, and enjoy your savings when you show your ID card to pay for services.</p> <p>A discount program is NOT insurance and the member must pay the entire discounted charge.</p>

Cigna dental and behavioral health providers ID card:

Vision Network Savings Program Offered through the CIGNA Network Rewards Program®

Expiration Date: 03/31/2010
Call Toll Free: 1.866.935.8128

Please read all of the terms and conditions at http://www.cigna.com/customer_care/healthcare_professional/dental/power.html

CIGNA Dental is not responsible for the quality, delivery, warranty or conditions of any product purchased. All vendors are independent contractors and are subject to change without notice. Access to discounts from these vendors does not constitute an endorsement of any vendor, product or service.

Claims/Billing & Reimbursement

Important! There are no authorizations or claims to file—just bill the patient directly..

Exam Coverage

- Charge patient 80% of U&C for exam fees or the regional exam pricing listed below for your region.
- Compare and charge the patient the lower of the two.
- Provide the level of exam needed to determine your patient's visual health status.
- Savings only applies to services and procedures included in a WellVision Exam. It doesn't apply to additional diagnoses and treatment.

Materials Coverage

Eligible patients get savings on frames, lenses, lens enhancements, and plano sunglasses. Use professional judgment when evaluating prescriptions from another doctor.

Please provide the following savings and follow the regional pricing when providing services to Cigna members through the Vision Network Savings Program.

FRAME

- Savings of 25% on the retail price of the frame.

LENSES

- For all lenses, charge patients 80% of U&C fees or the regional lens prices listed below for your region.
- Compare and charge the patient the lower of the two.
- There are also region specific pricing for single vision, bifocal, and trifocal lenses. Refer to the chart below to determine the appropriate pricing based on your location.

Regional Pricing

Important! If updates are made to the VSP Choice Access Plan, those changes will apply to Cigna's Vision Network Savings Program.

Charge patients 80% of U&C or the prices for your region as indicated below. Patients should be charged the lower of the two amounts.

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
AK	All	1	\$90	\$50	\$70	\$90
AL	All	4	\$75	\$40	\$60	\$75
AR	All	4	\$75	\$40	\$60	\$75

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
AZ	All	3	\$80	\$45	\$65	\$85
CA	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano	1	\$90	\$50	\$70	\$90
	All other counties	2	\$90	\$45	\$65	\$85
CO	All	3	\$80	\$45	\$65	\$85
CT	All	1	\$90	\$50	\$70	\$90
DC	All	1	\$90	\$50	\$70	\$90
DE	All	2	\$90	\$45	\$65	\$85
FL	All	2	\$90	\$45	\$65	\$85
GA	All	3	\$80	\$45	\$65	\$85
HI	All	1	\$90	\$50	\$70	\$90
IA	All	4	\$75	\$40	\$60	\$75
ID	All	4	\$75	\$40	\$60	\$75
IL	All	2	\$90	\$45	\$65	\$85
IN	All	4	\$75	\$40	\$60	\$75
KS	All	4	\$75	\$40	\$60	\$75
KY	All	4	\$75	\$40	\$60	\$75
LA	All	3	\$80	\$45	\$65	\$85
MA	All	1	\$90	\$50	\$70	\$90
ME	All	3	\$80	\$45	\$65	\$85
MD	All	2	\$90	\$45	\$65	\$85
MI	All	2	\$90	\$45	\$65	\$85
MN	All	3	\$80	\$45	\$65	\$85
MO	All	4	\$75	\$40	\$60	\$75
MS	All	4	\$75	\$40	\$60	\$75
MT	All	4	\$75	\$40	\$60	\$75
NE	All	4	\$75	\$40	\$60	\$75
NC	All	4	\$75	\$40	\$60	\$75
ND	All	4	\$75	\$40	\$60	\$75
NH	All	2	\$90	\$45	\$65	\$85
NJ	All	1	\$90	\$50	\$70	\$90
NM	All	3	\$80	\$45	\$65	\$85
NV	All	2	\$90	\$45	\$65	\$85
NY	Bronx, Kings, Nassau, New York, Richmond, Rockland, Suffolk Queens, Westchester	1	\$90	\$50	\$70	\$90
	All other counties	3	\$80	\$45	\$65	\$85
OH	All	3	\$80	\$45	\$65	\$85

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
OK	All	4	\$75	\$40	\$60	\$75
OR	All	3	\$80	\$45	\$65	\$85
PA	All	2	\$90	\$45	\$65	\$85
PR (Puerto Rico)	All	4	\$75	\$40	\$60	\$75
RI	All	2	\$90	\$45	\$65	\$85
SC	All	4	\$75	\$40	\$60	\$75
SD	All	4	\$75	\$40	\$60	\$75
TN	All	4	\$75	\$40	\$60	\$75
TX	All	3	\$80	\$45	\$65	\$85
UT	All	3	\$80	\$45	\$65	\$85
VA	All	3	\$80	\$45	\$65	\$85
VT	All	3	\$80	\$45	\$65	\$85
WA	All	2	\$90	\$45	\$65	\$85
WI	All	4	\$75	\$40	\$60	\$75
WV	All	4	\$75	\$40	\$60	\$75
WY	All	4	\$75	\$40	\$60	\$75
US Virgin Islands	All	4	\$75	\$40	\$60	\$75

LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees, not to exceed \$40.
- **Standard Anti-Reflective Coating** (Code QM Only): Charge 80% of U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings (refer to the [Product Index](#)):** Charge 80% of U&C fees.
- **Standard Scratch Coating** (Factory Applied Only): Charge 80% of U&C fees, not to exceed \$15.
- **UV Coating:** Charge 80% of U&C fees, not to exceed \$15.
- **Standard Progressive** (Code KA): 80% of U&C fees, not to exceed \$55 (only the amount over the base lens-flat top 28)
- **Premium and Custom Progressive**(Code FA, JA, NA, OA): Charge 80% of additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of additional U&C cost for high powers lenses.
- **All Other** Lens Enhancements & Features: Charge 80% of U&C fees.

Progressive Lenses

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas (or Region 4).

Bifocal Base Lens	
Bifocal (Flat Top 28) U&C	\$100
Deduct 20% (\$20)	-\$20
Bifocal Lens	\$80
vs.	vs.
Not-to-exceed regional maximum (Region 4 = \$60)*	\$60
Patient Bifocal Price	\$60
(Use the lower of the regional price or 80% of U&C fee)	
Progressive Add-On	
Premium Progressive U&C	\$220
Minus Bifocal U&C (Use Flat-Top 28)	-\$100
Premium Progressive Add-On Price	\$120
Deduct 20% (\$24)	-\$24
Patient Premium Progressive Add-On Price	\$96
TOTAL Patient Cost	
Bifocal price	\$60
Plus Progressive add-on price	<u>+\$96</u>
Total Patient out-of-pocket for Bifocal and Progressive	\$156

***Important!** Please refer to the [Lenses](#) section above to determine the appropriate bifocal maximum for your region based on your office location.

CONTACT LENS EXAM SERVICES (FITTING & EVALUATION)

- Charge patients 85% of U&C.

CONTACT LENS MATERIALS

- Charge patients as usual.

PLANO SUNGLASSES

- Charge 80% of U&C.

Lab

Lab work can be done on a private invoice basis using any lab, including in-office labs.

LASIK

LASIK discounts are not included through the Vision Network Savings Program administered by VSP. Please have patients contact Cigna Member Services at the phone number or Web site on their ID card for more information.

CIGNA VISION

VSP is Cigna Vision's routine vision care plan administrator. Cigna Vision plans typically cover a full eye exam, less a copay. We'll indicate specific plan information, coverage of materials, reimbursements, and copays, if any, on the Patient Record Report (a.k.a. authorization). Cigna Vision routine plans are administered through the Choice Network.


Other Cigna Plans

VSP has relationships with other Cigna plans such as many HMOs that offer Primary EyeCare services.

Refer to the [Cigna Plan Comparison Chart](#) for more information about the different types of plans, including plan type, eligibility, who to bill, and who to call for questions.

Alternate Member Identification Number

Cigna Vision members have an Alternate Member Identification Number. Many members will have a Cigna generated ID number that begins with "U," followed by 8 digits. However, there will be instances when a Cigna Vision member has a unique 9 digit ID number. The ID number will be listed on the member's Cigna Vision or Cigna medical ID card. See below for an example of the Cigna Vision ID card.

The A&C University CIGNA Vision		
Member ID	Connecticut General Life Insurance	
U23456789	Sample, John Q	
Account No: 1234567	Effective Date	
	09-12-2005	
Member Service Toll-Free:		
To find a Vision Network Provider: myCIGNA.com , click		

This card does not guarantee eligibility for benefits.
 If you choose an out-of-network provider: submit a completed claim form and itemized receipt to:
 CIGNA Vision, Claims Dept
 P. O. Box 997561
 Sacramento, CA 95899-7561
Eye Care Providers:
 To verify eligibility, call 1.877.478.7557

"CIGNA" refers to the various operating subsidiaries of CIGNA Corporation. Products and services are provided by these subsidiaries and not by CIGNA Corporation. Benefits are underwritten or administered by Connecticut General Life Insurance Company. This information is intended as a summary of benefits only. It does not describe all the terms, provisions and limitations of your plan. Participating providers are independent contractors solely responsible for your routine vision examinations and products. In Arizona and Louisiana, the CIGNA Vision product is referred to as CG Vision.

Cat #

Communications

Cigna branded Savings Statements are in PDF format available to provide to Cigna Vision patients:

- [Cigna Vision Savings Statement w/ 20% savings](#)
- [Cigna Vision Statement w/out 20% savings](#)

If members have questions regarding their benefits, please refer them to Cigna Vision Customer Service at 877.478.7557. Use your current VSP eligibility, authorization, and claims processes for Cigna Vision patients, including calling VSP for questions at 800.615.1883.

Eligibility

Please check eligibility for routine services with VSP first for Cigna members to ensure claims are billed to the appropriate insurance carrier as some members may have routine benefits

directly through Cigna. If benefits can't be verified with VSP, apply the [Cigna Healthy Rewards-Vision Network Savings Program](#) savings, charge the patient, and advise him or her to contact Cigna to find out if the claim can be submitted directly to Cigna.

Some Cigna Vision members may also have dual coverage. They may have a full service VSP plan and a Cigna Vision Choice Exam Plus plan. Comment codes will alert you that the member may have dual coverage. If dual coverage does exist, check eligibility using the last 4 digits of the primary member's SSN, instead of the Cigna ID number.

Coverage Exceptions

Cigna Vision has some exceptions to coverage that are slightly different than our other plans. The Patient Record Report (a.k.a. authorization) will indicate the following exceptions:

POLYCARBONATE LENSES

These lenses are covered for children under the age of 18. The authorization will indicate them as a covered lens enhancements.

OVERSIZE LENSES

These lenses are covered regardless of the eye size.

VALUE ADDED BENEFITS

Cigna Vision members qualify to receive a savings on exams and contact lens services through the Cigna Healthy Rewards Vision Network Savings Program. Members also receive lenses and lens enhancements at 80% of U&C , and frames at 75% of U&C even when a complete pair of glasses isn't ordered. Please refer to the [Cigna Healthy Rewards-Vision Network Savings Program](#) Client Detail Page for more detailed information.

ALLOWANCE PLANS - REMAINING ALLOWANCE

Cigna Vision members with an Exam Plus or Access Indemnity plan, with a combined material allowance, can apply any unused portion of the material allowance at a later date, within the same eligibility period (i.e. calendar year), to additional materials or services. Some exceptions may apply. See the Patient Record Report for any client exceptions. Members can't carry forward balances from a past eligibility period. Call VSP at 800.615.1883 to determine available allowances and to obtain an authorization.

Visually Necessary Contact Lenses

Material copays don't apply to visually necessary contact lenses. Don't collect material copays from patients receiving visually necessary contact lenses, unless indicated in special comments.

Explanation of Payment Schedule

We reimburse for services or materials provided to Cigna Vision members four times a month. Your normal Explanation of Payment (EOP) shows your Cigna Vision patients. In addition to your standard EOPs, you may receive an EOP for additional payment cycles, if you billed VSP for services or materials for a Cigna Vision Patient. For questions, call VSP at 800.615.1883.

Client Exceptions

The following Cigna Vision clients have unique exceptions as indicated below.

Altria/Philip Morris

PROGRESSIVE LENSES

If the patient orders progressive lenses, they have an \$80 progressive lens allowance. The authorization includes a comment code, indicating the allowance amount. If progressive lenses are ordered, subtract the allowance and bill your patient the remaining balance. You may use any lab on a private invoice basis.

Lab Selection Instructions

To choose a lab on eClaim:

- VSP contract lab - to send the order to a VSP contract lab, simply enter the lab ID number in the lab ID field in eClaim. This is a private transaction between your office and the lab. You'll receive a lab bill.
- Non-VSP contract lab - to send the order to a non-VSP contract lab, choose lab 100 from the eClaim drop down menu. Also submit your lab order directly to the lab of your choice. eClaim won't forward your order to any lab. This is a private transaction between your office and the lab. You'll receive a lab bill.

Lens Enhancements

If your patient selects progressive lenses and also orders covered lens enhancements, don't charge your patient for the lens enhancements. You'll receive both the covered service fee and the VSP Choice Plan[®] chargeback fee (we usually pay this fee to the lab) for the covered lens enhancement(s) provided. Please refer to the [VSP Choice Plan Lens Enhancements Chart](#). Please note, if there are no service fees or charge back amounts listed (i.e., rimless mounting, pink tints 1 and 2), the lens enhancement is considered covered in the allowance and no additional payment will be made.

If other lens enhancements are ordered with the progressive lens, bill the patient 80% of U&C for this enhancement.

Important! Apply these special handling procedures to patients selecting progressive lenses. Follow normal plan procedures for any other selected lens type.

Aquent

ALLOWANCES

This plan has a \$250 combined allowance for any combination of exam, lenses, lens enhancements, frames, and contacts. Apply allowance to adjusted U&C for exam, glasses, and contact lens services. You may bill the patient the remaining balance.

Borg Warner—Corporate and Ithaca

VISUALLY NECESSARY CONTACTS

This plan has an allowance for both visually necessary contact lenses (NCL) and elective contact lenses (ECL). The authorization includes a comment code, indicating the allowance amount. If your patient requires visually necessary contact lenses, bill as elective contact lenses. Pre-service verification isn't required. Apply the allowance to the adjusted fees for contact lens services (fitting and evaluation) and your U&C fees for the contact lens materials. Bill your patient the remaining balance.

Important Note: Follow normal plan procedures for all other Borg Warner plans.

City of Memphis

CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered for contact lens services (fitting and evaluation).

Billing Instructions

Obtain two authorizations when providing contact lens service. Use the primary plan to bill the WellVision routine exam. Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

LACERA

PROGRESSIVE LENSES

This plan has a \$70 allowance for progressive lenses, with a \$40 copay. The authorization includes a comment code, indicating the allowance amount. If progressive lenses are ordered, subtract the copay from your adjusted U&C fees, and then subtract the \$70 progressive allowance. Bill your patient the remaining balance. You may use any lab on a private invoice basis.

Here's an example of how to bill the patient:

Progressive U&C	\$200.00
Deduct 20%	-\$40.00
Subtotal	\$160.00
Subtract Copay (Patient Pays)	-\$40.00
Subtotal	\$120.00
Subtract Progressive Allowance	-\$70.00
Remaining Balance	\$50.00
\$50 balance & \$40 copay	
Patient Pays	\$90.00

Lab Selection Instructions

To choose a lab on eClaim:

- **VSP contract lab** - to send the order to a VSP contract lab, simply enter the lab ID number in the lab ID field in eClaim. This is a private transaction between your office and the lab. You'll receive a lab bill.
- **Non-VSP contract lab** - to send the order to a non-VSP contract lab, choose lab 100 from the eClaim drop down menu. Also submit your lab order directly to the lab of your choice. eClaim won't forward your order to any lab. This is a private transaction between your office and the lab. You'll receive a lab bill.

LENS ENHANCEMENTS

If your patient selects progressive lenses and also orders covered lens enhancements, don't charge your patient for the lens enhancements. You'll receive both the covered service fee and the VSP Choice Plan chargeback fee (we usually pay this fee to the lab) for the covered lens enhancement(s) provided. Please refer to the [VSP Choice Plan Lens Enhancements Chart](#) (see exception below).

Exception: rimless mount and pink 1 and 2 tints are considered part of the allowance. No additional payment will be made for these enhancements.

If other lens enhancements are ordered with the progressive lens, charge the patient 80% of your U&C.

Important! Apply these special handling procedures to patients selecting progressive lenses. Follow normal plan procedures for any other selected lens type.

CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered for contact lens services (fitting and evaluation). Patients can choose to use their benefits towards an exam, contact lens services (fitting and evaluation) and either glasses (lens and frame) or contact lenses.

Billing Instructions

Obtain two authorizations when providing contact lens service or materials. Use the primary plan to bill the WellVision routine exam and materials. Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

The contact lens allowance is based on the type of contact lenses that are dispensed. For non-disposable contacts, the allowance is \$180. For disposable contacts, the allowance is \$230.

Contact lens materials are eligible once per lifetime. The patient can receive contact lens materials and a frame in the same eligibility period.

VISUALLY NECESSARY CONTACT LENSES

This plan has a \$230 allowance for necessary contact lenses. Follow normal procedures to determine if the patient meets the visually necessary contact lens criteria. Bill your patient the remaining balance. The patient is covered in full for contact lens services (fitting and evaluation). Use the patient's Second Pair benefit to bill the contact lens services.

Solvay USA Inc.

VISUALLY NECESSARY CONTACT LENSES

This plan has a \$250 allowance for visually necessary contact lenses. Follow normal procedures when making a determination if patient meets the criteria for visually necessary contact lenses. Apply the allowance to 85% of U&C contact lens services (fitting and evaluation) fees and your U&C for contact lens materials fees. Bill your patient the remaining balance.

Ryerson

VISUALLY NECESSARY CONTACT LENSES

This plan has a \$125 allowance for both visually necessary contact lenses (NCL) and elective contact lenses (ECL). If your patient requires visually necessary contact lenses, bill as elective contact lenses. Apply the allowance to 85% of U&C the contact lens services (fitting and evaluation) fees and your U&C for contact lens material fees. Bill your patient the remaining balance.

SEIU - Staff Plan

CONTACT LENS COVERAGE

In addition to a routine WellVision exam, patients are also covered for contact lens services (fitting and evaluation). Patients can choose to use their benefits towards an exam, contact lens services (fitting and evaluation), and either glasses (lens and frame), or contact lenses.

Billing Instructions

Obtain two authorizations when providing contact lens service or materials. Use the primary plan to bill the WellVision routine exam and materials. Use the Second Pair benefit to bill the contact lens services (fitting and evaluation).

Visually Necessary Contact Lenses

This plan has a \$170 allowance for both visually necessary contact lenses and elective contact lenses (ECL). If your patient requires visually necessary contact lenses, bill as elective contact lenses. Apply the allowance to 85% of your U&C for the contact lens services (fitting and evaluation) fees and your U&C for contact lens material fees. Bill your patient the remaining balance.

PROGRESSIVE LENSES

All progressive lenses are covered with a \$40 copay.

CLAIM SUBMISSION

Please include all services and/or materials, when submitting claims for SEIU members, including those not covered by their Cigna Vision benefits (second pairs, etc). The charges can be added to the FSA field on eClaim. Refer to the [Flexible Spending Account](#) section in the VSP Manual for more information.

SEIU - Union Plan

VISUALLY NECESSARY CONTACT LENSES

This plan has a \$40 allowance for both visually necessary contact lenses (NCL) and elective contact lenses (ECL). If your patient requires visually necessary contact lenses, bill as elective contact lenses. Apply the allowance to 85% of your U&C for the contact lens services (fitting and evaluation) fees and your U&C for contact lens material fees. Bill your patient the remaining balance.

PROGRESSIVE LENSES

All progressive lenses are covered with a \$50 copay.

CLAIM SUBMISSION

Please include all services and/or materials, when submitting claims for SEIU members, including those not covered by their Cigna Vision benefits (second pairs, etc). The charges

can be added to the FSA field on eClaim. Refer to the [Flexible Spending Account](#) section in the VSP Manual for more information.

South Florida Water Management - Buy up Plan (VSP Choice Plan)

PROGRESSIVE LENSES

This plan has a \$105 allowance for progressive lenses. The authorization includes a comment code, indicating the allowance amount. If progressive lenses are ordered, subtract the allowance from 80% of your U&C fees. Bill your patient the remaining balance. You may use any lab on a private invoice basis.

Lab Selection Instructions

To choose a lab on eClaim:

- **VSP contract lab** - to send the order to a VSP contract lab, simply enter the lab ID number in the lab ID field in eClaim. This is a private transaction between your office and the lab. You'll receive a lab bill.

Non-VSP contract lab - to send the order to a non-VSP contract lab, choose "lab 100" from the eClaim drop down menu. Also submit your lab order directly to the lab of your choice. eClaim won't forward your order to any lab. This is a private transaction between your office and the lab. You'll receive a lab bill.

Lens Enhancements

If your patient selects progressive lenses and also orders any covered lens enhancements, don't charge the patient for the lens enhancements. You'll receive both the covered service fee and the VSP Choice Plan chargeback fee (we usually pay this fee to the lab) for the covered lens enhancement(s) provided. Please refer to the [VSP Choice Plan Lens Enhancements Chart](#). Please note, if there are no service fees or charge back amounts listed (i.e. rimless mounting and pink tints 1&2), the lens enhancement is considered covered in the allowance and no additional payment will be made.

If other lens enhancements are ordered with the progressive lens, charge the patient 80% of U&C for the lens enhancement.

Important! Apply these special handling procedures to patients selecting progressive lenses. Follow normal plan procedures for any other selected lens type.

Cigna Covered in Full Plans

Cigna has some clients that cover services in full for members under the age of 19 and/or members 19 and over.

The plans can be VSP Choice, Exam Plus with Allowance, or Access Indemnity. The coverage is identified with a comment code that indicates patients are covered in full for one pair of glasses or an annual year supply of disposable contacts or one pair of conventional contacts, including the contact lens services (fitting and evaluation).

Contact lens materials will be reimbursed according to the Covered Contact Lens plan. The contact lens services will be reimbursed at 85% of your U&C fees. Dispensing an annual supply at one time is required under these plans. 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.

Covered lens enhancements include- Oversize, UV coating, scratch coating, polycarbonate and tints (solid & plastic gradient).

CLEARRIVER HEALTH PLAN INTEGRATED PRIMARY EYECARE

ClearRiver Health Plan of Tennessee has terminated coverage for its members under the VSP Integrated Primary EyeCare Program, effective January 1, 2017. Please contact ClearRiver Health Plan's Customer Service department at **866.792.0182**, if you have questions.

Members of ClearRiver 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 ClearRiver 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 ClearRiver Health Plan's Customer Service department at **866.792.0182** to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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 CARD

<p>Member</p>  <p>Member: JOHN SAMPLE Member ID: SMPL0001 Issuer: H7903-001 Effective Date: Group Plan (HMO): Classic Plus Rx (HMO) Provider Network: PCP: PCP Clinic: PCP Phone:</p>	<p>Medical Copays</p> <p>Primary Care Physician: \$5 Specialist: \$20 Urgent Care: \$20 Emergency Room: \$65 Routine Vision: VSP</p> <p>Copay due at time of service</p> <hr/> <p>Pharmacy Plan</p> <p>Rx Bin: 015574 Rx PCN: ASPROD1 Rx Group: PRO04</p> <p>MedicareRx Prescription Drug Coverage</p> <p>Mail Order Pharmacy: 1-888-479-2000 After Hours Pharmacy Support: 1-877-391-9299</p> <p>RX Copay: Retail: \$2 / \$10 / \$35 / 25% / 33% Mail Order: \$2 / \$10 / \$35 / 25% / 33%</p>
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Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the ClearRiver Health Plan website. 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

ClearRiver 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 ClearRiver Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to ClearRiver Health and are viewable under this tool. Continue to submit claims for routine eye care to VSP.

ClearRiver Health Plan Schedule of Covered Services: Applicable TN Counties – Effective January 1, 2016

FEDERAL EMPLOYEES DENTAL AND VISION INSURANCE

Note: Be sure to carefully review the Patient Record Report at authorization.
[Download the member brochure.](#)

Materials

Effective January 1, 2014, the materials benefit has changed as follows:

- Depending on their plan, FEDVIP members will have an extra \$40 or extra \$50 on top of their frame allowance to spend on Marchon or Altair frames. Review the Patient Record Report for the patient's retail and wholesale frame allowances. Refer to the [Providing Frames](#) section of the VSP Manual for more details.
- FEDVIP members with the VSP High Option will be covered for UNITY anti-reflective (AR) coatings and have a \$20 allowance for non-UNITY AR coatings. Review the Patient Record Report and the Patient Lens Enhancement Charges Report to calculate the correct charges, if any.
- Contact lens exam services will be covered with a copay. Patients will have a separate allowance of \$120 or \$150 for contact lens materials, depending on their plan. See the [Contact Lenses](#) section for more information about the Contact Lens Exam Copay with Materials Allowance.

Lab Routing

Starting January 1, 2014, prescription eyewear orders for FEDVIP members will be fulfilled through a nationwide network that includes VSPOne Optical Technology Centers and more than 50 other contract labs. Based on the materials requested, eClaim at eyefinity.com will display a list of labs available to complete your order. Orders will be routed according to the claim submission date rather than the date of service.

Coordination of Benefits (COB)

Some FEDVIP members may have routine vision coverage through their health plan. If so, then consider the health plan as primary. Please confirm the health plan information with your patient and verify that the health plan will cover your services.

If the health plan covers:

Exam Only: Bill us as primary for materials. Coordinate benefits with us for any portion of the routine exam not covered by the health plan. To do so, submit a paper claim to us after you receive payment from the health plan, along with a copy of the health plan's explanation of benefits.

Exam and Material: Coordinate benefits for any portion of the routine exam and materials not covered by the health plan. To do so, submit a paper claim to us after you receive payment from the health plan, along with a copy of the health plan's explanation of benefits.

If the health plan doesn't cover your services, bill us as primary.

Reimbursements are based on the [VSP Choice Plan secondary COB allowance](#). For more information, refer to [the COB Between Health Plans and VSP Plans](#) section of the VSP Manual.

Note: If the federal employee's health benefit (FEHB) plan is an HMO and you're not a participating provider under that plan, then bill us as primary.

Authorizations

Eyefinity's eClaim will display messages when patients have routine vision coverage through their health plan, indicating that coordination of benefits may apply. The IVR system and faxed authorizations will have similar messages. These messages aren't available for practices using the Practice Management Interface software.

Glossary

Closed Network Access	Members must obtain medical services from network providers.
FEHB Plan Type	FFS and HMOs are the two FEHB plan types offered by the FEDVIP. Some FFS and HMO plans offer POS products, allowing the member to choose from a designated network of providers or non-network providers at an additional cost.
Fee-for-Service (FFS)	Health plan in which doctors receive a fee for each covered service. The plan will either pay the medical provider directly or reimburse the member for covered services after the member has paid the invoice and filed an insurance claim. FFS plans offer open network access, allowing the member to receive medical care from any doctor.
Health Maintenance Organization (HMO)	Health plan in which members receive care through a network of doctors in designated service areas. HMOs offer closed network access. Note: If the federal employee's health benefit (FEHB) plan is an HMO and you are not a participating provider under that plan, then bill VSP as primary.
Open Network Access	Members can obtain medical services from in-network or out-of-network providers.
Point of Service (POS)	A product offered by HMO or FFS plans. With an HMO plan, the POS product allows the member to see providers who are not part of the HMO network, paying higher deductibles and co-insurances for their services. Members must file a claim for reimbursements.

HARVESTPLAINS HEALTH PLAN INTEGRATED PRIMARY EYECARE

HarvestPlains Health Plan of Iowa has terminated coverage for its members under the VSP Integrated Primary EyeCare Program, effective January 1, 2017. Please contact HarvestPlains Health Plan's Customer Service department at **855.581.4101**, if you have questions.

Members of HarvestPlains 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.

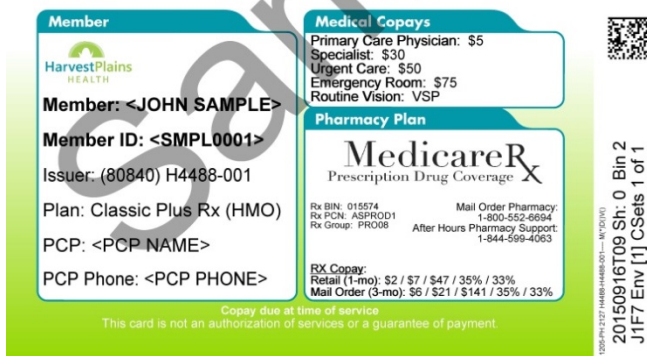
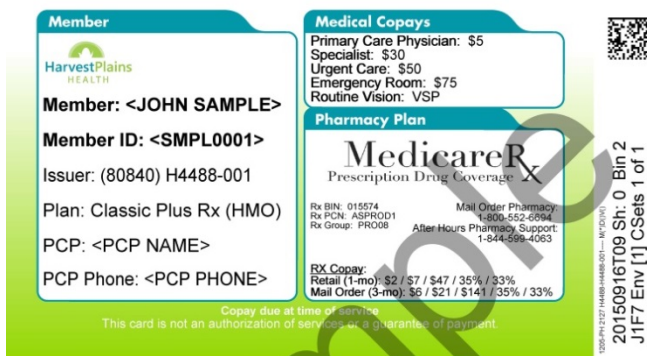
Note: Some HarvestPlains members are also eligible for routine benefits through VSP. Please follow your standard process for obtaining eligibility, authorizations, and submitting claims for those services, and bill the appropriate insurance carrier.

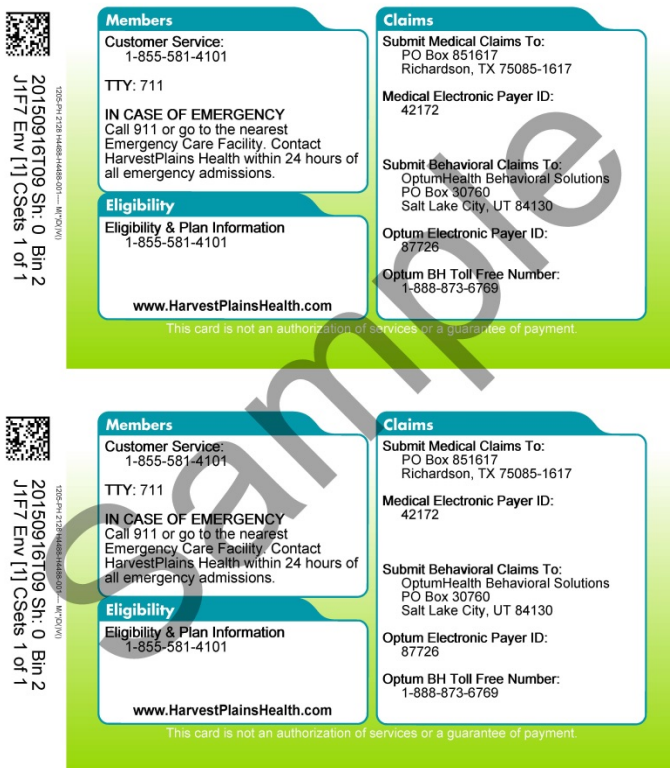
Please contact HarvestPlains Health Plan's Customer Service department at **855.581.4101** to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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 CARD





Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the HarvestPlains Health Plan website. 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

HarvestPlains 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 HarvestPlains Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to HarvestPlains Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

HarvestPlains Health Plan Schedule of Covered Services: Applicable IA Counties – Effective January 1, 2016

HEALTH SERVICE SYSTEMS

Effective January 1, 2017, Health Service System members will be eligible for medical eyecare services under the VSP Primary EyeCare Plan. Please refer to [Primary EyeCare Plan](#) under **Plans and Coverages** for detailed information.

Acute EyeCare

Health Service System members are eligible for Acute EyeCare services. See below for details on Acute EyeCare coverage for this client.

The VSP Acute EyeCare PlanSM gives limited coverage for urgent and acute eyecare conditions. Services given to diagnose, monitor, or treat chronic conditions aren't covered.

Refer your patients back to their primary medical doctor for treatment or referral if an ongoing or chronic condition such as diabetes or glaucoma exists, or is suspected. If you've already given services, attach an explanation to the completed [CMS-1500 Claim Form](#). We'll cover only one claim per doctor, subject to approval, in a patient's benefit lifetime.

REFERRALS

Members of this plan may self-refer for Acute EyeCare services or be referred by their primary care physician (PCP). Refer patients back to their PCP if your diagnosis shows a need for specialized services not covered under the Acute EyeCare Plan.

COPAYS

Copays apply only to exams.

SUBMITTING CLAIMS

Please submit claims online via [eyefinity.com](#). For paper claims, write "VSP Acute EyeCare" across the top of the CMS-1500 and submit the completed form to VSP.

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

Acute EyeCare Coverage

The list below shows the Acute EyeCare services covered for this client. Covered benefits are administered according to our policies and procedures in effect on the date of service. In addition to VSP's Acute EyeCare coverage, the following procedure codes are covered when appropriate for the level of licensure as well as the current state and federal laws, rules, and regulations.

[Acute EyeCare Coverage](#)

HEARTLANDPLAINS HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of HeartlandPlains 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 HeartlandPlains 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 HeartlandPlains Health Plan's Customer Service department at 866.792.0184 to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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 CARD

<p>Member</p>  <p>Member: JOHN SAMPLE Member ID: SMPL0001 Issuer: H3765-001 Effective Date: Group Plan (HMO): Classic Plus Rx (HMO) Provider Network: PCP: PCP Clinic: PCP Phone:</p>	<p>Medical Copays</p> <p>Primary Care Physician: \$5 Specialist: \$30 Urgent Care: \$30 Emergency Room: \$65 Routine Vision: VSP</p> <p>Copay due at time of service</p> <p>Pharmacy Plan</p> <p>Rx Bin: 015574 Rx PCN: ASPROD1 Rx Group: PRO02</p> <p>MedicareRx <small>Prescription Drug Coverage</small></p> <p>Mail Order Pharmacy: 1-888-479-2000 After Hours Pharmacy Support: 1-877-391-9299</p> <p>RX Copay: Retail: \$2 / \$10 / \$35 / 25% / 33% Mail Order: \$2 / \$10 / \$35 / 25% / 33%</p>
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Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the HeartlandPlains Health Plan website. 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

HeartlandPlains 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 HeartlandPlains Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to HeartlandPlains Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

HeartlandPlains Health Plan Schedule of Covered Services: Applicable NE Counties – Effective January 1, 2017

METLIFE VISION

Patients will identify their coverage as “MetLife Vision.” Most will not be issued a member ID card; however, patients may print their own member ID card at metlife.com.

Eligibility

When you request an authorization, the Patient Record Report will indicate “METLIFE VISION MEMBER” in the Special Information – Group Comments section. Be sure to carefully review the copays, allowances, and covered lens enhancements on the Patient Record Report.

Sample of Patient Record Report on eyefinity.com:

```

**SPECIAL INFORMATION - GROUP COMMENTS
FOR NON-COVERED LENS OPTIONS USE THE CHOICE OPTIONS LIST IN THE CHOICE MANUAL ON VSPONLINE.
METLIFE VISION MEMBER: PLEASE REFER TO METLIFE VISION, NOT VSP, WHEN SPEAKING WITH THE MEMBER.
FOR FURTHER DETAILS, REVIEW THE METLIFE VISION CLIENT DETAIL PAGE IN THE CHOICE MANUAL. REFER
MEMBERS WITH QUESTIONS TO 855.MET.EYE1 (855.638.3931).

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Sample of Patient Record Report by fax:

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**SPECIAL INFORMATION - GROUP COMMENTS
D554 FOR NON-COVERED LENS OPTIONS USE THE CHOICE OPTIONS LIST IN THE C
HOICE MANUAL ON VSPONLINE.
P154 METLIFE VISION MEMBER: PLEASE REFER TO METLIFE VISION, NOT VSP, W
HEN SPEAKING WITH THE MEMBER. FOR FURTHER DETAILS, REVIEW THE MET
LIFE VISION CLIENT DETAIL PAGE IN THE CHOICE MANUAL. REFER MEMBER
S WITH QUESTIONS TO 855.MET.EYE1 (855.638.3931).

```

Benefit Administration

Your practice will request an authorization, submit claims, and be reimbursed just as you would for a VSP Choice Plan[®] patient.

Covered Lens Enhancements

The following enhancements are covered for all MetLife Vision patients:

- Polycarbonate lenses for children
- UV lenses (Aon Hewitt Corporate Exchange has different UV coverage options).

In addition, some MetLife Vision patients may be covered in full for standard progressives (category K). Coverage will be indicated on the Patient Record Report if applicable.

For more about these covered lens enhancements, please refer to [Flexible Lens Enhancements](#) in the **Materials Coverage** section.

Value-added Benefits

Provide the VSP Choice Plan benefits for any additional services or materials as you normally would for any other VSP Choice Plan patient. Refer to [Value-Added Benefits](#) in the **Materials Coverage** section for full details.

Important! If the patient provides the program code MET2020 or displays a MetLife VisionAccess Program wallet card, they are eligible for the MetLife VisionAccess Program pricing in lieu of the VSP Choice Plan value-added

benefits. (Eligibility for the MetLife VisionAccess Program is not in the system and will not appear on the Patient Record Report.) For details on administering the benefit, please see the [MetLife VisionAccess Program](#) page.

Patient Communications

Remember, patients won't know that VSP is the third-party administrator for MetLife Vision. Use the MetLife-branded patient forms returned with the authorization or download them from the **Forms Library** under **Administration** on **VSPOnline**.

Questions

Practices should call VSP at **800.615.1883** with any questions. Please refer patients with questions to MetLife Vision Customer Service:

- MetLife Vision – Call 855.MET.EYE1 (**855.638.3931**).
- MetLife VisionAccess Program – Call 800.ASK.4MET (**800.275.4638**).

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. In certain states, availability of MetLife's group vision benefits is subject to regulatory approval.

METLIFE VISIONACCESS PROGRAM

VSP administers the MetLife VisionAccess Program, providing MetLife members with benefits for routine vision services and materials through VSP Choice Network providers.

The plan is a VSP Choice Access[®] plan with regional pricing on certain vision services and materials. Prices are determined regionally.

There are no authorizations or claims to file—just bill the patient directly after applying the appropriate benefits and regional prices available an unlimited number of times.

Important! The MetLife VisionAccess Program is separate from MetLife Vision, although some members may be eligible for both. Be sure to check eligibility on eyefinity.com to see if the patient is also eligible for MetLife Vision. For details on administering the benefit, please see the [MetLife Vision](#) page.

Eligibility

- Members who provide the program code **MET2020*** (or display an optional MetLife VisionAccess Program wallet card) during their office visit are eligible.
- Eligibility for the MetLife VisionAccess Program is not available online—you won't be able to obtain an authorization or file a claim with VSP.
- If the patient has routine coverage available, please use that coverage first.
- The savings are available when patients pay privately for services and materials; they aren't combined with any other routine vision coverage.

ID CARDS

ID cards are not required; however, some members may have optional MetLife VisionAccess Program wallet cards, sample as follows, with the program code **MET2020**.



Claims/Billing & Reimbursement

Important! There are no authorizations or claims to file—just bill the patient directly.

MetLife VisionAccess Regional Schedule

Download a printable regional schedule. Your region, as noted at the top of the report, determines the prices for the eye exam and lenses

State/County	Region	State/County	Region
Alabama	4	Nebraska	4
Alaska	1	Nevada	2
Arizona	3	New Hampshire	2
Arkansas	4	New Jersey	1
California		New Mexico	3
• Alameda	1	New York	
• Contra Costa	1	• Bronx	1
• Marin	1	• Kings	1
• Napa	1	• Nassau	1
• San Francisco	1	• New York	1
• San Mateo	1	• Queens	1
• Santa Clara	1	• Richmond	1
• Solano	1	• Rockland	1
• All Other Counties	2	• Suffolk	1
Colorado	3	• Westchester	1
Connecticut	1	• All Other Counties	3
Delaware	2	North Carolina	4
District of Columbia	1	North Dakota	4
Florida	2	Ohio	3
Georgia	3	Oklahoma	4
Hawaii	1	Oregon	3
Idaho	4	Pennsylvania	2
Illinois	2	Puerto Rico	4
Indiana	4	Rhode Island	2
Iowa	4	South Carolina	4
Kansas	4	South Dakota	4
Kentucky	4	Tennessee	4
Louisiana	3	Texas	3
Maine	3	Utah	3
Maryland	2	Vermont	3
Massachusetts	1	Virginia	3
Michigan	2	Washington	2
Minnesota	3	West Virginia	4
Mississippi	4	Wisconsin	4
Missouri	4	Wyoming	4
Montana	4		

Exam Coverage

- Charge patients 80% of U&C or the price listed in the MetLife VisionAccess Regional Schedule for your region, whichever is lower for eye exam.
- Provide the level of exam needed to determine your patient's visual health status.
- Savings only applies to services and procedures included in a WellVision Exam. It doesn't apply to additional diagnoses and treatment.

Materials Coverage

Eligible patients receive savings on frames, lenses, lens enhancements, and plano sunglasses. Use professional judgment when evaluating prescriptions from another doctor.

Please provide the following savings or regional pricing, when providing services to patients eligible for the MetLife VisionAccess Program.

FRAME

- Charge 75% of U&C for the retail price of the frame.

LENSES

- For all lenses, charge patients 80% of U&C or the price listed in the MetLife VisionAccess Regional Schedule for your region (see above).
- Compare the fee and the regional price; charge the patient the lower of the two.
- There are also region-specific prices for single vision, bifocal, and trifocal lenses. Refer to the MetLife VisionAccess Regional Schedule for your region (see above) to determine the appropriate pricing.

Regional Pricing

Charge patients 75% of U&C for frames, 80% of U&C for lenses, or the regional pricing as indicated in the MetLife VisionAccess Regional Schedule for your region (see above).

LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees, not to exceed \$40.
- **Standard Anti-Reflective Coating (Code QM Only):** Charge 80% of U&C fees, not to exceed \$45.
- **All other Anti-Reflective Coatings** (refer to the [Product Index](#)): Charge 80% of U&C fees.
- **Standard Scratch Coating (Factory Applied Only):** Charge 80% of U&C fees, not to exceed \$15.
- **UV Coating:** Charge 80% of U&C fees, not to exceed \$15.
- **Standard Progressive (code KA):** Charge 80% of U&C fees, not to exceed \$55 (only the amount over the base lens—flat top 28)
- **Premium and Custom Progressive (Code JA, FA, NA, OA):** Charge 80% of additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of additional U&C cost for high powers lenses.

- All Other Lens Enhancements & Features: Charge 80% of U&C fees.

Progressive Lenses

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas.

Bifocal Base Lens	
Bifocal (Flat Top 28) U&C	\$100
Deduct 20%(\$20)	-\$20
80% of U&C Bifocal Lens fees	\$80
vs.	vs.
Regional price (Arkansas = \$60)*	\$60
Patient Bifocal Price (Use the lower fee.)	\$60
Progressive Add-On	
Premium Progressive U&C	\$220
Minus Bifocal U&C (Flat Top 28)	-\$100
Premium Progressive Add-on Price	\$120
Deduct 20%(\$24)	-\$24
Patient Premium Progressive Add-on Price	\$96
TOTAL Patient Cost	
Patient Bifocal price	\$60
Plus Patient Progressive add-on price	<u>+\$96</u>
Total Patient out-of-pocket for Bifocal and Progressive	\$156

***Important!** Please refer to the [Lenses](#) section above to determine the bifocal price for your region based on your office location.

CONTACT LENS EXAM SERVICES (FITTING & EVALUATION)

- Charge patient 85% of U&C fee.

CONTACT LENS MATERIALS

- Charge patients as usual.

PLANO SUNGLASSES

- Charge 80% of U&C fees.

Lab

Lab work can be done on a private invoice basis using any lab, including in-office labs.

Laser Vision Correction

Refer to the [Laser VisionCare](#) section of the VSP Manual for information. Coverage mirrors the VSP Laser VisionCareSM Program offered with the VSP Choice Access Program.

Questions

Practices should call VSP at **800.615.1883** with any questions.

Please refer patients with questions to MetLife VisionAccess Customer Service at 800.ASK.4MET (**800.275.4638**).

MetLife VisionAccess is a savings program and not an insured benefit. It is provided through VSP Vision Care, Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates.

Note: Any changes to VSP Choice Access Plan apply to MetLife's VisionAccess Program.

PRINCIPAL FINANCIAL GROUP

Retirees: Please refer to [VSP Vision Savings Pass](#) in the **Client Details** section for further information.

Current employees and dependents: Please refer to [VSP Choice Plan](#) and [VSP Exam Plus Plan](#) for further information.

Eligibility

Principal identifies members by a unique nine-digit ID number referred to as a member or privacy ID. Members can find this number on principal.com or on the Principal mobile app.

QUALCHOICE HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of QualChoice 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 QualChoice 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 QualChoice Health Plan's Customer Service department at **844.822.7838** to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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 CARD

Member
QualChoice
 ADVANTAGE
 Member: <JOHN SAMPLE>
 Member ID: <SMPL0001>
 Issuer: (80840) H6947-001
 Plan: Classic Plus Rx (HMO)
 PCP: <PCP NAME>
 PCP Phone: <PCP PHONE>

Medical Copays
 Primary Care Physician: \$5
 Specialist: \$40
 Urgent Care: \$50
 Emergency Room: \$75
 Routine Vision: VSP

Pharmacy Plan
MedicareRx
 Prescription Drug Coverage
 Rx BIN: 015574 Mail Order Pharmacy: 1-800-552-8694
 Rx PCN: ASPROD1 Rx Group: PRO06 After Hours Pharmacy Support: 1-844-599-4061

RX Copay:
 Retail (1-mo): \$2 / \$10 / \$38 / 35% / 33%
 Mail Order (3-mo): \$6 / \$30 / \$114 / 35% / 33%

Copay due at time of service
 This card is not an authorization of services or a guarantee of payment.

1025-PH-2127-16647-16647-001---WV(DV1)
 20150916T09 Sh: 0 Bin 2
 JOC:1 Env [1] C:Sets 1 of 1

Member
QualChoice
 ADVANTAGE
 Member: <JOHN SAMPLE>
 Member ID: <SMPL0001>
 Issuer: (80840) H6947-001
 Plan: Classic Plus Rx (HMO)
 PCP: <PCP NAME>
 PCP Phone: <PCP PHONE>

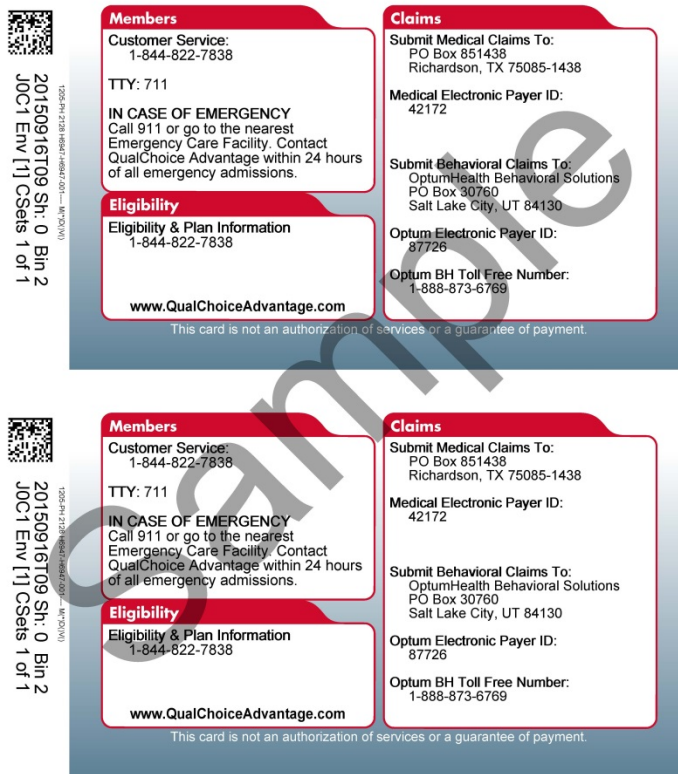
Medical Copays
 Primary Care Physician: \$5
 Specialist: \$40
 Urgent Care: \$50
 Emergency Room: \$75
 Routine Vision: VSP

Pharmacy Plan
MedicareRx
 Prescription Drug Coverage
 Rx BIN: 015574 Mail Order Pharmacy: 1-800-552-8694
 Rx PCN: ASPROD1 Rx Group: PRO06 After Hours Pharmacy Support: 1-844-599-4061

RX Copay:
 Retail (1-mo): \$2 / \$10 / \$38 / 35% / 33%
 Mail Order (3-mo): \$6 / \$30 / \$114 / 35% / 33%

Copay due at time of service
 This card is not an authorization of services or a guarantee of payment.

1025-PH-2127-16647-16647-001---WV(DV1)
 20150916T09 Sh: 0 Bin 2
 JOC:1 Env [1] C:Sets 1 of 1



Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the QualChoice Health Plan website. 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

QualChoice 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 QualChoice Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to QualChoice Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

QualChoice Health Plan Schedule of Covered Services: Applicable AR Counties – Effective January 1, 2017

RIVERLINK HEALTH PLAN INTEGRATED PRIMARY EYECARE

Members of RiverLink 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 RiverLink 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 RiverLink Health Plan's Customer Service department at **866.329.3970** to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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 CARD

<p>Member</p>  <p>Member: JOHN SAMPLE Member ID: SMPL0001 Issuer: H9208-001 Effective Date: Group Plan (HMO): Classic Plus Rx (HMO) Provider Network: PCP: PCP Clinic: PCP Phone:</p>	<p>Medical Copays</p> <p>Primary Care Physician: \$5 Specialist: \$35 Urgent Care: \$35 Emergency Room: \$65 Routine Vision: VSP</p> <p>Copay due at time of service</p>
	<p>Pharmacy Plan</p> <p>Rx Bin: 015574 Rx PCN: ASPROD1 Rx Group: PRO03</p> <p>MedicareRx Prescription Drug Coverage</p> <p>Mail Order Pharmacy: 1-888-479-2000 After Hours Pharmacy Support: 1-877-391-9299</p> <p>RX Copay: Retail: \$2 / \$10 / \$35 / 25% / 33% Mail Order: \$2 / \$10 / \$35 / 25% / 33%</p>

Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the RiverLink Health Plan website. 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

RiverLink 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 RiverLink Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to RiverLink Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

RiverLink Health Plan Schedule of Covered Services: Applicable KY Counties – Effective January 1, 2017

RiverLink Health Plan Schedule of Covered Services: Applicable OH Counties – Effective January 1, 2017

STABLEVIEW HEALTH PLAN INTEGRATED PRIMARY EYECARE

StableView Health Plan of Kentucky has terminated coverage for its members under the VSP Integrated Primary EyeCare Program, effective January 1, 2017. Please contact StableView Health Plan's Customer Service department at **866.792.0180**, if you have questions.

Members of StableView 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 StableView 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 StableView Health Plan's Customer Service department at **866.792.0180** to learn more about policies and procedures, obtain information on electronic claims submittal, and check member eligibility status.

Eligibility & Authorization

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 CARD

<p>Member</p>  <p>Member: JOHN SAMPLE Member ID: SMPL0001 Issuer: H9492-001 Effective Date: Group Plan (HMO): Classic Plus Rx (HMO) Provider Network: PCP: PCP Clinic: PCP Phone:</p>	<p>Medical Copays</p> <p>Primary Care Physician: \$5 Specialist: \$35 Urgent Care: \$35 Emergency Room: \$65 Routine Vision: VSP</p> <p>Copay due at time of service</p>
	<p>Pharmacy Plan</p> <p>Rx Bin: 015574 Rx PCN: ASPROD1 Rx Group: PRO01</p> <p>MedicareRx Prescription Drug Coverage X</p> <p>Mail Order Pharmacy: 1-888-479-2000 After Hours Pharmacy Support: 1-877-391-9299</p> <p>RX Copay: Retail: \$2 / \$10 / \$35 / 25% / 33% Mail Order: \$2 / \$10 / \$35 / 25% / 33%</p>

Referral Process

Patients have direct access to any participating VSP Integrated Primary EyeCare provider. Participating providers are listed on the StableView Health Plan website. 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

StableView 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 StableView Health Plan for directions on submitting claims.

Only claims covered up to the scope of Integrated Primary Eyecare should be submitted to StableView Health and are viewable under this tool. Continue to submit claims for routine eyecare to VSP.

StableView Health Plan Professional Fee Schedule: Applicable KY Counties – Effective January 1, 2016

SOUNDPATH HEALTH PLAN INTEGRATED PRIMARY EYECARE

For more information on [Soundpath Health Plan Integrated Primare EyeCare](#), refer to the **Client Details** section in the **VSP Manual**.

CHOICE EXAM PLUS PLANS

EXAM & MATERIALS COVERAGE

Exam Coverage

Covered comprehensive eye exams are generally available to your patient once every 12 or 24 months on a service year, fiscal year, or calendar year basis. Provide the level of exam necessary to determine your patient's eye health and visual status.

Choice Exam Plus Plan and Choice Exam Plus with Allowances Plan eye exam fees are made according to your Choice Network Fee Schedule.

We'll pay exam services once per eligibility period. Don't balance bill for exams.

Note: Avoid reduced reimbursements. Bill separately for refraction (92015). Your Choice Network Fee Schedule lists your refraction fee.

Materials Coverage

Choice Exam Plus and Choice Exam Plus with Allowances patients are entitled to savings on glasses and contact lens services. Choice Exam Plus with Allowances patients are eligible for additional materials benefits based on a client-determined schedule of allowances. Refer to [VSP Exam Plus and Exam Plus with Allowances](#) in the VSP Manual for more information.

Lab

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

VSP CHOICE ACCESS® PLAN

The VSP Choice Access Plan is a savings plan with regional pricing on exams, lenses, and certain lens enhancements (listed below) that provides a savings to eligible patients when they see a VSP Choice Network Doctor. Benefits may be used an unlimited number of times during the patient's enrollment in the VSP Choice Access Plan.

The plan is not available in Montana, Vermont, Washington, Guam, Puerto Rico, and the U.S. Virgin Islands.

Eligibility

- Verify eligibility through eyefinity.com or call VSP at 800.615.1883.
- You can view the Patient's Record Report for plan information including savings information and regional pricing.

Important! There are no authorizations or claims to file—just bill the patient directly after applying the appropriate fees.

Exam Coverage

Provide the level of exam needed to determine your patient's visual health status. Use professional judgment when evaluating prescriptions from another doctor. You may request an additional exam at 80% of U&C.

- Savings only applies to services and procedures included in a WellVision Exam[®]. It doesn't apply to additional diagnoses and treatment.
- Deduct 20% from your U&C fees for a WellVision Exam and then compare the fee to the pricing for your region—charge the patient the lower of the two.

Materials Coverage

Eligible patients get the following discounts on glasses, sunglasses, and lens enhancements for prescription and non-prescription lenses:

LENS

- Charge 80% of U&C fees for base lenses up to the regional member fee.

LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees or \$40, whichever is less.
- **Standard Anti-Reflective Coating** (Code QM Only): Charge 80% of U&C fees or \$45, whichever is less.
- **All other Anti-Reflective Coatings (refer to the [Product Index](#)):** Charge 80% of U&C fees.
- **Standard Scratch Coating** (Factory Applied Only): Charge 80% of U&C fees or \$15, whichever is less.
- **UV Coating:** Charge 80% of U&C fees or \$15, whichever is less.
- **Standard Progressive** (Code KA): Charge 80% of U&C fees or \$55, whichever is less (only the amount over the base lens – flat top 28).
- **Premium and Custom Progressive** (Code FA, JA, NA, OA): Charge 80% of the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of the additional U&C cost for high powers lenses.
- **All Other Lens Enhancements & Features:** Charge 80% of U&C fees.

Premium Progressive Lenses

For progressives, subtract the U&C FT28 bifocal cost from the progressive U&C fee, and then deduct 20% off that amount.

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas (or Region 4).

Bifocal Base Lens

Bifocal (Flat Top 28) U&C	\$100
Deduct 20%(\$20)	-\$20
80% of U&C Bifocal Lens	\$80
vs.	vs.
Regional bifocal price (Region 4 = \$60)*	\$60
Patient Bifocal Price (Use the lower fee)	\$60
Progressive Add-On	
Premium Progressive U&C	\$220
Minus Bifocal U&C (Use Flat-Top 28)	-\$100
Premium Progressive Add-On Price	\$120
Deduct 20%(\$24)	-\$24
Patient Progressive Add-On Price	\$96
TOTAL Patient Cost	
Patient bifocal price	\$60
Plus progressive add-on price	<u>+\$96</u>
Total Patient out-of-pocket for bifocal and progressive	\$156

***Important!** Please refer to the [Lenses](#) section above to determine the appropriate bifocal price for your region based on your office location.

FRAME

- Charge 75% of U&C.
- Savings don't apply if the frame manufacturer prohibits discounts.

CONTACT LENSES

- Charge 85% of U&C fees for contact lens services (fitting and evaluation) for prescription lenses only.
- Charge 100% of your U&C fees for contact lens materials, solutions, or cleaning products.

Lab

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

VSP Laser VisionCareSM Program

Refer to the [Laser VisionCare](#) section of the VSP Manual for information.

Claims/Billing & Reimbursement

Important! There are no claims to file.

Apply the corresponding savings to your U&C fees, with the not-to-exceed maximums. Collect the appropriate fees from the patient. Handle the transaction as a private payment arrangement.

Regional Pricing

The applicable regional prices are listed on the **Patient Record Report** and are also included below for your reference.

Charge patients 80% of your U&C fees or price for your region— whichever is lower.

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
AK	All	1	\$90	\$50	\$70	\$90
AL	All	4	\$75	\$40	\$60	\$75
AR	All	4	\$75	\$40	\$60	\$75
AZ	All	3	\$80	\$45	\$65	\$85
CA	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano	1	\$90	\$50	\$70	\$90
	All other counties	2	\$90	\$45	\$65	\$85
CO	All	3	\$80	\$45	\$65	\$85
CT	All	1	\$90	\$50	\$70	\$90
DC	All	1	\$90	\$50	\$70	\$90
DE	All	2	\$90	\$45	\$65	\$85
FL	All	2	\$90	\$45	\$65	\$85
GA	All	3	\$80	\$45	\$65	\$85
HI	All	1	\$90	\$50	\$70	\$90
IA	All	4	\$75	\$40	\$60	\$75
ID	All	4	\$75	\$40	\$60	\$75
IL	All	2	\$90	\$45	\$65	\$85
IN	All	4	\$75	\$40	\$60	\$75
KS	All	4	\$75	\$40	\$60	\$75
KY	All	4	\$75	\$40	\$60	\$75
LA	All	3	\$80	\$45	\$65	\$85
MA	All	1	\$90	\$50	\$70	\$90
ME	All	3	\$80	\$45	\$65	\$85
MD	All	2	\$90	\$45	\$65	\$85
MI	All	2	\$90	\$45	\$65	\$85
MN	All	3	\$80	\$45	\$65	\$85
MO	All	4	\$75	\$40	\$60	\$75
MS	All	4	\$75	\$40	\$60	\$75
MT	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
NE	All	4	\$75	\$40	\$60	\$75

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
NC	All	4	\$75	\$40	\$60	\$75
ND	All	4	\$75	\$40	\$60	\$75
NH	All	2	\$90	\$45	\$65	\$85
NJ	All	1	\$90	\$50	\$70	\$90
NM	All	3	\$80	\$45	\$65	\$85
NV	All	2	\$90	\$45	\$65	\$85
NY	Bronx, Kings, Nassau, New York, Richmond, Rockland, Suffolk Queens, Westchester	1	\$90	\$50	\$70	\$90
	All other counties	3	\$80	\$45	\$65	\$85
OH	All	3	\$80	\$45	\$65	\$85
OK	All	4	\$75	\$40	\$60	\$75
OR	All	3	\$80	\$45	\$65	\$85
PA	All	2	\$90	\$45	\$65	\$85
PR (Puerto Rico)	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
RI	All	2	\$90	\$45	\$65	\$85
SC	All	4	\$75	\$40	\$60	\$75
SD	All	4	\$75	\$40	\$60	\$75
TN	All	4	\$75	\$40	\$60	\$75
TX	All	3	\$80	\$45	\$65	\$85
UT	All	3	\$80	\$45	\$65	\$85
VA	All	3	\$80	\$45	\$65	\$85
VT	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
WA	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
WI	All	4	\$75	\$40	\$60	\$75
WV	All	4	\$75	\$40	\$60	\$75
WY	All	4	\$75	\$40	\$60	\$75

CAREINGTON CHOICE ACCESS (CCA)

Please refer to the [VSP Choice Access Plan](#) section of the Choice Manual.

Note: Careington Choice Access has terminated VSP coverage, effective January 1, 2016. Beginning January 1, Careington will administer VSP Vision Savings Pass. Please refer to the [VSP Vision Savings Pass](#) section of the Choice Manual.

DENTAL & VISION SAVINGS PLAN®

Note: Dental & Vision Savings Plan has terminated VSP coverage, effective November 1, 2016.

The Dental & Vision Savings Plan is a savings plan with not-to-exceed maximum pricing on exams, lenses, and certain lens enhancements (listed below) that provides savings to eligible patients when they see a VSP Choice Network Doctor. Benefits may be used an unlimited number of times during the patient's enrollment in the Dental & Vision Savings Plan.

The plan is not available in California, Illinois, New Hampshire, Montana, Vermont, Washington, Guam, Puerto Rico, and the U.S. Virgin Islands.

Eligibility

- Verify eligibility through **eyefinity.com** or call VSP at **800.615.1883**.
- You can view the Patient's Record Report for plan information.

Important! There are no authorizations or claims to file—just bill the patient directly.

Exam Coverage

Provide the level of exam needed to determine your patient's visual health status. Use professional judgment when evaluating prescriptions from another doctor. You may request an additional exam at 80% of U&C.

- Savings only applies to services and procedures included in a WellVision Exam®. It doesn't apply to additional diagnoses and treatment.
- Deduct 20% from your U&C fees for a WellVision Exam and then compare the fee to the pricing for your region—charge the patient the lower of the two.

Materials Coverage

Eligible patients get savings on glasses, sunglasses, and lens enhancements including:

Lens

- 80% of U&C of base lens price with certain regional pricing

LENS ENHANCEMENTS

- **Polycarbonate:** Charge 80% of U&C fees or \$40, whichever is less.
- **Standard Anti-Reflective Coating** (Code QM Only): Charge 80% of U&C fees or \$45, whichever is less.
- **All other Anti-Reflective Coatings** (refer to the [Product Index](#)): Charge 80% of U&C fees.
- **Standard Scratch Coating** (Factory Applied Only): Charge 80% of U&C fees or \$15, whichever is less.
- **UV Coating:** Charge 80% of U&C fees or \$15, whichever is less.

- **Standard Progressive** (Code KA): Charge 80% of U&C fees or \$55, whichever is less (only the amount over the base lens – flat top 28).
- **Premium and Custom Progressive:** Charge 80% of the additional U&C cost for the progressive (only the amount over the base lens—flat top 28).
- **Higher Powers:** Charge 80% of the additional U&C cost for high powers lenses.
- All Other Lens Enhancements & Features: Charge 80% of U&C fees.

Progressive Lenses

For progressives, subtract the U&C FT28 bifocal cost from the progressive U&C fee, and then deduct 20% off that amount.

You can use this example to help determine what to bill a patient for a progressive lens. In this example, the practice is located in Arkansas (or Region 4).

Bifocal Base Lens

Bifocal (Flat Top 28) U&C	\$100
Deduct 20% (\$20)	-\$20
80% of U&C Bifocal Lens	\$80
vs.	vs.
Regional bifocal (Region 4 = \$60)*	\$60

Patient Bifocal Price

(Use the lower fee) **\$60**

Progressive Add-On

Premium Progressive U&C	\$220
Minus Bifocal U&C (Use Flat-Top 28)	-\$100
Premium Progressive Add-On Price	\$120
Deduct 20%(\$24)	-\$24

Patient Progressive Add-On Price \$96

TOTAL Patient Cost

Patient Bifocal price	\$60
Plus Patient Progressive add-on price	<u>+\$96</u>
Total Patient out-of-pocket for Bifocal and Progressive	\$156

***Important!** Please refer to the [Lenses](#) section above to determine the appropriate bifocal price for your region based on your office location.

FRAME

- Charge 75% of U&C for frames.
- Savings don't apply if the frame manufacturer prohibits discounts.

CONTACT LENSES

- Charge 85% of U&C fees for contact lens services (fitting and evaluation) for prescription lenses only.

- Charge 100% of your U&C fees for contact lens materials, solutions, or cleaning products.

Lab

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

VSP Laser VisionCareSM Program

Refer to the [Laser VisionCare](#) section of the VSP Manual for information.

Claims/Billing & Reimbursement

Important! There are no claims to file.

Regional Pricing

The applicable regional prices are listed on the **Patient Record Report** and are also included below for your reference.

Charge patients 80% of your U&C fees or the price for your region -- whichever is lower.

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
AK	All	1	\$90	\$50	\$70	\$90
AL	All	4	\$75	\$40	\$60	\$75
AR	All	4	\$75	\$40	\$60	\$75
AZ	All	3	\$80	\$45	\$65	\$85
CA	All	Plan not sold or accepted in state. Do not provide discounts to patients from participating states. Refer them to a doctor in a participating state.				
CO	All	3	\$80	\$45	\$65	\$85
CT	All	1	\$90	\$50	\$70	\$90
DC	All	1	\$90	\$50	\$70	\$90
DE	All	2	\$90	\$45	\$65	\$85
FL	All	4	\$80	\$45	\$65	\$85
GA	All	3	\$80	\$45	\$65	\$85
HI	All	1	\$90	\$50	\$70	\$90
IA	All	4	\$75	\$40	\$60	\$75
ID	All	4	\$75	\$40	\$60	\$75
IL	All	Plan not sold or accepted in this state. Do not provide savings to patients from participating states. Refer them to a doctor in a participating state.				
IN	All	4	\$75	\$40	\$60	\$75

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
KS	All	4	\$75	\$40	\$60	\$75
KY	All	4	\$75	\$40	\$60	\$75
LA	All	3	\$80	\$45	\$65	\$85
MA	All	1	\$90	\$50	\$70	\$90
ME	All	3	\$80	\$45	\$65	\$85
MD	All	2	\$90	\$45	\$65	\$85
MI	All	2	\$90	\$45	\$65	\$85
MN	All	3	\$80	\$45	\$65	\$85
MO		4	\$75	\$40	\$60	\$75
MS	All	4	\$75	\$40	\$60	\$75
MT	All	Plan not sold or accepted in this state. Do not provide savings to patients from participating states. Refer them to a doctor in a participating state.				
NE	All	4	\$75	\$40	\$60	\$75
NC	All	4	\$75	\$40	\$60	\$75
ND	All	4	\$75	\$40	\$60	\$75
NH	All	Plan not sold or accepted in state. Do not provide savings to patients from participating states. Refer them to a doctor in a participating state.				
NJ	All	1	\$90	\$50	\$70	\$90
NM	All	3	\$80	\$45	\$65	\$85
NV	All	2	\$90	\$45	\$65	\$85
NY	Bronx, Kings, Nassau, New York, Richmond, Rockland, Suffolk Queens, Westchester	1	\$90	\$50	\$70	\$90
	All other counties	3	\$80	\$45	\$65	\$85
OH	All	3	\$80	\$45	\$65	\$85
OK	All	4	\$75	\$40	\$60	\$75
OR	All	3	\$80	\$45	\$65	\$85
PA	All	2	\$90	\$45	\$65	\$85
PR (Puerto Rico)	All	Plan not sold or accepted in this state. Do not provide savings to patients from participating states. Refer them to a doctor in a participating state.				
RI	All	2	\$90	\$45	\$65	\$85
SC	All	4	\$75	\$40	\$60	\$75
SD	All	4	\$75	\$40	\$60	\$75

State	County(s)	Region	Exam	Single Vision	Bifocal (Flat Top 28)	Trifocal (7x28)
TN	All	4	\$75	\$40	\$60	\$75
TX	All	3	\$80	\$45	\$65	\$85
UT	All	3	\$80	\$45	\$65	\$85
VA		3	\$80	\$45	\$65	\$85
VT	All	Plan not sold or accepted in this state. Do not provide savings to patients from participating states. Refer them to a doctor in a participating state.				
WA	All	Plan not sold or accepted in this state. Do not provide savings to patients from participating states. Refer them to a doctor in a participating state.				
WI	All	4	\$75	\$40	\$60	\$75
WV	All	4	\$75	\$40	\$60	\$75
WY	All	4	\$75	\$40	\$60	\$75

VSP VISION SAVINGS PASS

VSP Vision Savings Pass is a non-insurance product that offers patients clear, straightforward pricing for an exam and glasses. It provides a competitive national fee schedule, special pricing on lens enhancements, and savings* on frames and contact lens exams.

Eligibility & Authorization

Obtain eligibility on eyefinity.com or by calling VSP at **800.615.1883**.

VSP Vision Savings Pass is listed on the VSP Patient Record Report under Benefit.

Note: Coordination of benefits is not allowed because this is a non-insurance product.

Exam Services

Patients are eligible for an annual eye exam. Charge \$50 for the exam with the purchase of complete pairs (lenses and frame)* of prescription glasses (bill the exam with glasses, on the same claim, to ensure accurate claim processing). Patients who select contacts or who don't purchase prescription glasses pay 80% of your U&C fee for the exam.

- Savings only applies to services and procedures included in a WellVision Exam®. It doesn't apply to additional diagnoses and treatment.
- **Retinal screening:** patients pay \$39 or your U&C fee, whichever is lower.

Additional routine exams: patients pay 80% of U&C.

See [Client Exceptions](#), below.

Materials

Use the following to charge patients for frames, lenses, and lens enhancements when a complete pair of prescription glasses is dispensed. The benefit is unlimited for 12 months on or following an exam from a VSP network provider.

Frame: patients pay 75% of the retail price of the frame.

Base lenses: patients pay a flat rate for base lenses, as follows:

Single vision	\$40
Bifocal	\$60
Trifocal	\$75
Lenticular	\$75
Progressive	\$60 + Choice lens enhancement fee

Lens enhancements: use the Choice Plan Lens Enhancements Chart to determine patient pricing for lens enhancements.

Non-prescription sunglasses: charge 80% U&C for complete pairs of non-prescription sunglasses dispensed within 12 months of the exam.

Be aware of the following materials requirements:

Note: Claims that don't meet these requirements will be denied.

- Must provide complete pairs of glasses with both lenses and frame
- Only complete sets of lenses (includes balance lenses)
- Proprietary lens and frame are not allowed
- Frame must be doctor-supplied (not lab or patient-supplied)
- In-office finishing or the use of a non-VSP Choice Network Lab is not allowed.

Contact Lens Services

Charge patients 85% of U&C for contact lens exam services (F&E) and follow-up services, and 100% of U&C for contact lens materials.

- Applies to services for prescription contact 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 solutions, cleaning products, or service agreements.

VSP Laser VisionCareSM Program

Patients are eligible for the Laser VisionCare Program. Refer to the [VSP Laser VisionCare Program](#) page in the **VSP Manual**.

See the **Laser VisionCare Program** section under **Programs** on **VSPOnline** at eyefinity.com for information on how to participate or for a list of participating facilities.

Lab

Orders must be sent to a VSP Choice Network Lab. Use of a private lab or in-office finishing is not allowed and will cause the claim to deny.

Submitting Claims/Billing

Claims may be submitted on eClaim or on paper. See the [Submitting Claims](#) section in the **VSP Manual** for details.

Reimbursement

Note: The patient pays the majority of the fees to your office directly. Just like any other VSP Choice Plan, VSP pays the lab on your behalf—so the “VSP Pays Doctor” column on your EOP will show a negative amount.

PROFESSIONAL SERVICES

Eye exam: When billed with prescription glasses, you'll be reimbursed by VSP according to your Choice Network fees. Without prescription glasses, patient pays you directly at 80% U&C.

Contact lens exam (fitting and evaluation): patient pays you directly at 85% U&C.

Retinal screening: patient pays you directly, up to \$39.

MATERIALS

Base lenses: you'll be reimbursed according to your Choice Network fees.

Lens enhancements: your service fees and chargebacks will be calculated as usual based on the VSP Choice Plan Lens Enhancement chart to cover material costs.

Contact lenses: patient pays 100% of U&C directly to you.

Non-prescription sunglasses: patient pays 80% of U&C directly to you.

Frame: Your frame compensation is calculated using the wholesale frame allowance (up to \$57), plus your Choice Plan frame dispensing fee, plus 80% of the retail price over \$150, which is the same as your Choice fees.

Example: Patient chooses a frame with a retail price of \$200 and wholesale cost of \$76.

Patient pays:

Retail frame price	\$200
Subtract 25% savings	-\$50
Patient pay	\$150

VSP Choice compensation allowed amount:

Wholesale frame allowance	\$57
Choice Network frame dispensing (varies by practice)	+\$19
80% of the retail price over \$150 (80% of \$50 = \$40)	+\$40
Total compensation	\$116

The difference between what the patient pays and the total compensation amount is a chargeback (-\$34).

The chargeback is collected from the patient's payment to cover administrative costs of the program.

Client Exceptions

Members of the following clients pay a flat \$50 exam fee, regardless of glasses purchase:

- First Energy Corporation
- First Energy Local 102
- Pittsburgh Glass
- Vermont Health Plan (only applies to some members)

Refer to the member's Patient Record Report to verify patient pay amount.

*VSP does not require providers to provide discounts on non-covered services in states where it's prohibited by law to require it. However, unless you've opted out, you should continue to provide all Value Added Benefits to all VSP members. For more information, including details regarding how to opt out, call VSP at **800.615.1883**.

VSP Choice Plan

Charge patients the listed patient copay or 80% of your U&C, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

Aspherical and Spherical Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
AA	Aspheric Plastic 1.50	\$10	\$21	80% of U&C	\$14	\$21	80% of U&C
AB	High-index Plastic 1.53-1.60/Trivex	\$29	\$27	80% of U&C	\$33	\$27	80% of U&C
AH	High-index Plastic 1.66/1.67	\$48	\$35	80% of U&C	\$58	\$40	80% of U&C
AJ	High-index Plastic 1.70 & Above	\$68	\$43	80% of U&C	--	--	--
AD	Polycarbonate	\$10	\$21	\$31	\$14	\$21	\$35
AF	High-index Glass 1.60–1.80 (Clear)	\$35	\$25	80% of U&C	\$85	\$53	80% of U&C

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	\$20	80% of U&C	\$26	\$20	80% of U&C
BA + BB	Digital Aspheric Lenses – High-index Plastic 1.53-1.60/Trivex	\$16	\$12	80% of U&C	\$16	\$12	80% of U&C
BA + BH	Digital Aspheric Lenses – High-index Plastic 1.66/1.67	\$37	\$21	80% of U&C	\$40	\$28	80% of U&C
BA + BJ	Digital Aspheric Lenses – High-index Plastic 1.70 & Above	\$57	\$29	80% of U&C	--	--	--
BD	Digital Aspheric Lenses – Polycarbonate	\$19	\$20	\$39	\$26	\$20	\$46

Occupational Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
CA	(Lab Use Only)	--	--	--	--	--	--
CE	(Lab Use Only)	--	--	--	--	--	--

Polarized Lens Styles		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
DA	Polarized Lenses – Plastic A	\$36	\$21	80% of U&C	\$48	\$29	80% of U&C
DA + DB	Polarized Lenses – High-index Plastic 1.53-1.60/Trivex	\$47	\$29	80% of U&C	\$59	\$36	80% of U&C
DA + DH	Polarized Lenses – High-index Plastic 1.66/1.67	\$55	\$34	80% of U&C	--	--	--
DA + DD	Polarized Lenses – Polycarbonate	\$13	\$18	80% of U&C	\$13	\$18	80% of U&C
DE	Polarized/Laminated Lenses – Glass	\$49	\$29	80% of U&C	\$63	\$38	80% of U&C

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	\$18	80% of U&C
IL	Near Variable Focus – Plastic B	--	--	--	\$26	\$24	80% of U&C
+IB	Near Variable Focus – High-index Plastic 1.53-1.60	--	--	--	\$11	\$13	80% of U&C
+II	Near Variable Focus – High-index Plastic 1.66/1.67	--	--	--	\$27	\$23	80% of U&C
+ID	Near Variable Focus – Polycarbonate	--	--	--	\$7	\$13	80% of U&C
GA	Blended Bifocal – Plastic	--	--	--	\$14	\$16	80% of U&C

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	\$10	\$15	\$5	\$10	\$15
MP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17

+This lens enhancement code is always in conjunction with a base lens enhancement code [shaded], e.g., IB is charged with IA.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

VSP Choice Plan

Charge patients the listed patient copay or 80% of your U&C, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

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	\$18	\$34	\$24	\$20	\$44
MS	Glass Color Coatings – Solid	\$22	\$20	80% of U&C	\$22	\$20	80% of U&C
MT	Glass Color Coatings – Gradient	\$25	\$21	80% of U&C	\$25	\$21	80% of U&C

Photochromics		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
PM	Photochromics – Glass	\$15	\$18	\$33	\$23	\$18	\$41
PR	Photochromics – Plastic A	\$22	\$25	\$47	\$39	\$31	\$70
PP	Photochromics – Plastic B	\$42	\$28	\$70	\$51	\$31	\$82
^PP	Photochromics – Mid-index	\$42	\$28	\$70	\$51	\$31	\$82

Other Coatings		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
QM	Anti-reflective Coating A	\$21	\$20	\$41	\$21	\$20	\$41
QN	Anti-reflective Coating B	\$34	\$24	\$58	\$34	\$24	\$58
QT	Anti-reflective Coating C	\$41	\$28	\$69	\$41	\$28	\$69
QV	Anti-reflective Coating D	\$52	\$33	\$85	\$52	\$33	\$85
QP	Mirror – Solid & Single Gradient (Includes Base Color)	\$26	\$23	80% of U&C	\$26	\$23	80% of U&C
QR	Ski Type (Includes Base Tint and Backside Color)	\$30	\$25	80% of U&C	\$30	\$25	80% of U&C
QQ	Scratch-resistant Coating A – Factory Applied	\$7	\$10	\$17	\$7	\$10	\$17
QS	Scratch-resistant Coating B – Other Approved Coatings	\$15	\$18	\$33	\$15	\$18	\$33

Oversize		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
RM	Frames Stamped 61mm Eye Size or Greater – Plastic	\$5	\$6	\$11	\$6	\$8	\$14
RN	Frames Stamped 61mm Eye Size or Greater - Glass	\$7	\$6	\$13	\$10	\$8	\$18

Miscellaneous		Single Vision			Multifocal		
Code	Lens Enhancement Description	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
SP	High-luster Edge Polish	\$6	\$10	80% of U&C	\$6	\$10	80% of U&C
SQ	Edge Coating	\$17	\$19	80% of U&C	\$17	\$19	80% of U&C
SR	Faceted Lenses (Includes Polishing)	\$41	\$25	80% of U&C	\$41	\$25	80% of U&C
SV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16
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	Charge Back	Service Fee	Patient Copay	Charge Back	Service Fee	Patient Copay
IM	Plastic Dyes – Solid Color (Pink I & II)	\$5	--	--	\$5	--	--
IN	Plastic Dyes – Solid Color (Except Pink I & II)	\$5	\$10	\$15	\$5	\$10	\$15
IP	Plastic Dyes – Gradient	\$7	\$10	\$17	\$7	\$10	\$17
IV	UV Protection	\$6	\$10	\$16	\$6	\$10	\$16

[^]If ordered with SunSensors or SunGray photochromics, lens enhancement code PP includes payment for mid-index materials.

[^]In-office Lab[®]: For the patient lens enhancements your office can fulfill in-house, you'll be reimbursed this listed fee for covered lens enhancements.

For all other lens enhancements, this will be included in the patient copay you collect from the patient.

VSP Choice Plan

Charge patients the listed patient copay or 80% of your U&C, whichever is lower. If no patient copay is listed, charge 80% of your U&C.

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	\$80	\$175
NA + NB	Progressive N – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$175 + 80% of U&C ³
NA + NH	Progressive N – High-index Plastic 1.66/1.67	\$48	\$30	\$175 + 80% of U&C ³
NA + NJ	Progressive N – High-index Plastic 1.70 & Above	\$77	\$48	\$175 + 80% of U&C ³
NA + ND	Progressive N – Polycarbonate	\$15	\$20	\$175 + \$35
NA + NP	Progressive N – Polarized	\$51	\$31	\$175 + 80% of U&C ³
OA	Progressive O – Plastic	\$79	\$71	\$150
OA + OB	Progressive O – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$150 + 80% of U&C ³
OA + OH	Progressive O – High-index Plastic 1.66/1.67	\$48	\$30	\$150 + 80% of U&C ³
OA + OJ	Progressive O – High-index Plastic 1.70 & Above	\$77	\$48	\$150 + 80% of U&C ³
OA + OD	Progressive O – Polycarbonate	\$15	\$20	\$150 + \$35
OA + OP	Progressive O – Polarized	\$51	\$31	\$150 + 80% of U&C ³
FA	Progressive F – Plastic	\$54	\$51	\$105
FA + FB	Progressive F – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$105 + 80% of U&C ³
FA + FH	Progressive F – High-index Plastic 1.66/1.67	\$48	\$30	\$105 + 80% of U&C ³
FA + FJ	Progressive F – High-index Plastic 1.70 & Above	\$77	\$48	\$105 + 80% of U&C ³
FA + FD	Progressive F – Polycarbonate	\$15	\$20	\$105 + \$35
FA + FP	Progressive F – Polarized	\$51	\$31	\$105 + 80% of U&C ³
FE	Progressive F – Glass/High-index Glass (Clear)	\$59	\$51	\$110
JA	Progressive J – Plastic	\$46	\$49	\$95
JA + JB	Progressive J – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$95 + 80% of U&C ³
JA + JH	Progressive J – High-index Plastic 1.66/1.67	\$48	\$30	\$95 + 80% of U&C ³
JA + JJ	Progressive J – High-index Plastic 1.70 & Above	\$77	\$48	\$95 + 80% of U&C ³
JA + JD	Progressive J – Polycarbonate	\$15	\$20	\$95 + \$35
JA + JP	Progressive J – Polarized	\$51	\$31	\$95 + 80% of U&C ³
JE	Progressive J – Glass/High-index Glass (Clear)	\$56	\$49	\$105
KA	Progressive K – Plastic	\$28	\$27	\$55
KA + KB	Progressive K – High-index Plastic 1.53-1.60/Trivex	\$25	\$22	\$55 + 80% of U&C ³
KA + KH	Progressive K – High-index Plastic 1.66/1.67	\$48	\$30	\$55 + 80% of U&C ³
KA + KJ	Progressive K – High-index Plastic 1.70 & Above	\$77	\$48	\$55 + 80% of U&C ³
KA + KD	Progressive K – Polycarbonate	\$15	\$20	\$55 + \$35
KA + KP	Progressive K – Polarized	\$51	\$31	\$55 + 80% of U&C ³
KE	Progressive K – Glass/High-index Glass (Clear)	\$53	\$27	\$80

²The Service Fee for progressives is paid in addition to your VSP Choice Plan bifocal lens dispensing fee.

Please note: For children, handicapped patients, or for patients under the Federal Plan, there is no Service Fee for covered polycarbonate lenses when dispensed.

³To determine the lens enhancement price, subtract your U&C price of the standard lens enhancement, (i.e., KA progressive), from your U&C price of the premium material lens enhancement, (i.e., KP polarized).

Progressive Categories ³ as of 11/1/2015		
Custom	N	Autograph III*, Hoyalux iD LifeStyle/2*, UNITY® PLxpression*, Varilux Physio Enhanced Fit/W3+ Fit*, Varilux S Fit*, Zeiss Individual 2*
	O	Array, Autograph II*, Hoyalux Summit ecp/cd iQ, Kodak Unique, Shamir Intouch, SOLA HDV, UNITY PLxtra/Mobile*, UNITY PLxtreme*, Varilux Comfort W2+ Fit*, Varilux Physio Enhanced/W3+*, Varilux S, Zeiss Precision
Premium	F	AO Easy HD, Definity, Element, Hoyalux Summit ecp, Shamir Spectrum, UNITY PLx/Mobile, Universal, Varilux Comfort 2 DRx/Enhanced/W2+, Varilux Physio/DRx, Zeiss Choice
	J	AO Easy, Hoyalux GP Wide, Kodak Precise/PB, Piccolo, Varilux Comfort 2, Varilux Ellipse
Standard	K	Accolade, Adaptar/Digital, Amplitude/Mini/BKS, AO Compact, Ethos Classic, Image, Instinctive/Performance, Kodak Concise, Natural/Digital, Navigator, Ovation/Digital, SmallFit/Digital, 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 **VSPManual** for additional eligible lenses.



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