

# Exam and Materials Training Guide

This guide is a compilation of job aids to provide instructions for navigating the claim form, printing claim reports, pulling VSP authorizations, submitting exam claims, and submitting materials claims on eClaim.

- [Navigating and Printing Reports on eClaim](#)
- [Submitting Exam-Only VSP Claims on eClaim](#)
- [Submitting Material VSP Claims on eClaim](#)
- [Authorizing VSP Benefits on eClaim](#)
- [Coordinating VSP Benefits on Claims in eClaim](#)

## Contact Options

For any questions not covered in these job aids, please contact us.

Claim submissions or issues with the new system:

- Call 844.705.7976
- Monday through Friday from 6:00 a.m. to 5:00 p.m. Pacific

COB claim payments:

- Call 800.615.1883
- Monday through Friday from 5:00 a.m. to 8:00 p.m. Pacific
- Saturday from 6:00 a.m. to 5:00 p.m. Pacific

# Navigating and Printing Reports on eClaim

This job aid provides instructions for Eyefinity.com users to navigate the eClaim form, view the claim reports, and print the claim form.

- [Using the Top Navigation Bar](#)
- [Using the Bottom Command Bar](#)
- [Viewing and Printing Claim Reports](#)
- [Printing the eClaim Form](#)

## Using the Top Navigation Bar

The top navigation bar provides links to each section of the eClaim form. You can navigate the form using these links, or by scrolling down the page. The navigation bar is “pinned” to the top of the form, so as you scroll it is always visible.

Patient Name | Exam | Lens | Frame | Lab | Contacts | Prescription | Services | Patient | Insured | Facility and Billing | Additional Information | Signatures

## Using the Bottom Command Bar

The following commands are located on the bottom command bar:

- Save Claim
- Calculate
- Submit Claim



## Viewing and Printing Claim Reports

To view the claim reports, click View Doctor Reports at the top of the claim form, above the top navigation bar.



The following reports are available. They can be viewed at any time and do not indicate that a claim has been submitted.

- Patient Record Report
- Lens Enhancement Chart
- Service Report
- CMS Service Report
- Packing Slip
- PCP Form (Primary Care Physician contact)
- Patient History

## Printing the eClaim Form

To open a printable version of eClaim form, click Print at the top of the claim form, above the top navigation bar.

**NOTE**

Print is not available after the claim has been submitted



View Doctor Reports



Print

# Submitting Exam-Only VSP Claims on eClaim

This job aid provides instructions for Eyefinity.com users to submit exam-only VSP claims on eClaim.

1. Obtain a VSP authorization for the patient. For more information, read [Authorizing VSP Benefits on eClaim](#).
2. Click **View CMS 1500 Form** or return to the eClaim home page and type the authorization number from step 1 in the **Enter Authorization #** text box and click **Search**.

The screenshot shows the Eyefinity eClaim interface. The top navigation bar includes the Eyefinity logo and links for HOME, eINSURANCE, and NEW eINSURANCE. Below the navigation bar, there are two main sections: 'Check Eligibility' and 'Access Claim Form'. The 'Check Eligibility' section has a 'Select a Lookup Method' dropdown with 'Member Search' selected and a 'Search' button. The 'Access Claim Form' section has two radio buttons: 'Access Claim Form' (selected) and 'View Reports'. Below these is a text box labeled 'Enter Authorization #' and a 'Search' button. A red box highlights the 'Access Claim Form' section.

A claim form opens for the services issued on the authorization.

3. Type or select the **Date of Service**. You cannot access the claim form without a date of service.

The screenshot shows the Eyefinity eClaim form. The top navigation bar includes the Eyefinity logo and links for Patient Name, Exam, Lens, Frame, Lab, Contacts, Prescription, Services, Patient, Insured, Facility and Billing, Additional Information, and Signatures. Below the navigation bar, there is a blue header with 'CHILD XX EYE' and 'Authorization #: 12265854'. The main form area has two sections: '\* Date of Service' and '\* Select a Health Coverage'. The 'Date of Service' section has a text box with '07/28/2020' and a calendar icon. The 'Select a Health Coverage' section has a dropdown menu with 'Group Health Plan (ID#)' selected. A red box highlights the 'Date of Service' section.

4. Record information in the **Exam** section:
  - a. Select the **Exam Type** performed on the patient.
  - b. If the provider performed a refraction, select **Refraction Performed** to ensure that the correct payment amount is sent.
  - c. If you are filing a claim for an exam, select **Yes** or **No - Reason on File** under **Dilation Performed**. This information is required on all exam claims.
  - d. Select the physician or supplier's **Federal Tax ID Number**. This information is required on all claims.

The screenshot shows the 'Exam' section of the eClaim system. It includes a dropdown menu for 'Exam Type', a checkbox for 'Refraction Performed', and radio buttons for 'Dilation Performed?' (Yes or No - Reason on File). There is also a field for 'Federal Tax ID Number' and a dropdown for 'Please select Physician or Supplier'. At the bottom, there are checkboxes for 'Lens' and 'Frame'.

5. Record information in the **Services** section:
  - a. If the provider performed an exam on the patient, select the patient's **Known Conditions** (Prediabetes, Diabetes, Diabetic Retinopathy, Hypertension, High Cholesterol, None). This information is required on all exam claims.
  - b. If the provider performed an exam on the patient and you recorded known conditions in step a (anything except None), select **Yes** or **No - Reason on File** from the **PCP Communication Completed/Planned** drop-down menu.
  - c. Enter at least one **Diagnosis or Nature of Illness or Injury** for the patient. Enter the patient's primary diagnosis in box A.

The screenshot shows the 'Services' section of the eClaim system. It includes a dropdown menu for 'PCP Communication Completed/Planned' and checkboxes for 'Known Conditions' (None, High Risk for Prediabetes, Diabetes, Diabetic Retinopathy, Hypertension, High Cholesterol). Below these are eight boxes labeled A through H for 'Diagnosis or Nature of Illness or Injury'. Box A is highlighted with a red border. There is a 'View PCP Form' link and an 'Add Diagnosis Rows' button at the bottom right.

6. Click **Calculate** in the bottom navigation bar.  
VSP-approved HCPCS codes auto-populate.

**NOTE**

- Unless there is special handling for this claim, do *not* manually record HCPCS codes.
- When you click Calculate, the form checks for errors preventing the HCPCS/CPT-4 codes from auto-populating. If an error is found, the "Calculate claim failed" message displays in a red box, describing the problem. Click x in the message box to close it. Correct the error and then click Calculate to try again.

Calculate claim failed. PATENC0031: You may not select Contacts and Lenses on the same claim. X

7. Type the full usual and customary cost (i.e., the cost the patient would pay without insurance) of the patient's services in the **24f. Charges** text boxes.

24a. From	To	24b. POS	24c. EMG	24d. PROC	Mods	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSDT
07/28/2020	07/28/2020	11	<input type="checkbox"/>	92015		A	\$		<input type="checkbox"/>
07/28/2020	07/28/2020	11	<input type="checkbox"/>	92004			\$		<input type="checkbox"/>

8. Type the amount the patient has already paid in the **29. Paid** text box below the charges.

**NOTE**

If the FSA box is visible, the amount in it must match the amount in the Paid text box.

9. Record information in the **Patient** section:
- Select the patient's **Sex**.
  - If the **Patient Address** did not auto populate, record it now.
  - Optionally, type the patient's **Primary Phone** number.

Patient				
* 3. Date of Birth	6. Patient Relationship to Insured	Primary Phone	* Sex	
01/01/2010	Child		<input type="radio"/> Male <input type="radio"/> Female	
* Patient Address 1	Patient Address 2	* City	* State	* Zip Code
24 Lake		Irvine	CA	92604

10. Optionally, record information in the **Additional Information** section.

**NOTE**

Additional information may be necessary for certain claims, but it also may delay claim processing.

11. When you are ready to send the claim to VSP, click **Submit Claim** in the bottom navigation bar.

**NOTE**

When you click Submit Claim, the form checks for errors and displays messages, as follows:

- Messages in light red message boxes indicate errors such as invalid selections or missing information that must be resolved before the claim can be submitted. Click the link in the message to go to the field that needs correction.

● Error message 1 of 2: OFFEXP0002 Please indicate whether the patient has any health conditions, or confirm 'None' < >

- Messages in orange message boxes are warnings of conditions that may require additional review. You can either stop and correct the issue or click **Acknowledge** to submit the claim without correction.

▲ Alert message 1 of 1: OFFEXP0016 Important! Frame only claims will be denied if they do not meet VSP's criteria. Please refer to the 'Providing Frames' section of the eManuals for more info < >

If there are multiple errors or warnings, click the arrows in the message box to toggle through the messages.

12. In the confirmation window, verify that the claim is true and correct. The claim will not be submitted until you complete this step.  
If there are no errors on the claim, it is sent to VSP and a message stating that the authorization/claim has been submitted displays; this is the only confirmation that you receive that the claim was successfully submitted.
13. Click **Yes** or **No** to view or bypass reports.

**NOTES**

- You can view reports any time during the claim process.
- A printed report is *not* confirmation that a claim was successfully submitted.

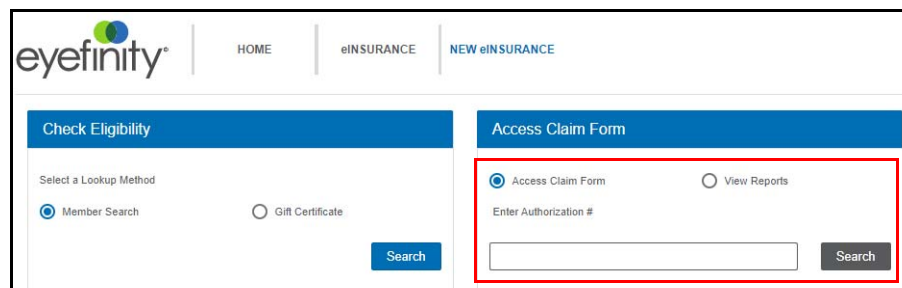
# Submitting Material VSP Claims on eClaim

This job aid provides instructions for Eyefinity.com users to submit VSP claims for glasses or contacts (with or without an exam) on eClaim.

- [Submitting Claims for Glasses](#)
- [Submitting Claims for Contacts](#)

## Submitting Claims for Glasses

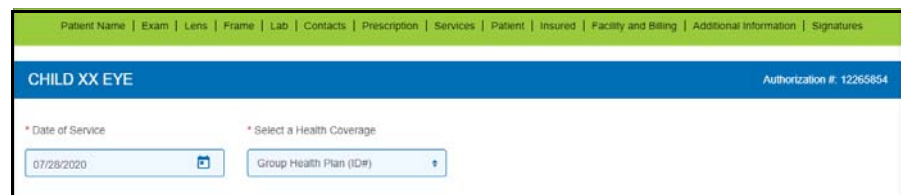
1. Obtain a VSP authorization for the patient. For more information, read [Authorizing VSP Benefits on eClaim](#).
2. Click **View CMS 1500 Form** or return to the eClaim home page and type the authorization number from step 1 in the **Enter Authorization #** text box and click **Search**.



The screenshot shows the Eyefinity eClaim interface. The top navigation bar includes the Eyefinity logo and links for HOME, eINSURANCE, and NEW eINSURANCE. Below the navigation bar, there are two main sections: 'Check Eligibility' and 'Access Claim Form'. The 'Access Claim Form' section is highlighted with a red box. It contains two radio buttons: 'Access Claim Form' (selected) and 'View Reports'. Below these buttons is a text input field labeled 'Enter Authorization #' and a 'Search' button.

A claim form opens for the materials issued on the authorization.

3. Type or select the **Date of Service**. You cannot access the claim form without a date of service.



The screenshot shows the Eyefinity eClaim interface for a patient named 'CHILD XX EYE'. The top navigation bar includes links for Patient Name, Exam, Lens, Frame, Lab, Contacts, Prescription, Services, Patient, Insured, Facility and Billing, Additional Information, and Signatures. Below the navigation bar, there is a blue header bar with the patient name 'CHILD XX EYE' and the authorization number 'Authorization #: 12265854'. Below the header bar, there are two input fields: '\* Date of Service' (with a calendar icon) and '\* Select a Health Coverage' (with a dropdown arrow). The 'Date of Service' field is populated with '07/28/2020' and the 'Select a Health Coverage' field is set to 'Group Health Plan (ID#)'.



4. Record information in the **Exam** section:
  - a. If applicable for the claim, select the **Exam Type** performed.
  - b. If the provider performed a refraction, select **Refraction Performed** to ensure that the correct payment amount is sent.
  - c. If you are filing a claim for an exam, select **Yes** or **No - Reason on File** under **Dilation Performed?**. This information is required on all exam claims.
  - d. Select the physician or supplier's **Federal Tax ID Number**. This information is required on all claims.
  - e. Select if the patient is receiving **Lens** or **Frame** glasses materials.

**Exam**

Exam Type:

Refraction Performed: ☐ Dilation Performed?: ☐ Yes ☐ No - Reason on File

\* 25. Federal Tax ID Number

Please select Physician or Supplier:

☐ Lens ☐ Frame

5. Record information in the **Lens** section:
  - a. Select a **Finishing** option. Typically, you will select **Lab Finishing**.
  - b. Select the patient's **Vision Type**.
  - c. Select a **Material**.
  - d. Select a **Lens** from the list of VSP-approved lenses for the vision type and material that you already selected. If the patient does not have a lens preference, select **Lab Choice**.
  - e. Optionally, complete any other fields, as desired.

**Lens**

Finishing:  Vision Type:  Material:

Lens:

One Lens:  Right Base Curve:

Balance Lens:  Left Base Curve:

Bevel:  Edge:

Dye Color:  Dye Not Listed:  Dye Type:

Dye Details:  Lighten/Darken %:

A/R Coating:  UV:

Scratch Coating:  Press-On Prism:

6. Record information in the **Frame** section.

**NOTE** The eBuyExpress service is no longer available on the eClaim form. Go to the eBuy tab on eyefinity.com to order frames.

- a. Select a frame **Supplier**, based on the patient's insurance benefits:

If the patient...	Then select...
Is using frame benefit insurance coverage	<b>Doctor</b> Your office will ship a frame to the lab from your stock wall or you will drop ship a frame to the lab.
Is paying for the frame out-of-pocket and providing a frame (either their own or one purchased from your office)	<b>Patient</b> Your office will ship the patient's frame (either their own or one purchased from your office) to the lab.
Is using frame benefit insurance coverage	<b>Lab</b> The lab will order the frame. Be sure to check with the lab prior to making this selection because not all labs can order frames and there may be an additional cost for this service.
Is paying for the frame out-of-pocket and not providing or purchasing a frame	<b>Lens Only</b> Your office will not ship a frame to the lab. The lab will only return cut lenses. You must still include frame information on the claim, however, so that the lab will know how to cut the lenses.

- b. Enter the frame's UPC or model number and click **Search**. After you select a frame, its measurements are displayed.

The screenshot shows the 'Frame' section of the eClaim form. It has a blue header bar with the word 'Frame'. Below it, there is a dropdown menu labeled 'Supplier' with a red asterisk. To the right of the dropdown is a text input field labeled 'Frame' with a blue circle icon. Below the input field is a placeholder text 'Enter UPC or Collection and Model Information'. To the right of the input field is a dark grey button labeled 'Search'.

7. In the **Lab** section, select the lab that will process the materials.

**NOTE** If your office has created a shortened lab list, only the preferred labs will be displayed. If the patient's plan has lab routing restrictions, only the approved labs (and not your office's preferred labs) will be displayed.

8. Record the patient's **Prescription**, following VSP minimum prescription requirements.

**NOTE**

- You cannot complete this claim online if the patient has special exceptions to VSP's minimum prescription requirements.
- Including special lab instructions may delay processing.

**Prescription**

	Sphere	Cylinder	Axis	Add
Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Binocular/Monocular Distance Near

☐ Plano Lenses

Segment Height Right Left Optical Center Height Right Left

	Horizontal Prism	Horizontal Base	Vertical Prism	Vertical Base	Safety Thickness
Right	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Left	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Lab Special Instructions

☐ Selecting special instructions may delay your order. Please enter special instructions only intended for the lab in this field regarding this order.

9. Record information in the **Services** section:
- If the provider performed an exam on the patient, select the patient's **Known Conditions** (Prediabetes, Diabetes, Diabetic Retinopathy, Hypertension, High Cholesterol, None). This information is required on all exam claims.
  - If the provider performed an exam on the patient and you recorded known conditions in step a (anything except None), select **Yes** or **No - Reason on File** from the **PCP Communication Completed/Planned** drop-down menu.
  - Enter at least one **Diagnosis or Nature of Illness or Injury** for the patient. Enter the patient's primary diagnosis in box A.

**Services**

PCP Communication Completed/Planned Known Conditions

☐ None ☐ High Risk for Prediabetes ☐ Diabetes ☐ Diabetic Retinopathy ☐ Hypertension ☐ High Cholesterol

[View PCP Form](#)

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

A	B	C	D
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	F	G	H
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

[Add Diagnosis Rows](#)

10. Click **Calculate** in the bottom command bar.  
VSP-approved HCPCS codes auto-populate.

**NOTE**

- Unless there is special handling for this claim, do *not* manually record HCPCS codes.
- When you click Calculate, the form checks for errors preventing the HCPCS/CPT-4 codes from auto-populating. If an error is found, the "Calculate claim failed" message displays in a red box, describing the problem. Click x in the message box to close it. Correct the error and then click Calculate to try again.

Calculate claim failed. PATENC0031: You may not select Contacts and Lenses on the same claim. X

11. Type the full usual and customary cost (i.e., the cost the patient would pay without insurance) of the patient's services in the **24f. Charges** text boxes. For units greater than one (i.e., a *pair* of lenses), record the charges for the total cost of the units (i.e., a pair of lenses and not just one lens).

24a. From	To	24b. POS	24c. EMG	24d. PROC	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSDT
07/28/2020	07/28/2020	11	<input type="checkbox"/>	92015	A	\$		<input type="checkbox"/>
07/28/2020	07/28/2020	11	<input type="checkbox"/>	92004		\$		<input type="checkbox"/>

12. Type the amount the patient has already paid in the **29. Paid** text box below the charges.

**NOTE**

If the FSA box is visible, the amount in it must match the amount in the Paid text box.

13. Record information in the **Patient** section:
- Select the patient's **Sex**.
  - If the **Patient Address** did not auto-populate, record it now.
  - (Optional) Type the patient's **Primary Phone** number.

Patient					
* 3. Date of Birth	6. Patient Relationship to Insured	Primary Phone	* Sex		
01/01/2010	Child		<input type="radio"/> Male <input type="radio"/> Female		
* Patient Address 1	Patient Address 2	* City	* State	* Zip Code	
24 Lake		Irvine	CA	92604	

14. Optionally, record information in the **Additional Information** section.

**NOTE**

Additional information may be necessary for certain claims, but it also may delay claim processing.

15. When you are ready to send the claim to VSP, click **Submit Claim** in the bottom command bar.

**NOTE**

When you click Submit Claim, the form checks for errors and displays messages, as follows:

- Messages in light red message boxes indicate errors such as invalid selections or missing information that must be resolved before the claim can be submitted. Click the link in the message to go to the field that needs correction.

● Error message 1 of 2: OFFEXP0002 Please indicate whether the patient has any health conditions, or confirm 'None' < >

- Messages in orange message boxes are warnings of conditions that may require additional review. You can either stop and correct the issue or click **Acknowledge** to submit the claim without correction.

▲ Alert message 1 of 1: OFFEXP0016 Important! Frame only claims will be denied if they do not meet VSP's criteria. Please refer to the 'Providing Frames' section of the eManuals for more info < >

If there are multiple errors or warnings, click the arrows in the message box to toggle through the messages.

16. In the confirmation window, verify that the claim is true and correct. The claim will not be submitted until you complete this step.

If there are no errors on the claim, it is sent to VSP and a message stating that the authorization/claim has been submitted displays; this is the only confirmation that you receive that the claim was successfully submitted.

17. Click **Yes** or **No** to view or bypass reports.

**NOTES**

- You can view reports any time during the claim process.
- A printed report is *not* confirmation that a claim was successfully submitted.

## Submitting Claims for Contacts

### NOTE

Submitting a claim using this procedure does not place an order for contact lenses.

1. Obtain a VSP authorization for the patient. For more information, read [Authorizing VSP Benefits on eClaim](#).
2. Click **View CMS 1500 Form** or return to the eClaim home page and type the authorization number from step 1 in the **Enter Authorization #** text box and click **Search**.

The screenshot shows the eyefinity eClaim system interface. The 'Access Claim Form' section is highlighted with a red box. It contains a radio button for 'Access Claim Form' (selected) and a radio button for 'View Reports'. Below these is a text box labeled 'Enter Authorization #' and a 'Search' button.

A claim form opens for the materials issued on the authorization.

3. Type or select the **Date of Service**. You cannot access the claim form without a date of service.

The screenshot shows the eClaim form with the 'Date of Service' field set to 07/28/2020 and the 'Group Health Plan (ID#)' field. The form also displays the patient name 'CHILD XX EYE' and the authorization number '12265854'.

4. Optionally, record information in the **Exam** section:
  - a. If applicable for the claim, select the **Exam Type** performed on the patient.
  - b. If the provider performed a refraction, select **Refraction Performed** to ensure that the correct payment amount is sent.
  - c. If you are filing a claim for an exam, select **Yes** or **No - Reason on File** under **Dilation Performed?**. This information is required on all exam claims.
  - d. Select the physician or supplier's **Federal Tax ID Number**. This information is required on all claims.

The screenshot shows the 'Exam' section of the eClaim form. It includes a dropdown for 'Exam Type', a checkbox for 'Refraction Performed', and radio buttons for 'Dilation Performed?' (Yes or No - Reason on File). There is also a text box for 'Federal Tax ID Number' and checkboxes for 'Lens' and 'Frame'.

5. Record information in the **Contacts** section, as necessary:
- Select a **Material/Type**.
  - If the patient is eligible for a fitting, select **Services**. If the patient is *only* eligible for a fitting, this is the only contacts information that you can record on the claim.
  - Select a **Reason**.
  - Select a **Manufacturer**.
  - Select a **Brand**.
  - Select a **Modality**.
  - Type the **Number of Boxes**.

Contacts			
Material/Type	Services	Reason	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Manufacturer	Brand	Modality	Number of Boxes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Record information in the **Services** section:
  - a. If the provider performed an exam on the patient, select the patient's **Known Conditions** (Prediabetes, Diabetes, Diabetic Retinopathy, Hypertension, High Cholesterol, None). This information is required on all exam claims.
  - b. If the provider performed an exam on the patient and you recorded known conditions in step a (anything except None), select **Yes** or **No - Reason on File** from the **PCP Communication Completed/Planned** drop-down menu.
  - c. Enter at least one **Diagnosis or Nature of Illness or Injury** for the patient. Enter the patient's primary diagnosis in box A.

The screenshot shows the 'Services' section of a form. At the top, there's a blue header with the word 'Services'. Below it, there are two main sections: 'PCP Communication Completed/Planned' with a dropdown menu, and 'Known Conditions' with several checkboxes: 'None', 'High Risk for Prediabetes', 'Diabetes', 'Diabetic Retinopathy', 'Hypertension', and 'High Cholesterol'. Below these is a link 'View PCP Form'. Then, there's a section titled '\* 21 Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24e.)'. This section contains eight boxes labeled A through H in a 2x4 grid. Box A is highlighted with a red rectangle. At the bottom right of this section is a button labeled 'Add Diagnosis Rows'.

7. Click **Calculate** in the bottom command bar.  
VSP-approved HCPCS codes auto-populate.

**NOTE**

- Unless there is special handling for this claim, do *not* manually record HCPCS codes.
- When you click Calculate, the form checks for errors preventing the HCPCS/CPT-4 codes from auto-populating. If an error is found, the "Calculate claim failed" message displays in a red box, describing the problem. Click x in the message box to close it. Correct the error and then click Calculate to try again.

Calculate claim failed. PATENC0031: You may not select Contacts and Lenses on the same claim. X

8. Type the full usual and customary cost (i.e., the cost the patient would pay without insurance) of the patient's services in the **24f. Charges** text boxes. For units greater than one (i.e., a *box* of contacts), record the charges for the total cost of the units (i.e., a box of contacts and not just one lens).



9. In the **24g Units** text boxes, type the total number of contact lenses the patient will receive. Each lens equals one unit, so if a box of contacts has 6 lenses and the patient is ordering 4 boxes, the number of total units is 24.

24a. From	To	24b. POS	24c. EMG	24d. PROC	Mods	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSDT
07/28/2020	07/28/2020	11	<input type="checkbox"/>	92015		A	\$		<input type="checkbox"/>
07/28/2020	07/28/2020	11	<input type="checkbox"/>	92004			\$		<input type="checkbox"/>

10. Type the amount the patient has already paid in the **29. Paid** text box below the charges.

**NOTE**

If the FSA box is visible, the amount in it must match the amount in the Paid text box.

11. Record information in the **Patient** section:
- Select the patient's **Sex**.
  - If the **Patient Address** did not auto-populate, record it now.
  - Optionally, type the patient's **Primary Phone** number.

Patient					
* 3. Date of Birth 01/01/2010	6. Patient Relationship to Insured Child	Primary Phone 	* Sex <input type="radio"/> Male <input type="radio"/> Female		
* Patient Address 1 24 Lake	Patient Address 2 	* City Irvine	* State CA	* Zip Code 92604	

12. Optionally, record information in the **Additional Information** section.

**NOTE**

Additional information may be necessary for certain claims, but it also may delay claim processing.

13. When you are ready to send the claim to VSP, click **Submit Claim** in the bottom command bar.

**NOTE**

When you click Submit Claim, the form checks for errors and displays messages, as follows:

- Messages in light red message boxes indicate errors such as invalid selections or missing information that must be resolved before the claim can be submitted. Click the link in the message to go to the field that needs correction.

● Error message 1 of 2: OFFEXP0002 Please indicate whether the patient has any health conditions, or confirm 'None' < >

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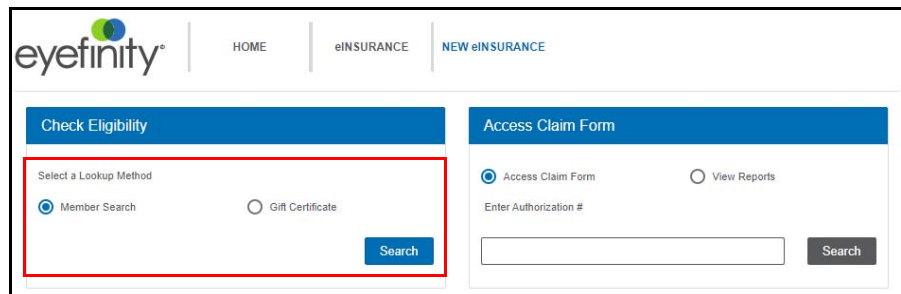
# Authorizing VSP Benefits on eClaim

This job aid provides instructions for Eyefinity.com users to pull VSP authorizations on eClaim. Managing authorizations in eClaim saves you time and allows you to provide your patients with the quality care that they deserve.

- [Retrieving, Replacing, & Deleting Existing Authorizations](#)
- [Issuing New Authorizations](#)
- [Splitting Authorizations](#)

## Retrieving, Replacing, & Deleting Existing Authorizations

1. In eClaim, select the **Member Search** radio button and click **Search**.

The screenshot shows the Eyefinity eClaim web interface. At the top, there are navigation links: HOME, eINSURANCE, and NEW eINSURANCE. Below this, there are two main sections: 'Check Eligibility' and 'Access Claim Form'. In the 'Check Eligibility' section, under 'Select a Lookup Method', there are two radio buttons: 'Member Search' (which is selected and highlighted with a red box) and 'Gift Certificate'. A 'Search' button is located to the right of these options. The 'Access Claim Form' section has two radio buttons: 'Access Claim Form' (selected) and 'View Reports'. Below these is a text input field labeled 'Enter Authorization #' and a 'Search' button.

The Member Search page opens.

2. If necessary, select a different **Date of Service**. Although the date of service defaults to today's date, you can select a date in the past to pull a backdated authorization. You cannot, however, select a date in the future and pull an authorization for a future date.
3. Use one of these methods to search for the member:
  - Type the **Full ID** of the member (and leave all other fields blank)
  - Type the member's **First Name, Last Name, and Last 4 SSN**
  - Type the member's **First Name, Last Name, Date of Birth, and Last 4 SSN**
  - Type the member's **Last Name, Date of Birth, and Last 4 SSN**

4. Click **Search**.

The Member Search Results display.

5. Select the name of the primary person insured.

The member overview displays. If one of the patients on the plan has existing authorizations that have not yet been submitted, they are listed under **Retrieve or Delete an Existing Authorization**.

Authorization	Name (Last, First)	Product	Expires
12265854	EYE, CHILD XX	VSP Choice Plan	2019-07-19
12265856	EYE, TEXTXXX	Additional Pair	2019-07-19
10376690	EYE, TEXTXXX	Additional Pair	2015-12-01

Name (Last, First)	Relation	Date of Birth
EYE, TEXTXXX	Member	01/01/1988
EYE, CHILD XX	Child	01/01/2010
EYE, CHLDXXX	Child	01/01/2010

**NOTE** If your authorization is not displayed, click **Refresh**.

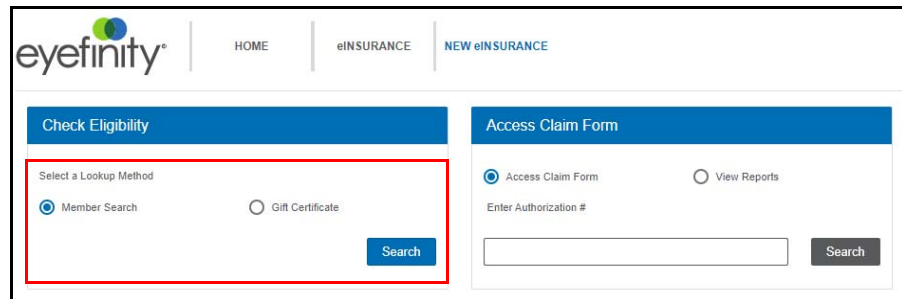
6. Complete one of the following tasks:

If you need to...	Then...
Bill an authorization	Click the <b>Authorization</b> number.
Replace an authorization	Click <b>Delete</b> (trash can icon) and then issue a new authorization. For more information, go to <a href="#">"Issuing New Authorizations" on page 3</a> .
Delete an authorization	Click <b>Delete</b> (trash can icon).

7. Begin filing the claim.

## Issuing New Authorizations

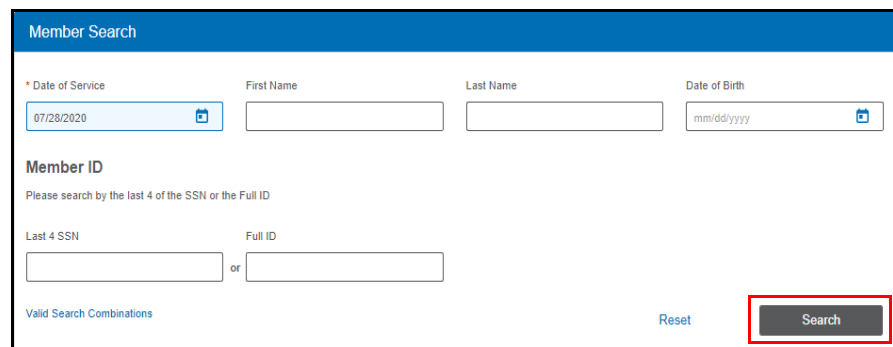
1. In eClaim, select the **Member Search** radio button and click **Search**.



The screenshot shows the eyefinity eINSURANCE portal. The 'Check Eligibility' section is highlighted with a red box. It contains a 'Select a Lookup Method' section with two radio buttons: 'Member Search' (selected) and 'Gift Certificate'. A 'Search' button is located to the right of these options. The 'Access Claim Form' section is also visible, showing 'Access Claim Form' and 'View Reports' radio buttons, and an 'Enter Authorization #' field with a 'Search' button.

The Member Search page opens.

2. If necessary, select a different **Date of Service**. Although the date of service defaults to today's date, you can select a date in the past to pull a backdated authorization. You cannot, however, select a date in the future and pull an authorization for a future date.
3. Use one of these methods to search for the member:
  - Type the **Full ID** of the member (and leave all other fields blank)
  - Type the member's **First Name**, **Last Name**, and **Last 4 SSN**
  - Type the member's **First Name**, **Last Name**, **Date of Birth**, and **Last 4 SSN**
  - Type the member's **Last Name**, **Date of Birth**, and **Last 4 SSN**
4. Click **Search**.



The screenshot shows the Member Search page. It includes fields for 'Date of Service' (07/28/2020), 'First Name', 'Last Name', and 'Date of Birth' (mm/dd/yyyy). Below these is the 'Member ID' section with a prompt 'Please search by the last 4 of the SSN or the Full ID'. It contains 'Last 4 SSN' and 'Full ID' fields separated by an 'or' label. At the bottom, there are links for 'Valid Search Combinations', a 'Reset' button, and a 'Search' button highlighted with a red box.

The Search Results are displayed.

5. Select the name of the primary person insured.  
The member overview is displayed. The primary members and their dependents are listed under **View Coverage Summary and Issue Authorization**.

6. Select a patient name from the list.

EYE, TEXTXXX

Member Plus Family Coverage

This eligibility transaction is HIPAA compliant

Retrieve or Delete an Existing Authorization

Authorization	Name (Last, First)	Product	Expires	
12265854	EYE, CHILD XX	VSP Choice Plan	2019-07-19	
12265856	EYE, TEXTXXX	Additional Pair	2019-07-19	
10376690	EYE, TEXTXXX	Additional Pair	2015-12-01	

Refresh

View Coverage Summary and Issue Authorization

Name (Last, First)	Relation	Date of Birth
EYE, TEXTXXX	Member	01/01/1968
EYE, CHILD XX	Child	01/01/2010
EYE, CHILDXXX	Child	01/01/2010

The Coverage Summary displays.

**NOTE**

If additional benefits (i.e., Computer Vision Care, Additional Pair, Diabetic Eyecare) are available, they are displayed below the patient's primary benefit.

7. Type or select the **Date of Service**.

COVERAGE SUMMARY

To view eligibility for a past date of service, please select a date below.

Date of Service

07/28/2020

Patient Name: EYE, CHILD XX

Print VSP Plan Summary to give to your patient

Select available services to be included in the Authorization.

VSP Choice Plan

All Available Services	Exam	Lens	Frame	Contact Lens
Availability	Yes	Yes	Yes	Yes
Authorize Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Issue Authorization

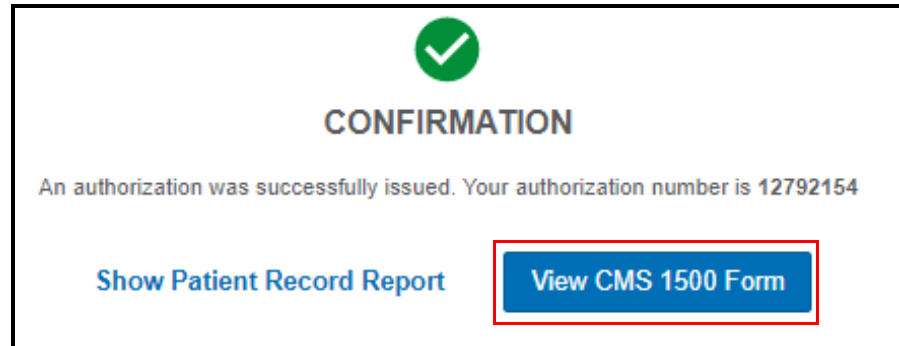
VSP Diabetic Eyecare Program

All Available Services	Examination
Availability	Yes
Authorize Benefit	<input type="checkbox"/>

Issue Authorization

8. Select the services that you want to bill.

9. Click **Issue Authorization**.  
An authorization confirmation is displayed.
10. Click **View CMS 1500 Form** to view reports and begin filing the claim.



## Splitting Authorizations

Follow these instructions to split authorizations if

- You need a separate authorization for an exam and for a frame
  - You need a separate authorization for an exam and for materials
  - The patient is ordering two pairs of glasses
  - The patient has a benefit for a second pair of glasses
1. In eClaim, select the **Member Search** radio button and click **Search**.

A screenshot of the eyefinity eINSURANCE web interface. The top navigation bar includes the eyefinity logo and links for HOME, eINSURANCE, and NEW eINSURANCE. Below the navigation bar, there are two main sections: "Check Eligibility" and "Access Claim Form". The "Check Eligibility" section is highlighted with a red rectangular border. Inside this section, under "Select a Lookup Method", there are two radio buttons: "Member Search" (which is selected) and "Gift Certificate". A "Search" button is located at the bottom right of this section. The "Access Claim Form" section is to the right of the "Check Eligibility" section. It contains two radio buttons: "Access Claim Form" (selected) and "View Reports". Below these, there is a text input field labeled "Enter Authorization #" and a "Search" button.

The Member Search page opens.

2. If necessary, select a different **Date of Service**. Although the date of service defaults to today's date, you can select a date in the past to pull a backdated authorization. You cannot, however, select a date in the future and pull an authorization for a future date.
3. Use one of these methods to search for the member:
  - Type the **Full ID** of the member (and leave all other fields blank)
  - Type the member's **First Name**, **Last Name**, and **Last 4 SSN**
  - Type the member's **First Name**, **Last Name**, **Date of Birth**, and **Last 4 SSN**
  - Type the member's **Last Name**, **Date of Birth**, and **Last 4 SSN**

4. Click **Search**.

Member Search

\* Date of Service

First Name

Last Name

Date of Birth

07/28/2020

mm/dd/yyyy

Member ID

Please search by the last 4 of the SSN or the Full ID

Last 4 SSN

Full ID

or

Valid Search Combinations

Reset

Search

The Search Results are displayed.

5. Select the name of the primary person insured.

The member overview is displayed. The primary members and their dependents are listed under **View Coverage Summary and Issue Authorization**.

6. Select a patient name from the list.

EYE, TEXTXXX

Member Plus Family Coverage

This eligibility transaction is HIPAA compliant

Retrieve or Delete an Existing Authorization

Authorization	Name (Last, First)	Product	Expires	
12265854	EYE, CHILD XX	VSP Choice Plan	2019-07-19	
12265856	EYE, TEXTXXX	Additional Pair	2019-07-19	
10376690	EYE, TEXTXXX	Additional Pair	2015-12-01	

Refresh

View Coverage Summary and Issue Authorization

Name (Last, First)	Relation	Date of Birth
EYE, TEXTXXX	Member	01/01/1988
EYE, CHILD XX	Child	01/01/2010
EYE, CHILDXXX	Child	01/01/2010

The Coverage Summary displays

**NOTE**

If additional benefits (i.e., Computer Vision Care, Additional Pair, Diabetic Eyecare) are available, they are displayed below the patient's primary benefit.



7. Type or select the **Date of Service**.

COVERGE SUMMARY

To view eligibility for a past date of service, please select a date below.

Date of Service

07/28/2020

Patient Name: EYE, CHILD XX

Print VSP Plan Summary to give to your patient

Select available services to be included in the Authorization.

VSP Choice Plan

All Available Services	Exam	Lens	Frame	Contact Lens
Availability	Yes	Yes	Yes	Yes
Authorize Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Issue Authorization

VSP Diabetic Eyecare Program

All Available Services	Examination
Availability	Yes
Authorize Benefit	<input type="checkbox"/>

Issue Authorization

8. Select the services that you want to bill.
9. Click **Issue Authorization**.
- An authorization confirmation is displayed.
10. Click **Return to Coverage Summary** to submit a second authorization.
11. Repeat steps 7–9 to issue an authorization for the remaining services.
12. Click the **primary insured’s name** to view both of the authorizations that you issued for the patient.

# Coordinating VSP Benefits on Claims in eClaim

This job aid provides instructions for Eyefinity.com users to coordinate benefits on VSP claims in eClaim.

- [Coordinating Benefits When VSP is the Primary & Secondary Carrier](#)
- [Coordinating Benefits When VSP is the Secondary Carrier](#)

## Coordinating Benefits When VSP is the Primary & Secondary Carrier

1. Obtain a VSP authorization for the patient's primary insurance plan and secondary insurance plan. For more information, read [Authorizing VSP Benefits on eClaim](#).
2. Click **View CMS 1500 Form** or return to the eClaim home page and type the authorization number for the patient's primary insurance plan from step 1 in the **Enter Authorization #** text box and click **Search**.
3. Record the services performed, calculate the HCPCS codes, and type the full usual and customary cost (i.e., the cost the patient would pay without insurance) of the patient's services in the **24f. Charges** text boxes.
4. Type the amount the patient has already paid in the **29. Paid** text box below the charges.
5. Record information in the **Insured** section:
  - a. Select **No** for box 11d.
  - b. Type the secondary VSP benefit authorization number in the **VSP Coordination of Benefits Secondary Authorization** text box.

**Insured**

\* 4. First Name: TEXTXXX MI: Last Name: EYE 11. Insured's Policy Group or FECA Number:

Insured Address 1: 24 Lake \* 11a. Date of Birth: 01/01/1988

Insured Address 2: Sex: ☐ Male ☐ Female

City: Irvine State: CA Zip Code: 92604 11c. Insurance Plan Name or Program Name:

Phone Number: \* 11d. Is There Another Health Benefit Plan for Eyecare? ☐ Yes ☒ No

VSP Coordination of Benefits Secondary Authorization:

## Coordinating Benefits When VSP is the Secondary Carrier

6. Record any other required information on the claim.
7. When you are ready to send the claim to VSP, verify that all of the information on it is correct and then click **Submit Claim** in bottom command bar.

Follow the instructions below if the patient has a health or vision plan or Medicare as their primary insurance carrier and VSP as their secondary insurance carrier.

When a patient has a non-VSP primary insurance carrier and VSP as their secondary insurance carrier, you can now coordinate benefits in a single claim submission using both the patient's routine and medical eyecare plans. This new feature allows you to maximize the patient's VSP benefits.

<b>EXAMPLE</b>	If the patient's primary insurance carrier is Medicare, obtain an authorization for both the patient's Primary EyeCare or Diabetic Eyecare Plus plan and routine services. Submit the claim on the patient's Primary EyeCare or Diabetic Eyecare Plus authorization for the non-covered portion of the medical eye exam and type the patient's routine exam authorization number in the VSP Coordination of Benefits Secondary VSR text box to pick up the patient's non-covered refraction.
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1. Submit an insurance claim to the patient's primary insurance carrier.
2. Wait to receive an explanation of payment (EOP) from the primary insurance carrier.
3. Obtain a backdated (using the original date of service) standard VSP authorization for the services to be coordinated. For more information, read [Authorizing VSP Benefits on eClaim](#).
4. Click **Continue to CMS 1500** or return to the eClaim home page and type the authorization number for the patient's secondary insurance (VSP) plan from step 3 in the **Enter Authorization #** text box and click **Go**.
5. Record the services performed.

<b>NOTES</b>	<ul style="list-style-type: none"> <li>Ensure that the exam, refraction, and/or materials information that you record on the secondary insurance claim matches the information that you recorded on the primary insurance claim.</li> <li>You do not need to record any invoice details after you record the services performed.</li> </ul>
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6. Navigate or scroll to the **Insured** section and record the following information:
  - a. Select **Yes** in box **11d**.
  - b. Optionally, if you are coordinating benefits using *more than one* VSP plan (i.e., medication and routine; employee and spouse), type the additional VSP authorization number in the **VSP Coordination of Benefits Secondary Authorization** text box.
  - c. Type the first and last name of the insured person on the patient's primary insurance plan in box **9**.

- d. Type "NA" in box **9a**.
- e. Type the patient's primary insurance plan name in box **9d**.

Insured			
* 4. First Name TEXTXXX	MI 	* Last Name EYE	11. Insured's Policy Group or FECA Number 
Insured Address 1 24 Lake		* 11a. Date of Birth 01/01/1988	
Insured Address 2 		Sex <input type="radio"/> Male <input type="radio"/> Female	
City Irvine	State CA	Zip Code 92604	11c. Insurance Plan Name or Program Name 
Phone Number 		* 11d. Is There Another Health Benefit Plan for Eyecare? <input checked="" type="radio"/> Yes <input type="radio"/> No	
VSP Coordination of Benefits Secondary Authorization 			
Other Insured			
* 9. First Name First Name	MI MI	* Last Name Last Name	* 9a. Other Insured's Policy or Group Number 
* 9d. Insurance Plan Name or Program Name 		For box "11d - Is there another Health Benefit Plan for Eyecare", select Yes if billing VSP as secondary to another insurance carrier. Select No when coordinating two VSP plans.	

7. Scroll up to the **Services** section and enter the procedure codes to match the EOP from to the primary insurance carrier.
8. Record information in the COB fields in the **Services** section:
  - a. In the **Other Ins Allowed** text box, record the maximum amount allowed for the service by the other insurance, as indicated on the EOP.
  - b. In the **Other Ins Paid** text box, record the amount paid for the service by the other insurance, as indicated on the EOP.

- c. In the **Other Ins Pat Resp** text box, record the remaining balance the patient is responsible to pay for the service by the other insurance, as indicated on the EOP.

**NOTE** If VSP is the tertiary insurance carrier, do not break down primary and secondary insurance carrier payments. Instead, record the allowed amount from the primary EOP and the combined paid amounts from the primary and secondary EOPs along with the patient's final out-of-pocket expense.

- d. In the **Denied or Paid \$0.00 Reason** drop-down menu, select the reason the primary EOP indicated that the claim was denied or paid \$0.00.

**NOTE** Why? When the primary insurance did not make payment on a claim or claim line, the reason code provided (either on an EOB or in the drop down menu for electronic claims) determines if VSP assumes primary or secondary on the claim or claim line. This affects the payment made to the provider and the patient's out of pocket expense.

- If the primary does not make payment because the allowed amount was applied to the deductible, then VSP is secondary and the payment amount is the secondary COB allowance. The remaining would be patient responsibility.
- If the primary does not make a payment because the service is non covered or the patient is not covered under the insurance, then VSP is the primary and the payment amount is the doctor filed fee for the service. The patient's responsibility is the plan copay.

Option	Reason for Selecting
<b>Not Covered</b>	Primary EOP indicates that the claim was denied due to the patient not being covered on the date of service or services billed not being covered by the primary insurance.
<b>Deductible</b>	Primary EOP indicates that the service was applied to the deductible and paid \$0.
<b>Max Allowance Met</b>	Primary EOP indicates that the maximum allowance was met and paid \$0.
<b>Bundled Service</b>	Primary EOP indicates that the payment for this service is included in the reimbursement of another service/procedure billed.
<b>Timely Filing</b>	Primary EOP indicates that the claim was denied due to untimely filing.
<b>Capitation</b>	Primary EOP indicates that the claim was denied due to capitation.

The screenshot shows the 'Services' form in the eClaim system. At the top, there's a 'PCP Communication Completed/Planned' dropdown and a 'Known Conditions' section with checkboxes for 'None', 'High Risk for Prediabetes', 'Diabetes', 'Diabetic Retinopathy', 'Hypertension', and 'High Cholesterol'. Below this is a 'View PCP Form' link. A note states: '\* 21. Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24e.)'. This is followed by a grid of eight boxes labeled A through H. Below the grid is an 'Add Diagnosis Rows' button. The bottom section is a table with columns: '24a. From', '24b. To', '24c. POS', '24d. EMG PROC', '24e. Diagnosis', '24f. Charges', '24g. Units', and '24h. Other'. The '24h. Other' column is further divided into four sub-columns: 'Other', 'Ins Paid', 'Ins Pat Resp', and 'Denied or Paid \$0.00 Reason'. A red box highlights the '24g. Units' and '24h. Other' columns. The first row of the table shows dates '07/31/2020' to '07/31/2020', a procedure code 'V2500', a diagnosis code 'A', and various numerical and dollar values.

**NOTE**

Click the blue question mark icons to see descriptions of how the information entered in each field is used.

9. Type the amount already paid by the primary insurance carrier (*not* the amount due from the patient) in the **29. Paid** text box below the charges.
10. Scroll to the **Additional Information** section and type "Secondary COB claim" in the **19. Additional Claim Information** text box.
11. If you need a copy of the claim with the COB details, click **Print** in the top navigation bar.

**NOTE**

The COB details on the claim will *not* be available in the CMS Report or Service Report and you will not be able to view them after you submit the claim.

12. When you are ready to send the claim to VSP, verify that all of the information on it is correct and then click **Submit Claim** in the bottom command bar.