# 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.

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Retrieving, Replacing, & Deleting Existing Authorizations

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

| eyefinity                             | HOME eINSURANC   | E NEW eINSURANCE   |
|---------------------------------------|------------------|--|
| Check Eligibility                     |                  | Access Claim Form  |
| Select a Lookup Method  Member Search | Gift Certificate | Access Claim Form     View Reports Enter Authorization # |
|                                       | Se               | ch Search  |

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 07/28/2020                               | First Name | Last Name | Date of Birth<br>mm/dd/yyyy |        |  |
| Member ID<br>Please search by the last 4 of the SSN or t | he Full ID |           |                             |        |  |
| Last 4 SSN   | Full ID or |           |                             |        |  |
| Valid Search Combinations                                |            | F         | Reset                       | 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**.

| EYE, TEXTXXX                                 |   |                 |               |  |
|--|---|-----------------|---------------|--|
| Member Plus Family Coverag                   | 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 Sur                            | nmary 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    |  |

**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 Authorization number.  |
| Replace an authorization | Click <b>Delete</b> (trash can icon) and then issue a new authorization. For more information, go to "Issuing New Authorizations" on page 3. |
| 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**.

| eyefinity <sup>.</sup> | HOME eINSURANCE  | NEW ØINSURANCE                          |              |
|------------------------|------------------|---|--------------|
| Check Eligibility      |                  | Access Claim Form                       |              |
| Select a Lookup Method | Gift Certificate | Access Claim Form Enter Authorization # | View Reports |

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 07/28/2020                               | First Name | Last Name | Date of Birth mm/dd/yyyy |
| Member ID<br>Please search by the last 4 of the SSN or the | e Full ID  |           |                          |
| Last 4 SSN   | Full ID    |           |                          |
| Valid Search Combinations                                  |            | F         | 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 Covera                    | 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 Su                             | 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.

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| 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 S                | COVERAGE SUMMARY                  |                     |      |       |              |                     |
|---------------------------|-----------------------------------|---------------------|------|-------|--------------|---------------------|
| To view eligibility for a | a past date of service, please se | elect a date below. |      |       |              |                     |
| * Date of Service         |                                   |                     |      |       |              |                     |
| 07/28/2020                |                                   |                     |      |       |              |                     |
| Patient Name: EYE,        | CHILD XX                          |                     |      |       |              |                     |
| Print VSP Plan Sumn       | nary to give to your patient      |                     |      |       |              |                     |
| Select available servi    | ces to be included in the Author  | ization.            |      |       |              |                     |
| VSP Choice P              | lan                               |                     |      |       |              |                     |
|                           | All Available Services            | Exam                | Lens | Frame | Contact Lens |                     |
| Availability              |                                   | Yes                 | Yes  | Yes   | Yes          |                     |
| Authorize Benefit         |                                   |                     |      |       |              |                     |
|                           |                                   |                     |      |       |              | Issue Authorization |
|                           |                                   |                     |      |       |              |                     |
| VSP Diabetic I            | Eyecare Program                   |                     |      |       |              |                     |
|                           | All Available Services            | Examination         |      |       |              |                     |
| Availability              |                                   | Yes                 |      |       |              |                     |
| Authorize Benefit         |                                   |                     |      |       |              |                     |
|                           |                                   |                     |      |       |              | 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.

| eyefinity <sup>.</sup> | HOME eINSURANCE    | NEW BINSURANCE   |
|------------------------|--------------------|--|
| Check Eligibility      |                    | Access Claim Form  |
| Select a Lookup Method | O Gift Certificate | Access Claim Form     View Reports Enter Authorization # |
|                        | Search             | Search   |

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 mm/dd/yyyy |
| Member ID<br>Please search by the last 4 of the SSN or t | he Full ID |           |                          |
| Last 4 SSN   | Full ID or |           |                          |
| Valid Search Combinations                                |            | I         | 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<br>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 Sur                            | mmary 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**.

| 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   |                        |             |      |       |              |                     |  |  |
|   |                        |             |      |       |              | Issue Authorization |  |  |
|   |                        |             |      |       |              |                     |  |  |
|   |                        |             |      |       |              |                     |  |  |
| VSP Diabetic Eyecare Program  |                        |             |      |       |              |                     |  |  |
|   | All Available Services | Examination |      |       |              |                     |  |  |
| Availability  |                        | Yes         |      |       |              |                     |  |  |
| Authorize Benefit   |                        |             |      |       |              |                     |  |  |
|   |                        |             |      |       |              | 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.

Authorizing VSP Benefits on eClaim Splitting Authorizations