

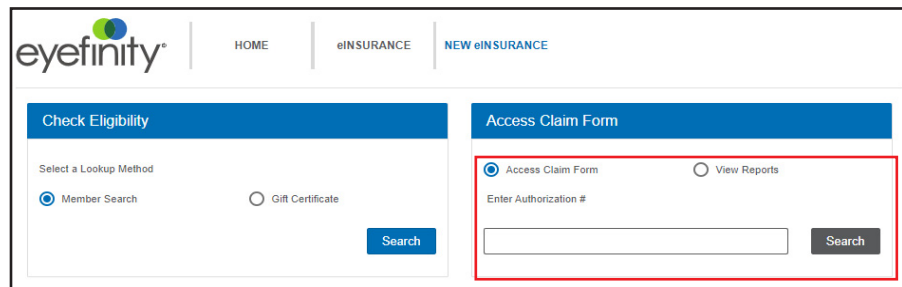
Submitting Material VSP Claims through eClaim

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

- [Submitting Claims for Glasses, 1](#)
- [Submitting Claims for Contacts, 8](#)

Submitting Claims for Glasses

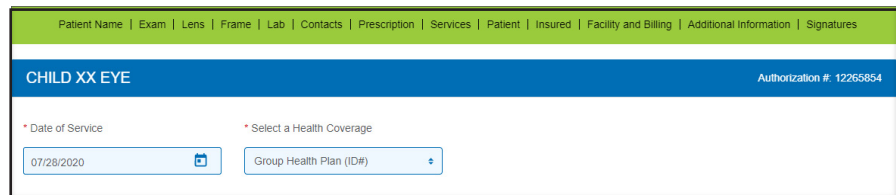
1. Obtain a VSP authorization for the patient. For more information, read [Authorizing VSP Benefits on eClaim](#).
2. Click **View CMS 1500 Form** or return to the eClaim home page and type the authorization number from step 1 in the **Enter Authorization #** text box and click **Search**.



The screenshot shows the Eyefinity website navigation bar with 'HOME', 'eINSURANCE', and 'NEW eINSURANCE' links. Below the navigation bar are two main sections: 'Check Eligibility' and 'Access Claim Form'. The 'Check Eligibility' section has radio buttons for 'Member Search' (selected) and 'Gift Certificate', with a 'Search' button. The 'Access Claim Form' section has radio buttons for 'Access Claim Form' (selected) and 'View Reports', an 'Enter Authorization #' text box, and a 'Search' button. A red box highlights the 'Access Claim Form' section.

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 website navigation bar with links for 'Patient Name', 'Exam', 'Lens', 'Frame', 'Lab', 'Contacts', 'Prescription', 'Services', 'Patient', 'Insured', 'Facility and Billing', 'Additional Information', and 'Signatures'. Below the navigation bar is a blue header with 'CHILD XX EYE' and 'Authorization #: 12265854'. Below the header are two fields: '* Date of Service' with a calendar icon and a date of '07/28/2020', and '* Select a Health Coverage' with a dropdown menu showing '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.

The screenshot shows the 'Exam' section of a form. It has a blue header with the word 'Exam'. Below the header, there are several fields: 'Exam Type' with a dropdown menu, 'Dilation Performed?' with three radio buttons labeled 'Refraction Performed', 'Yes', and 'No - Reason on File', '* 25. Federal Tax ID Number' with a text input field, and a section titled 'Please select Physician or Supplier' with a dropdown menu and two checkboxes labeled 'Lens' and '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.

The screenshot shows the 'Lens' section of a form. It has a blue header with the word 'Lens'. The form is divided into several sections: 'Finishing' with a dropdown menu (selected 'Lab Finishing'), 'Vision Type' with a dropdown menu, 'Material' with a dashed dropdown menu, 'Lens' with a dashed dropdown menu, 'One Lens' with a dropdown menu, 'Right Base Curve' with a text input field, 'Balance Lens' with a dropdown menu, 'Left Base Curve' with a text input field, 'Bevel' with a dropdown menu, 'Edge' with a dropdown menu, 'Dye Color' with a dropdown menu, 'Dye Not Listed' with a dashed dropdown menu, 'Dye Type' with a dropdown menu, 'Dye Details' with a dropdown menu (selected 'No Sample'), 'Lighten/Darken %' with a dashed dropdown menu, 'A/R Coating' with a dropdown menu, 'UV' with a dropdown menu, 'Scratch Coating' with a dropdown menu, and 'Press-On Prism' with a dropdown menu.

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...
	<p>Doctor</p> <p>Your office will ship a frame to the lab from your stock wall or you will drop ship a frame to the lab.</p>
Is paying for the frame out-of-pocket and providing a frame (either their own or one purchased from your office)	<p>Patient</p> <p>Your office will ship the patient's frame (either their own or one purchased from your office) to the lab.</p>
Is using frame benefit insurance coverage	<p>Lab</p> <p>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.</p>
Is paying for the frame out-of-pocket and not providing or purchasing a frame	<p>Lens Only</p> <p>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.</p>

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

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.

The Prescription form contains the following sections:

- Right Eye:** Sphere, Cylinder, Axis, Add
- Left Eye:** Sphere, Cylinder, Axis, Add
- Binocular/Monocular:** Plano Lenses, Binocular PD (dropdown), Distance, Near
- Segment Height:** Bottom of Frame (dropdown), Right, Left, Optical Center Height (dropdown), Right, Left
- Right Eye Prism:** Horizontal Prism, Horizontal Base (dropdown), Vertical Prism, Vertical Base (dropdown), Safety Thickness (dropdown)
- Left Eye Prism:** Horizontal Prism, Horizontal Base (dropdown), Vertical Prism, Vertical Base (dropdown), Specified Thickness (dropdown)
- 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:

- a. If the provider performed an exam on the patient, select the patient's **Known Conditions** (High Risk for Diabetes, Diabetes, Hypertension, High Cholesterol, Diabetic Retinopathy, Glaucoma, AMD, None). This information is required on all exam claims.

The Services section includes:

- PCP Communication Completed/Planned:** No - Reason on File (dropdown), View PCP Form
- Known Conditions:** Systemic Conditions: High Risk for Prediabetes, Diabetes, Hypertension, High Cholesterol; Ocular Conditions: Diabetic Retinopathy, Glaucoma, AMD, None of these 7 conditions
- Diagnosis Codes:** * 21. Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24e.) Show HCPCS/CPT Descriptions. Fields A-H.
- Add Diagnosis Rows** button

- b. If the provider performed an exam on the patient and you selected a diabetes or diabetic retinopathy condition in step a, select **Yes** or **No** -

Reason on File from the **PCP Communication Completed/Planned** drop-down menu.

The screenshot shows the 'Services' section of a form. At the top, there is a navigation bar with links: Patient Name | Exam | Lens | Frame | Lab | Contacts | Prescription | Services | Patient | Insured | Facility and Billing | Additional Information | Signatures. Below this is a blue header for 'Services'. The main content area includes a dropdown menu for 'PCP Communication Completed/Planned' which is currently set to 'No - Reason on File'. To the right, there are sections for 'Known Conditions' with checkboxes for Systemic Conditions (High Risk for Prediabetes, Diabetes, Hypertension, High Cholesterol) and Ocular Conditions (Diabetic Retinopathy, Glaucoma, AMD, None of these 7 conditions). Below this is a section for '* 21. Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24e.)' with eight input boxes labeled A through H. Box A contains 'H52.13'. A blue button 'Add Diagnosis Rows' is at the bottom right.

- c. Enter at least one **Diagnosis or Nature of Illness or Injury** for the patient. Enter the patient's primary diagnosis in box **A**.

This screenshot is identical to the previous one, but with a red box highlighting the input box 'A' which now contains the text 'H52.13'.

- 10. If you selected a diabetes or diabetic retinopathy condition in step 9a, complete these steps:
 - a. Enter the corresponding CPT Category II code in box **24d**. Click the **?** in the column header to select the appropriate CPT Category II code from a list.
 - b. Enter a diagnosis pointer in **24e Diagnosis**.
 - c. Enter a zero-dollar amount (0 or 0.00) for **24f Charges**.
 - d. Enter a single unit (1) for **24g Units**.

The screenshot shows a table for entering procedures. The columns are: 24a From, To, 24b POS, 24c EMG, 24d PROC, Mods, 24e Diagnosis, 24f Charges, 24g Units, and 24h EPSDT. The '24d PROC' column header has a question mark icon. The first row has '04/18/2023' in 'From', '04/18/2023' in 'To', '11' in 'POS', an empty 'EMG' box, '92015' in 'PROC', an empty 'Mods' box, 'A' in 'Diagnosis', '\$40.00' in 'Charges', and '1' in 'Units'. The second row has '04/18/2023' in 'From', '04/18/2023' in 'To', '11' in 'POS', an empty 'EMG' box, '92014' in 'PROC', an empty 'Mods' box, 'A' in 'Diagnosis', '\$100.00' in 'Charges', and '1' in 'Units'. The third row has '04/18/2023' in 'From', '04/18/2023' in 'To', '11' in 'POS', an empty 'EMG' box, '2023F' in 'PROC', an empty 'Mods' box, 'A' in 'Diagnosis', '\$0.00' in 'Charges', and '1' in 'Units'. A blue button 'Add Procedures' is at the bottom right.

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	Mods	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSTD
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:
 - a. Select the patient's **Sex**.
 - b. If the **Patient Address** did not auto-populate, record it now.
 - c. (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.

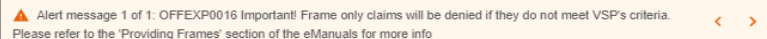
NOTE

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.

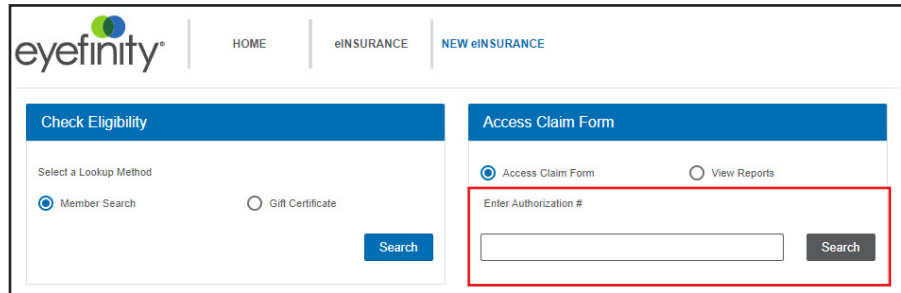
NOTES

- 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

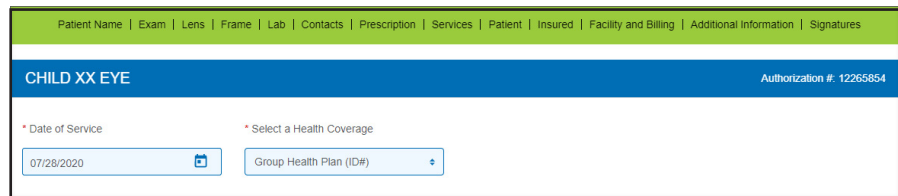
NOTE Submitting a claim using this procedure does not place an order for contact lenses.

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**.

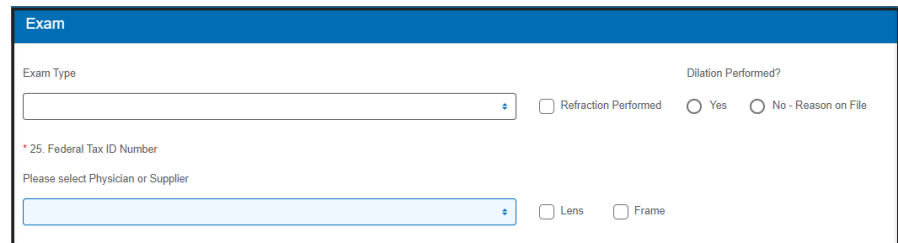


A claim form opens for the materials issued on the authorization.

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



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.



5. Record information in the **Contacts** section, as necessary:
 - a. Select a **Material/Type**.
 - b. 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.
 - c. Select a **Reason**.
 - d. Select a **Manufacturer**.
 - e. Select a **Brand**.
 - f. Select a **Modality**.
 - g. Type the **Number of Boxes**.

The screenshot shows the 'Contacts' section of the eClaim system. It features a blue header with the word 'Contacts'. Below the header, there are seven input fields arranged in two rows. The first row contains 'Material/Type', 'Services', and 'Reason'. The second row contains 'Manufacturer', 'Brand', 'Modality', and 'Number of Boxes'. Each field is a dropdown menu with a small arrow icon on the right side. The 'Reason' and 'Number of Boxes' fields are currently empty, while the others have some text visible.

6. Record information in the **Services** section:
 - a. If the provider performed an exam on the patient, select the patient's **Known Conditions** (High Risk for Diabetes, Diabetes, Hypertension, High Cholesterol, Diabetic Retinopathy, Glaucoma, AMD, None). This information is required on all exam claims.

The screenshot shows the 'Services' section of the eClaim system. At the top, there is a navigation bar with links for Patient Name, Exam, Lens, Frame, Lab, Contacts, Prescription, Services, Patient, Insured, Facility and Billing, Additional Information, and Signatures. Below this is a blue header with the word 'Services'. The main content area includes a 'PCP Communication Completed/Planned' dropdown menu with 'No - Reason on File' selected. To the right is the 'Known Conditions' section, which is highlighted with a red box. It contains two rows of checkboxes: 'Systemic Conditions' (High Risk for Prediabetes, Diabetes, Hypertension, High Cholesterol) and 'Ocular Conditions' (Diabetic Retinopathy, Glaucoma, AMD, None of these 7 conditions). The 'Diabetes' checkbox is checked. Below this is a section for 'Diagnosis or Nature of Illness or Injury (Relate Items to diagnosis box 24e.)' with a grid of eight boxes labeled A through H. Box A contains 'H52.13'. To the right of the grid is a 'Show HCPCS/CPT Descriptions' link. At the bottom right is an 'Add Diagnosis Rows' button.

- b. If the provider performed an exam on the patient and you selected a diabetes or diabetic retinopathy condition in step a, 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**.

- 7. If you selected a diabetes or diabetic retinopathy condition in step 6a, complete these steps:
 - a. Enter the corresponding CPT Category II code in box **24d**. Click the **?** in the column header to select the appropriate CPT Category II code from a list.
 - b. Enter a diagnosis pointer in **24e Diagnosis**.
 - c. Enter a zero-dollar amount (0 or 0.00) for **24f Charges**.
 - d. Enter a single unit (1) for **24g Units**.

24a From	24b To	24c POS	24c EMG	24d PROC	Mods	24e Diagnosis	24f Charges	24g Units	24h EPSDT
04/18/2023	04/18/2023	11	<input type="checkbox"/>	92015		A	\$40.00	1	<input type="checkbox"/>
04/18/2023	04/18/2023	11	<input type="checkbox"/>	92014		A	\$100.00	1	<input type="checkbox"/>
04/18/2023	04/18/2023	11	<input type="checkbox"/>	2023F		A	\$0.00	1	<input type="checkbox"/>
04/18/2023	04/18/2023	11	<input type="checkbox"/>				\$		<input type="checkbox"/>
04/18/2023	04/18/2023	11	<input type="checkbox"/>				\$		<input type="checkbox"/>
04/18/2023	04/18/2023	11	<input type="checkbox"/>				\$		<input type="checkbox"/>

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:
 - a. Select the patient's **Sex**.
 - b. If the **Patient Address** did not auto-populate, record it now.
 - c. 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

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

NOTE

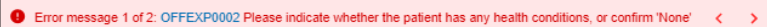
Additional information may be necessary for certain claims, but it also may delay claim processing.

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

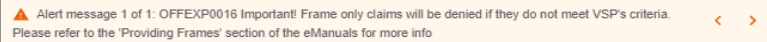
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