Using Modern eClaim

This guide is a compilation of job aids to provide instructions for navigating the eInsurance tab and using the modern eClaim to pull VSP authorizations, complete and submit materials and exam claims, and print claim reports.

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 eInsurance

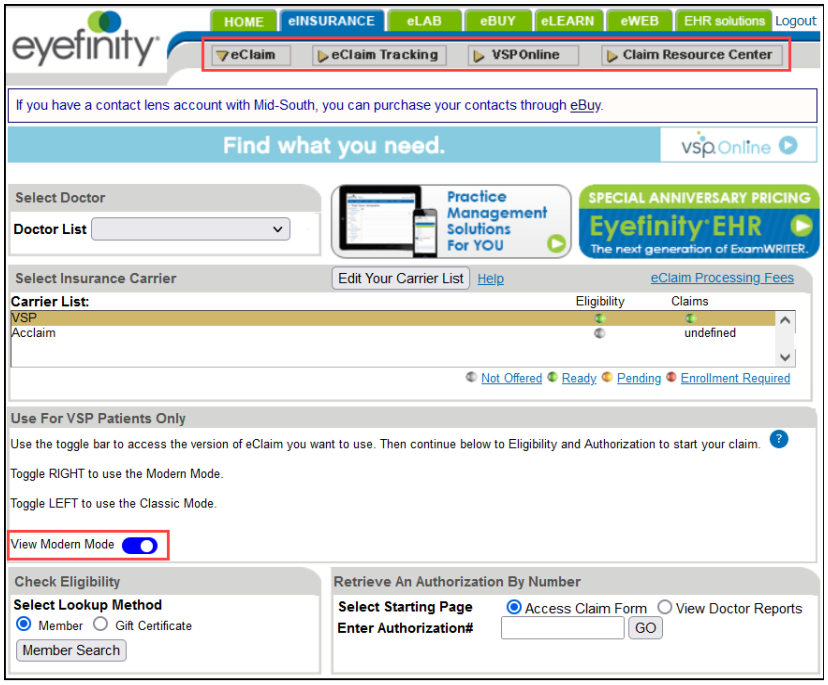
This job aid provides instructions for Eyefinity.com users to navigate the eInsurance tab, including how to select between modern and classic eClaim, and how to navigate the modern eClaim.

This job aid contains the following sections:

Navigating the eInsurance Tab

Use the buttons at the top of the eInsurance tab to access the following tasks and resources:

- Click **eClaim** to review and edit the G&C carrier list and file G&C (non-VSP) claims.
- Click **eClaim Tracking** to track G&C (non-VSP claims).
- Click **VSP Online** to track VSP claims and access explanations of payments, provider reference manuals, and other resources.
- Click **Claim Resource Center** to view information and references for G&C claims filing on eyefinity.com.
- Click **View Modern Mode** to switch between Classic eClaim and Modern eClaim. See Switching Between Modern and Classic eClaim for VSP.



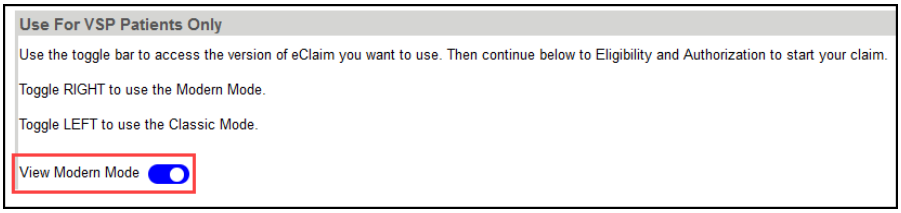
Switching Between Modern and Classic eClaim for VSP

The View Modern Mode switch determines whether you are using the modern eClaim or classic eClaim. A different version of the member search and claim form display, depending on which mode you select. The selected mode becomes the default setting for your office.

NOTE

- The modern eClaim and classic eClaim features apply to VSP patients only.
- Claims must be submitted in the same mode used to pull the authorization.
- You can access reports only for claims submitted in the selected mode.

- Click the **View Modern Mode** switch to access the modern eClaim features. The switch is set to the right and is blue when Modern Mode is selected. See Navigating the Modern eClaim for information on using the modern eClaim.



- Click the switch again to return to classic eClaim. The switch is set to the left and is gray when Classic Mode is selected.

NOTE

You can also switch to the classic eClaim while viewing a screen in modern eClaim by clicking the **Return to Classic Mode** link in the upper-right corner of the page. Information may need to be re-entered when you switch modes using this method.

Navigating the Modern eClaim

With Modern Mode selected, the following features are available:

- Select **Member Search** to verify and authorize VSP member benefits. For more information, see Authorizing VSP Benefits Using Modern eClaim.
- Select **Gift Certificate**, enter the gift certificate number and click GO to redeem a VSP Gift Certificate with an authorization.
- Select **Access Claim Forms** and enter the authorization number to submit and review VSP claims.

  For information on how to navigate the form, see Navigating the Modern eClaim Form and Printing Claim Forms and Reports.

  For information on how to submit claims, see Submitting Exam-Only VSP Claims Using Modern eClaim, Submitting Eyeglass and Contact Lens VSP Claims Using Modern eClaim, and Coordinating VSP Benefits Using Modern eClaim.
- Select **View Doctor Reports** to view claim reports. For information on what reports are available, see Viewing and Printing Claim Reports.

Navigating the Modern eClaim Form and Printing Claim Forms and Reports

This section explains how to navigate the modern eClaim form, view the claim reports, and print the claim form.

- Using the Top Navigation Bar
- Using the Page Commands
- 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.

Using the Page Commands

The following commands are located at the bottom of the page:

- Save Claim
- Calculate
- Submit Claim

Viewing and Printing Claim Reports

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

NOTE	View Doctor Reports appears at the very top of the screen. If you do not see it, try scrolling farther up.

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

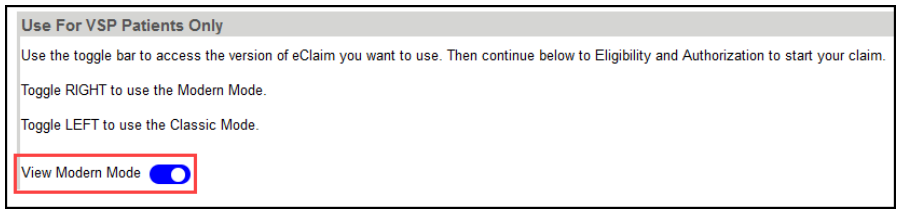
To open a printable version of the eClaim form as it is currently filled in, click **Print** at the top of the claim form, above the top navigation bar.

NOTE	Print is not available after the claim has been submitted

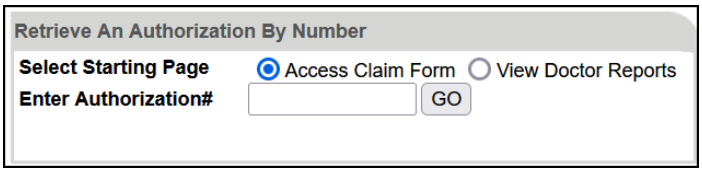
Submitting Exam-Only VSP Claims Using Modern eClaim

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

1. Obtain a VSP authorization for the patient. For more information, see Authorizing VSP Benefits Using Modern eClaim.
2. Click the **eInsurance** tab to open eClaim.
3. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).



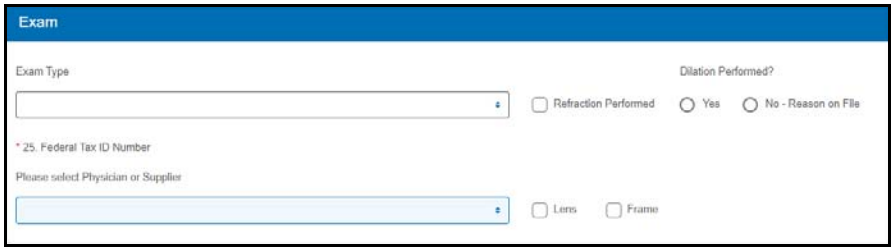
4. Under **Retrieve An Authorization By Number**, perform the following:
   a. Select **Access Claim Form**.
   b. Type the authorization number you obtained in step 1 in the **Enter Authorization #** text box.
   c. Click **Go**.



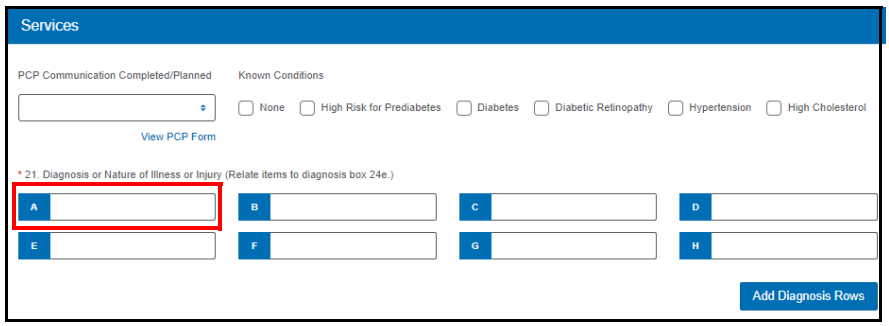
A claim form opens for the services issued on the authorization.

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

6. 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.



7. 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**.



   If you need to add more boxes, click **Add Diagnosis Rows**.

8. Click **Calculate** in the bottom command bar.

   The form automatically checks for errors.

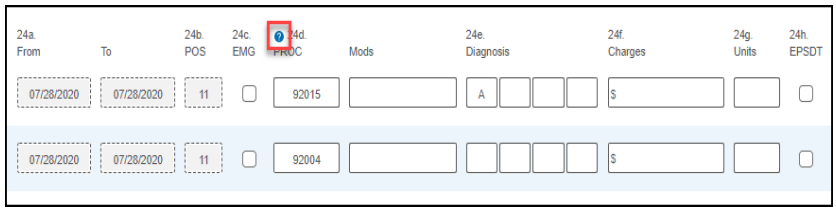
   – If there are no errors, the VSP-approved HCPCS codes auto-populate.
   – If there are errors preventing the HCPCS/CPT-4 codes from auto-populating, the "Calculate claim failed" message displays in a red

box, describing the problem. Click **X** in the message box to close it. Correct the error and then click **Calculate** to try again.

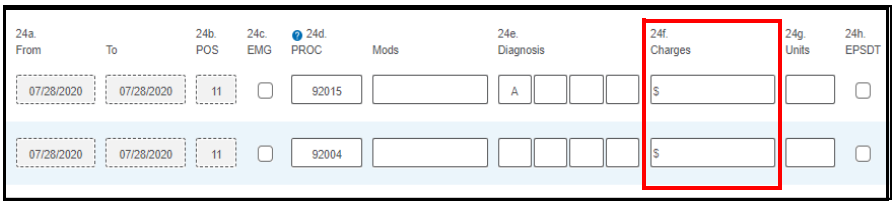
NOTE

- Unless there is special handling for this claim, do *not* manually record HCPCS codes.

9. To find the service associated with a PROC code, click the **?** icon above the **PROC** column.



10. 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.

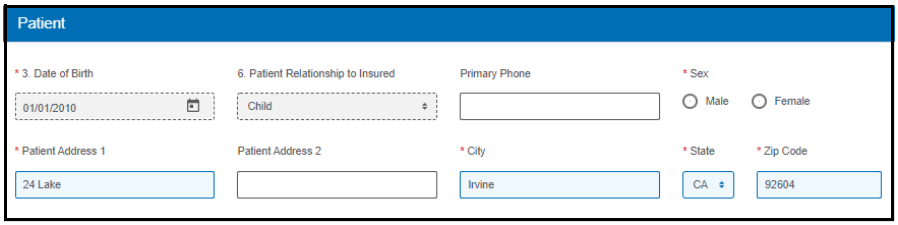


11. Type the amount the patient has already paid (copays) in the **29. Paid** text box below the charges.

NOTE

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

12. 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. Type the patient's **Primary Phone** number. (Optional)



13. Record information in the **Additional Information** section. (Optional)

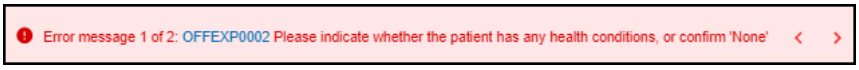
NOTE

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

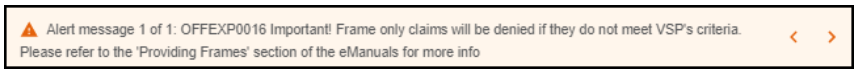
14. When you are ready to send the claim to VSP, click **Submit Claim** in the bottom navigation bar.

    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.

    – 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 as it is.

    The number of errors or warnings needing review is shown in the message. If there are multiple errors or warnings, click the arrows in the message box to toggle through the messages.

15. 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.

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

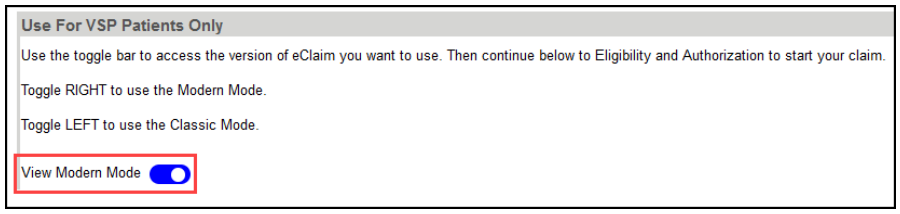
NOTES	• You can view reports any time during the claim process. • A printed report is *not* confirmation that a claim was successfully submitted.

Submitting Eyeglass and Contact Lens VSP Claims Using Modern eClaim

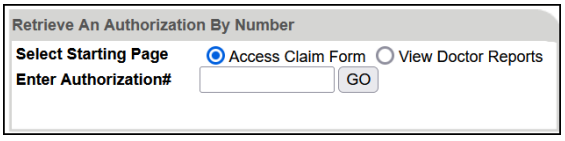
This job aid provides instructions for Eyefinity.com users to submit VSP claims for eyeglasses (with or without an exam) and contact lenses using the modern eClaim.

Submitting Claims for Eyeglasses

1. Obtain a VSP authorization for the patient. For more information, see Authorizing VSP Benefits Using Modern eClaim.
2. Click the **eInsurance** tab to open eClaim.
3. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).



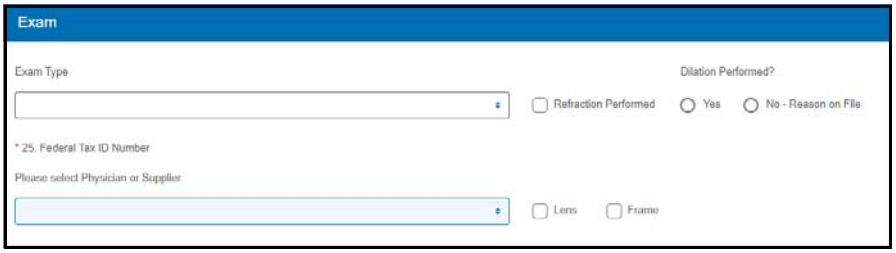
4. Under **Retrieve An Authorization By Number**, perform the following:
   a. Select **Access Claim Form**.
   b. Type the authorization number you obtained in step 1 in the **Enter Authorization #** text box.
   c. Click **Go**.



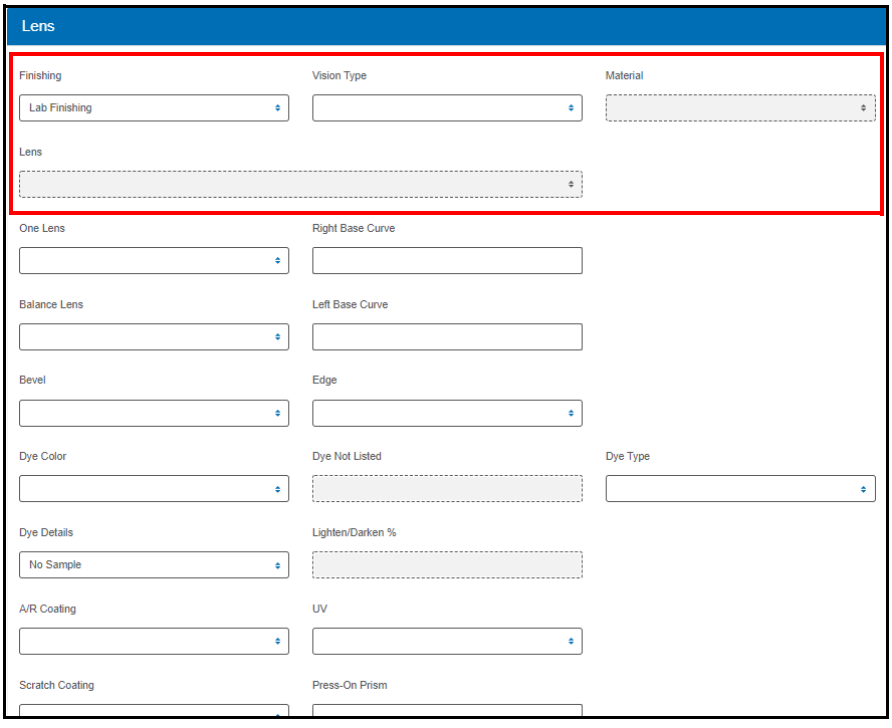
A claim form opens for the materials issued on the authorization.

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

6. 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, including materials-only claims.
   e. Select if the patient is receiving **Lens** and/or **Frame** glasses materials.



7. 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. Complete any other fields, as desired.



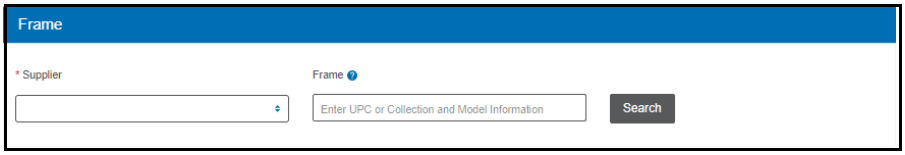
8. Record information in the **Frame** section.

NOTE	The eBuy*Express* 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	**Doctor** 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)	**Patient** 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	**Lab** 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	**Lens Only** Your office will not ship a frame to the lab. The lab will only return cut lenses. You must include frame information on the claim 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.

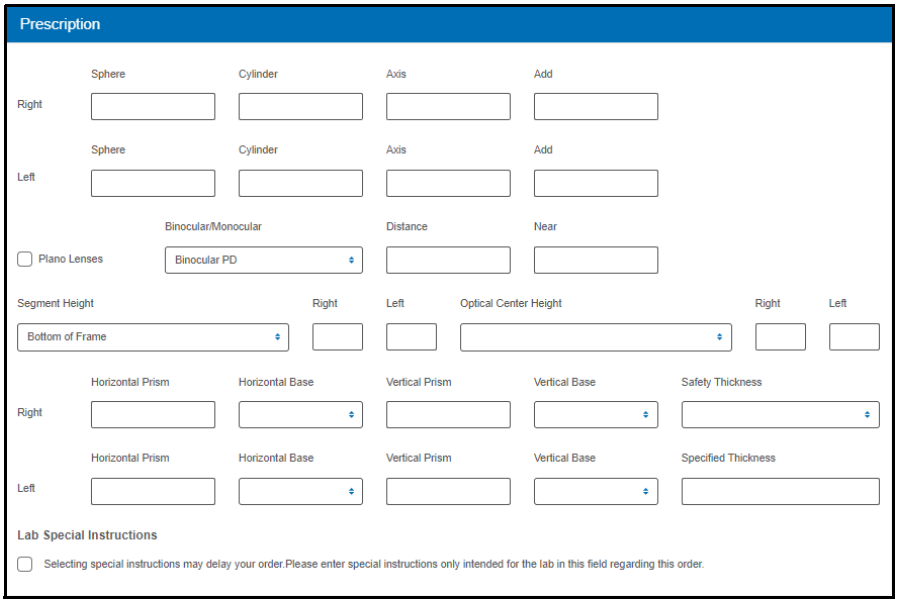


9. In the **Lab** section, select the lab that will process the materials.

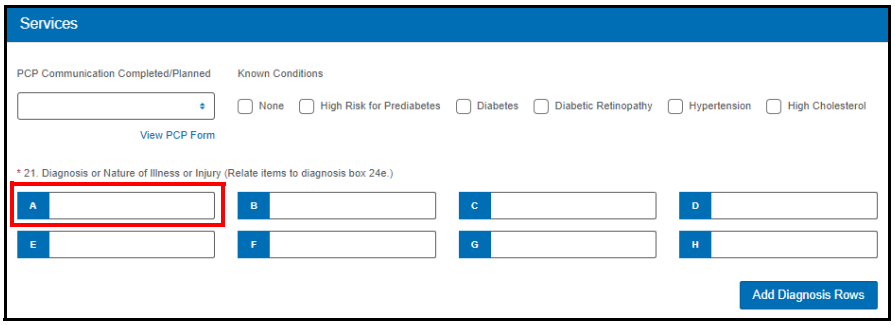
NOTE	• If your office has created a shortened lab list, only the preferred labs will display. • If the patient's plan has lab routing restrictions, only the approved labs (and not your office's preferred labs) will display. Lab routing restrictions ignore preferred lab lists.

10. 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.



11. 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**.



If you need to add more boxes, click **Add Diagnosis Rows**.

12. Click **Calculate** in the bottom command bar.

    The form automatically checks for errors.

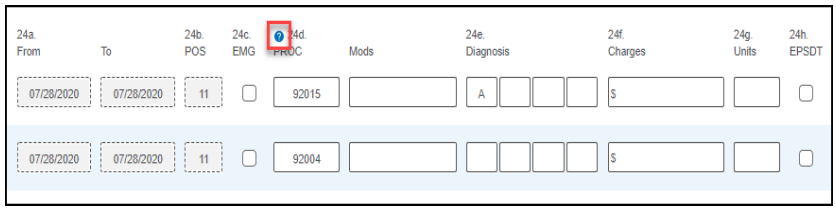
    – If there are no errors, the VSP-approved HCPCS codes auto-populate.

    – If there are errors preventing the HCPCS/CPT-4 codes from auto-populating, 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.

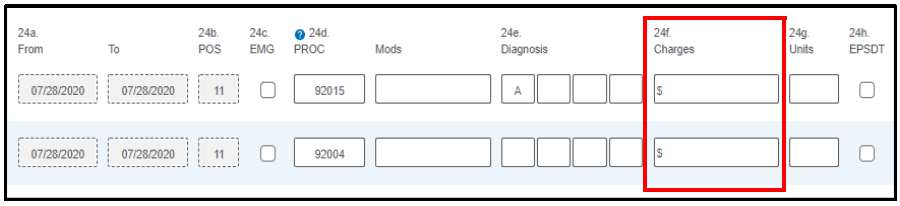
NOTE

- Unless there is special handling for this claim, do *not* manually record HCPCS codes.

13. To find the service associated with a PROC code, click the **?** icon above the **PROC** column.



14. 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).

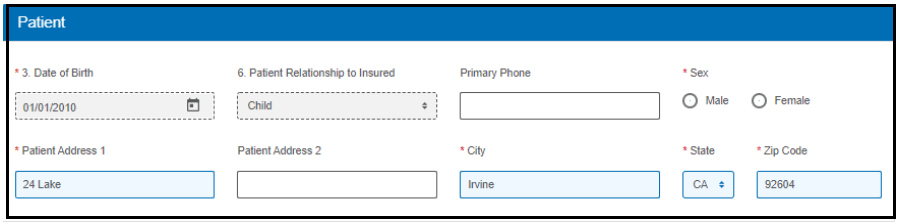


15. Type the amount the patient has already paid (copays) in the **29. Paid** text box below the charges.

NOTE

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

16. 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. Type the patient's **Primary Phone** number. (Optional)



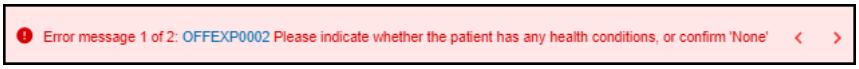
17. Record information in the **Additional Information** section. (Optional)

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

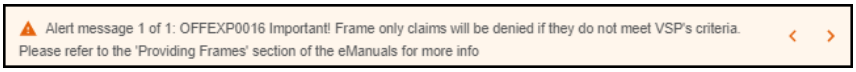
18. When you are ready to send the claim to VSP, click **Submit Claim** in the bottom command bar.

    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.



    – 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 as it is.



    The number of errors or warnings needing review is shown in the message. If there are multiple errors or warnings, click the arrows in the message box to toggle through the messages.

19. 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.

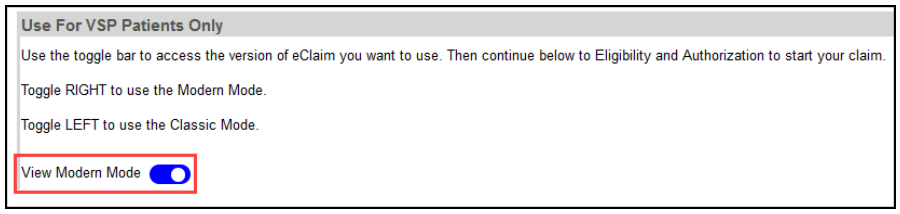
20. Click **Yes** or **No** to view or bypass reports.

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

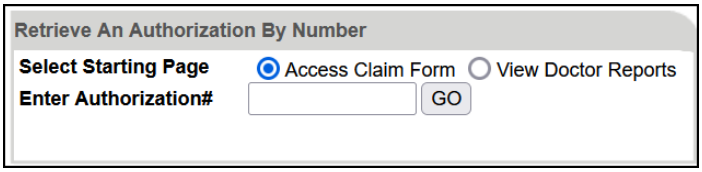
Submitting Claims for Contact Lenses

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, see Authorizing VSP Benefits Using Modern eClaim.
2. Click the **eInsurance** tab to open eClaim.
3. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).

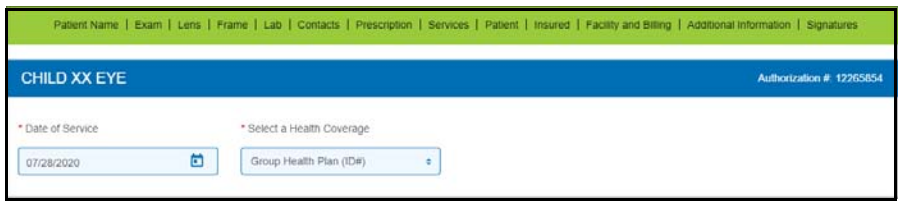


4. Under **Retrieve An Authorization By Number**, perform the following:
   a. Select **Access Claim Form**.
   b. Type the authorization number you obtained in step 1 in the **Enter Authorization #** text box.
   c. Click **Go**.

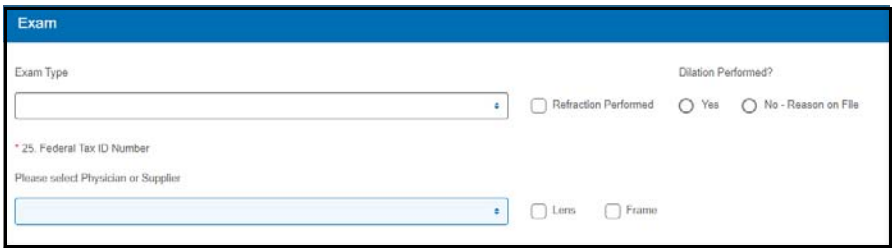


A claim form opens for the materials issued on the authorization.

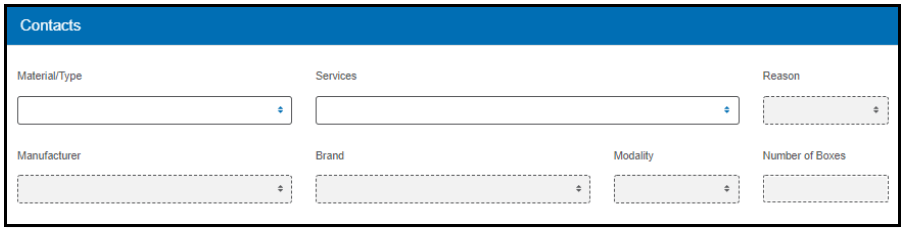
5. Type or select the **Date of Service**. You cannot access the claim form without first entering a date of service.



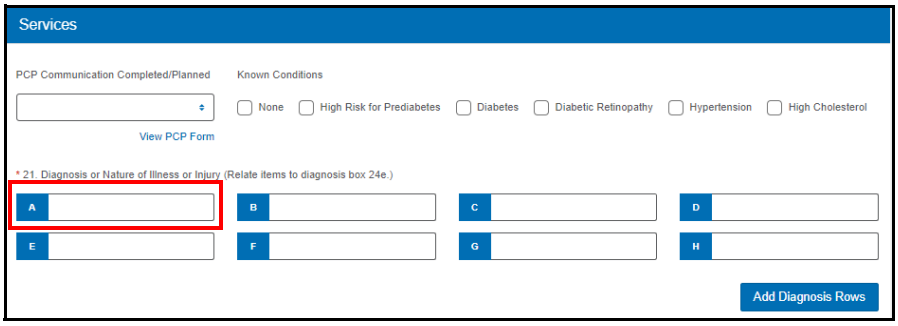
6. Record information in the **Exam** section:
   a. If applicable for the claim, select the **Exam Type** performed on the patient.
   b. If the provider performed a refraction, select **Refraction Performed** to ensure that the correct payment amount is sent.
   c. If you are filing a claim for an 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.



7. 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, go to step 8.
      – If this is a materials-only claim, do not select a service.
   c. Select a **Reason**.
   d. Select a **Manufacturer**.
   e. Select a **Brand**.
   f. Select a **Modality**.
   g. Type the **Number of Boxes**.



8. 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 6 (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**.



If you need to add more boxes, click **Add Diagnosis Rows**.

9. Click **Calculate** in the bottom command bar.

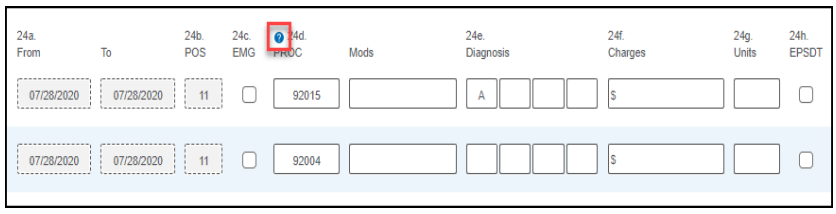
   The form automatically checks for errors.

   – If there are no errors, the VSP-approved HCPCS codes auto-populate.
   – If there are errors preventing the HCPCS/CPT-4 codes from auto-populating, 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.

NOTE

- Unless there is special handling for this claim, do *not* manually record HCPCS codes.

10. To find the service associated with a PROC code, click the **?** icon above the **PROC** column.



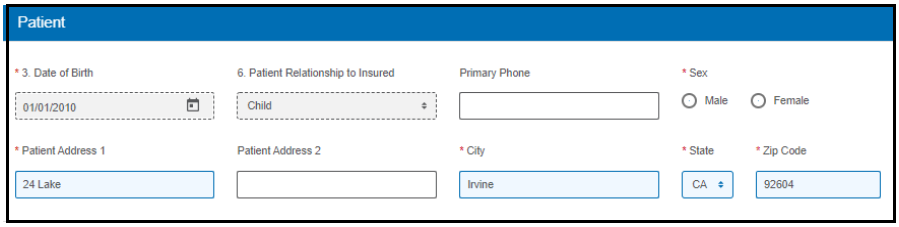
11. Type the full usual and customary cost (i.e., the cost the patient would pay without insurance) of the patient's services in the **24f. Charges** text boxes. For units greater than one (i.e., a *box* of contacts), record the charges for the total cost of the units (i.e., a box of contacts and not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

12. 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.

13. Type the amount the patient has already paid (copays) in the **29. Paid** text box below the charges.

> **NOTE** If the FSA box is displayed, the amount in it must match the amount in the Paid text box.

14. 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. Type the patient's **Primary Phone** number. (Optional)



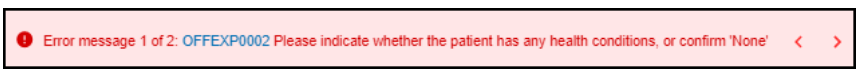
15. Record information in the **Additional Information** section. (Optional)

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

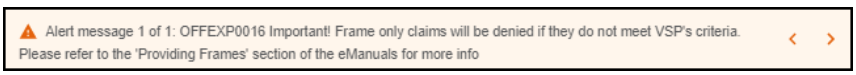
16. When you are ready to send the claim to VSP, click **Submit Claim** in the bottom command bar.

    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.



    – 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 as it is.



The number of errors or warnings needing review is shown in the message. If there are multiple errors or warnings, click the arrows in the message box to toggle through the messages.

17. 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.

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

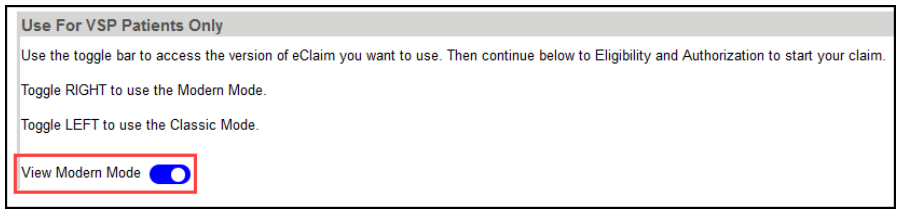
NOTES	• You can view reports any time during the claim process. • A printed report is *not* confirmation that a claim was successfully submitted.

Authorizing VSP Benefits Using Modern eClaim

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

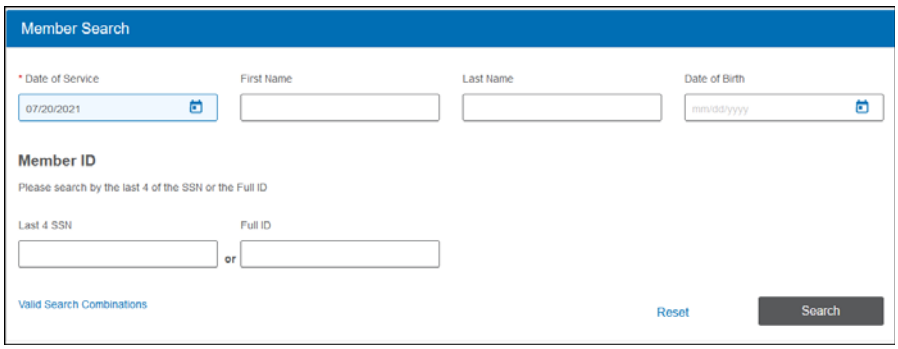
Retrieving, Replacing, & Deleting Existing Authorizations

1. Click the **eInsurance** tab to open eClaim.
2. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).



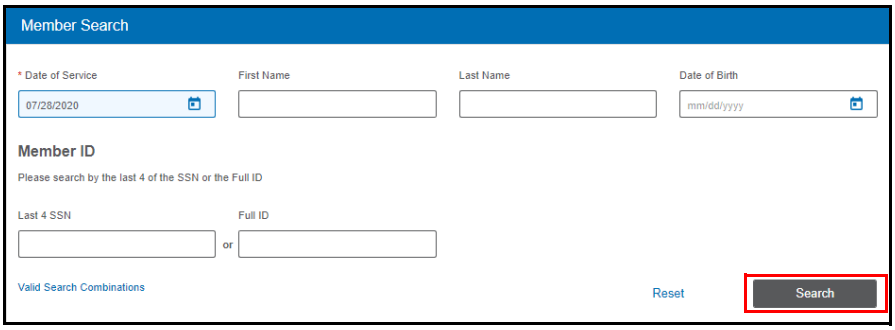
3. Under Check Eligibility, select the **Member** radio button and click **Member Search**.

   The Member Search page opens.



4. 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 select a future date.

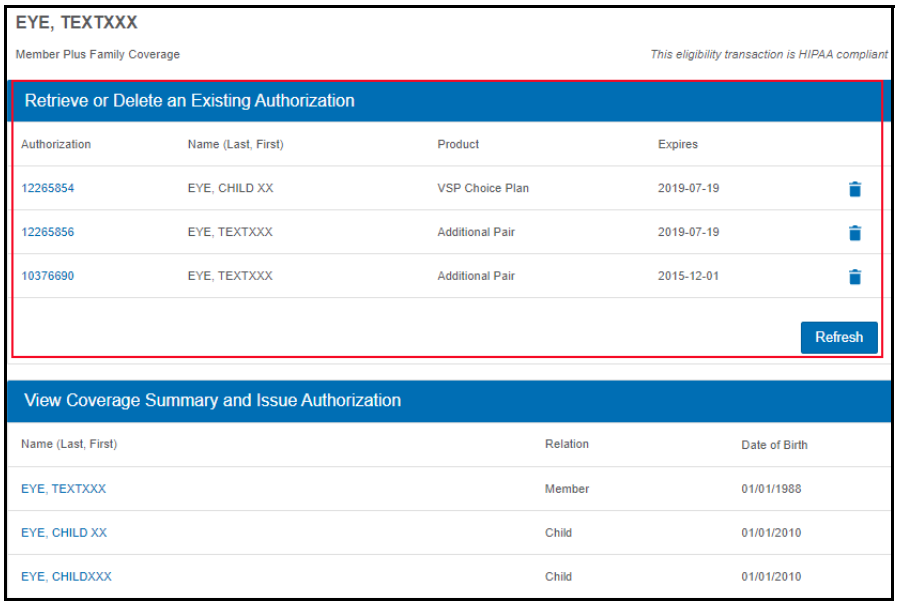
5. Use one of these methods to search for the member:
   - Type the **Full ID** of the member (and leave all other fields blank)
   - Type the member's **First Name**, **Last Name**, and **Last 4 SSN**
   - Type the member's **First Name**, **Last Name**, **Date of Birth**, and **Last 4 SSN**
   - Type the member's **Last Name**, **Date of Birth**, and **Last 4 SSN**
6. Click **Search**.



The Member Search Results display.

7. Select the name of the primary 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**.



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

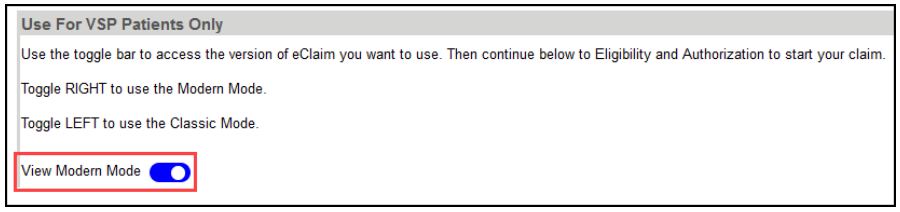
8. Complete one of the following tasks:

If you need to...	Then...
Bill an authorization	Click the **Authorization** number.
Replace an authorization	Click **Delete** (trash can icon) and then issue a new authorization. For more information, go to Issuing New Authorizations.
Delete an authorization	Click **Delete** (trash can icon).

9. Begin filing the claim.

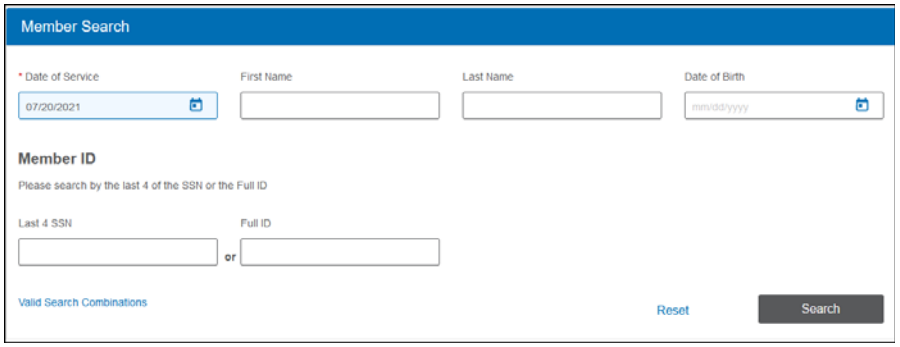
Issuing New Authorizations

1. Click the **eInsurance** tab to open eClaim.
2. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).



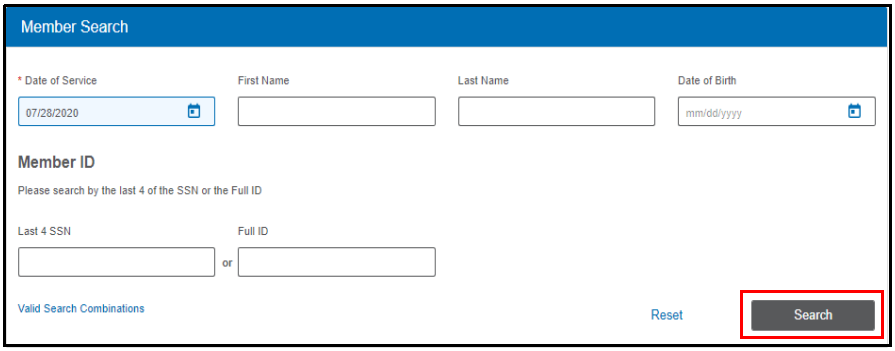
3. Under Check Eligibility, select the **Member** radio button and click **Member Search**.

   The Member Search page opens.



4. 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 select a future date.
5. 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**

6. Click **Search**.

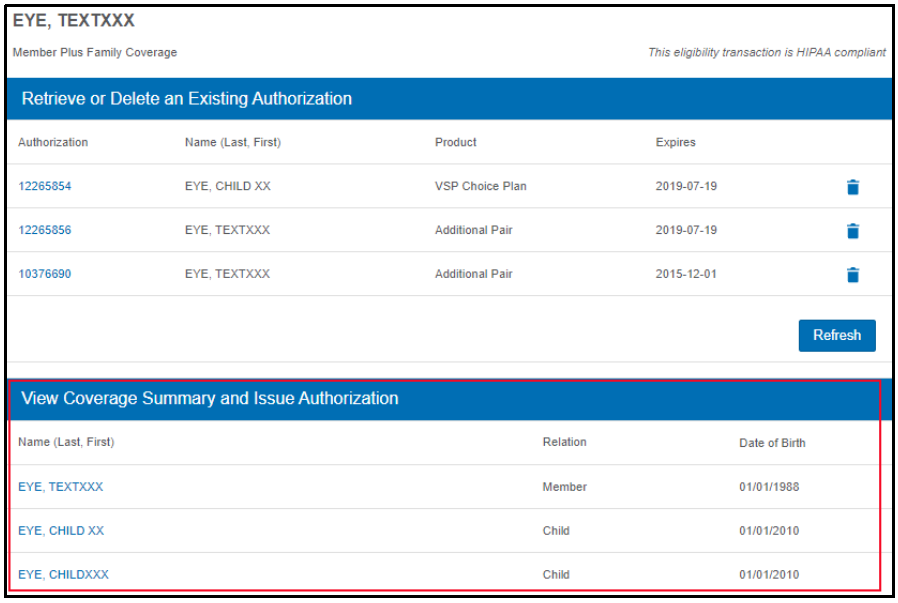


The Search Results are displayed.

7. Select the name of the primary insured.

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

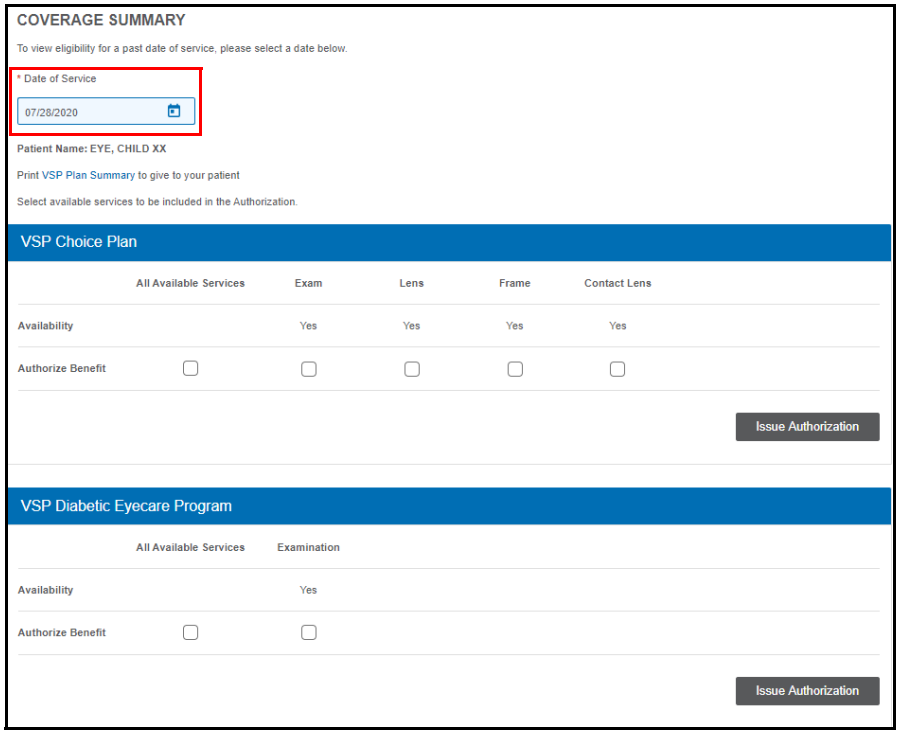
8. Click a patient name in the list.



The Coverage Summary displays.

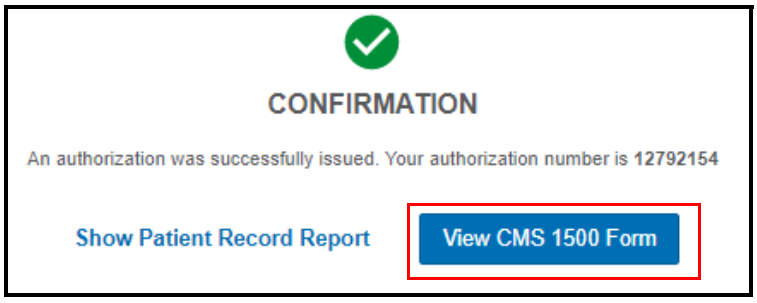
NOTE	If additional benefits (i.e., Computer Vision Care, Additional Pair, Diabetic Eyecare) are available, they are displayed below the patient's primary benefit.

9. Type or select the **Date of Service**. You can select a date in the past to pull a backdated authorization. You cannot select a future date.



10. Click **VSP Plan Summary** to print a copy of the summary to give to the patient.
11. Select the services that you want to bill.
12. Click **Issue Authorization**.

    An authorization confirmation is displayed.
13. Click **Show Patient Record Report** to view and print the patient's coverage information.
14. Click **View CMS 1500 Form** to view reports and begin filing the claim.

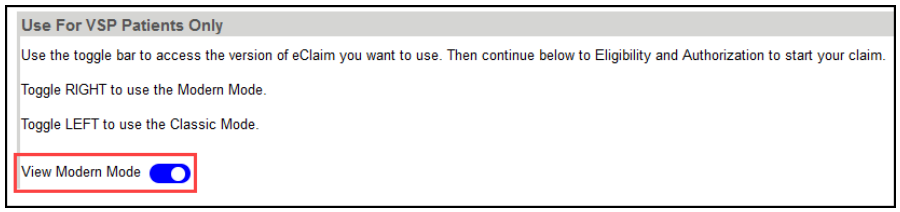


Splitting Authorizations

Follow these instructions to split authorizations if:

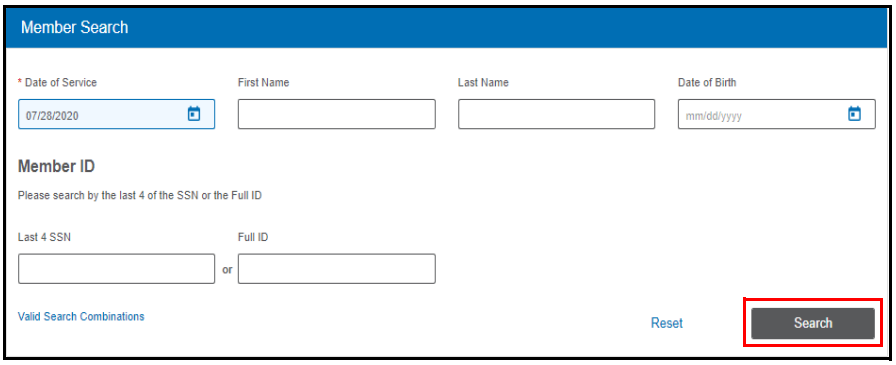
- You need a separate authorization for an exam and for a frame
- You need a separate authorization for an exam and for materials
- The patient is ordering two pairs of glasses
- The patient has a benefit for a second pair of glasses

1. Click the **eInsurance** tab to open eClaim.
2. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).



3. Under Check Eligibility, select the **Member** radio button and click **Member Search**.

   The Member Search page opens.
4. 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 select a future date.
5. 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**
6. Click **Search**.

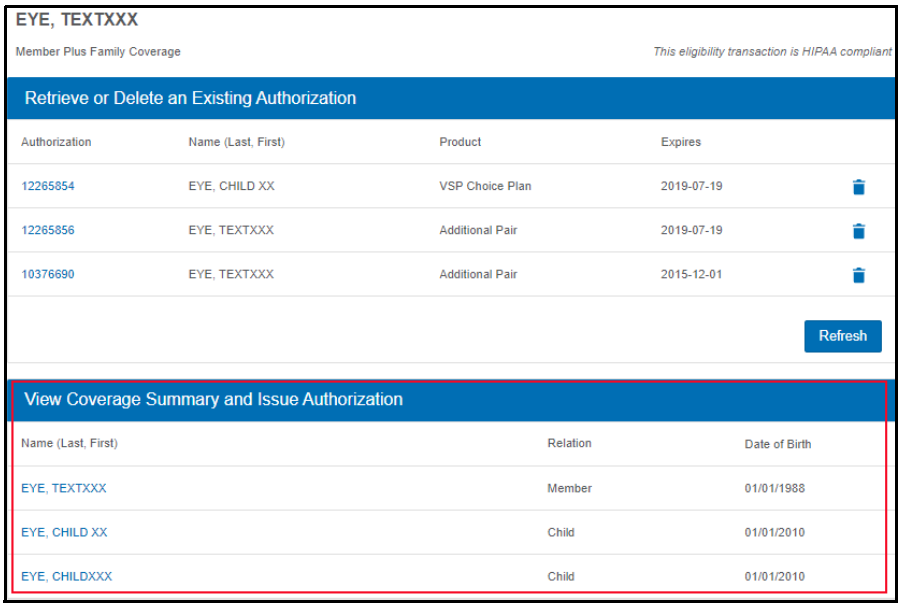


The Search Results are displayed.

7. Select the name of the primary insured.

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

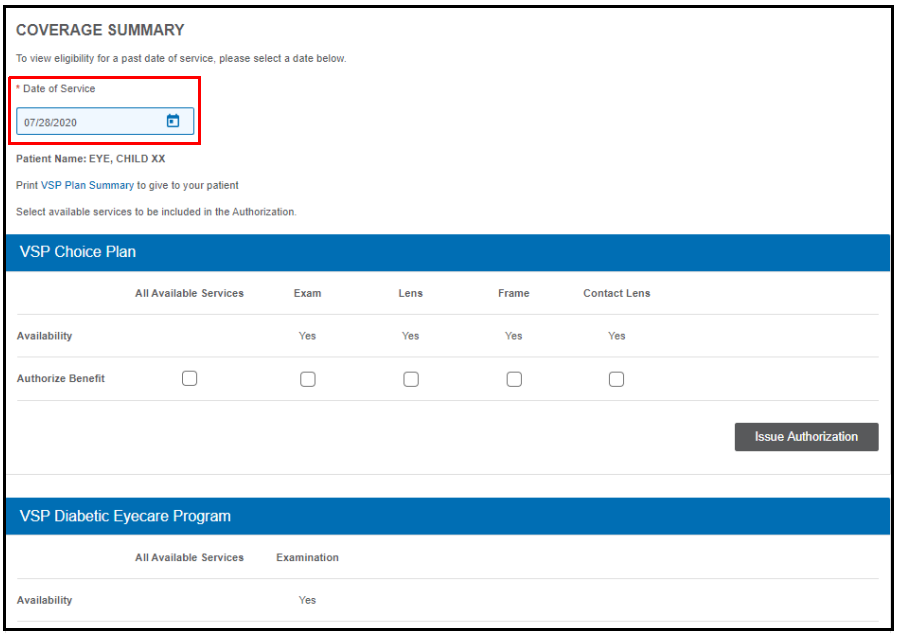
8. Click a patient name in the list.



   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.

9. Type or select the **Date of Service**. You can select a date in the past to pull a backdated authorization. You cannot select a future date.



10. Select the services that you want to bill.
11. Click **Issue Authorization**.

    An authorization confirmation is displayed.
12. Click **Return to Coverage Summary** to submit a second authorization.
13. Repeat steps 9–11 to issue an authorization for the remaining services.
14. Click the **primary insured's name** to view both of the authorizations that you issued for the patient.

Coordinating VSP Benefits Using Modern eClaim

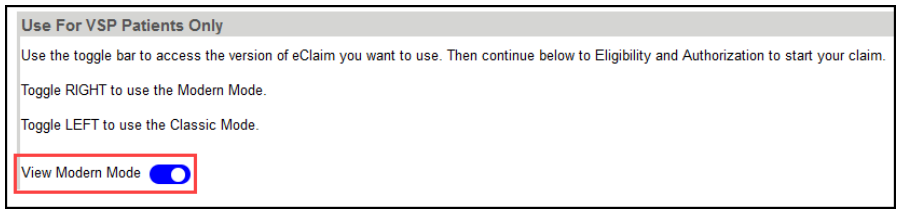
This job aid provides instructions for Eyefinity.com users to coordinate benefits on VSP claims using the modern eClaim.

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

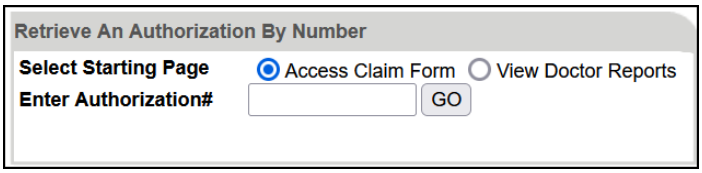
Coordinating Benefits When VSP is the Primary & Secondary Carrier

For more information on recording information on and submitting claims, see Submitting Exam-Only VSP Claims Using Modern eClaim and Submitting Eyeglass and Contact Lens VSP Claims Using Modern eClaim.

1. Obtain VSP authorizations for the patient's primary insurance plan and secondary insurance plan. For more information, see Authorizing VSP Benefits Using Modern eClaim.
2. Click the **eInsurance** tab to open eClaim.
3. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).

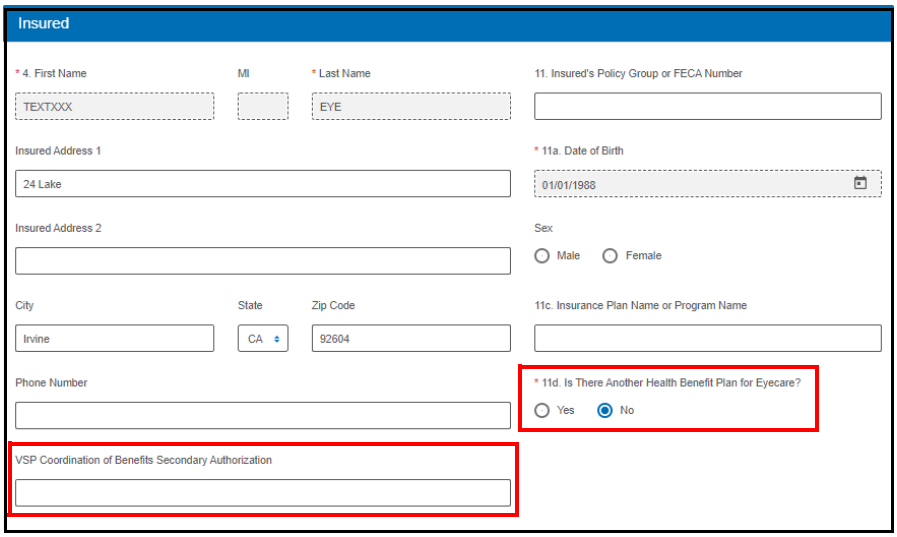


4. Under **Retrieve An Authorization By Number**, perform the following:
   a. Select **Access Claim Form**.
   b. Type the primary insurance plan authorization number you obtained in step 1 in the **Enter Authorization #** text box.
   c. Click **Go**.



   A claim form opens for the materials issued on the authorization.
5. Fill in the primary VSP authorization information by recording the services performed, calculating the HCPCS codes, and typing 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.
6. Type the amount the patient has already paid in the **29. Paid** text box below the charges.

7. Indicate the VSP secondary benefits by recording 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.



8. Record any other required information on the claim.
9. 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.

Coordinating Benefits When VSP is the Secondary Carrier

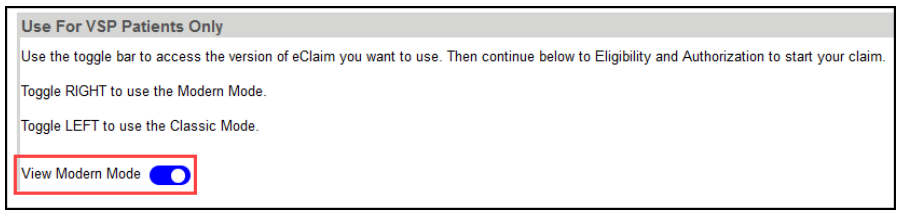
Follow the instructions below if the patient has a health or vision plan or Medicare as their primary insurance carrier and VSP as their secondary insurance carrier.

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.

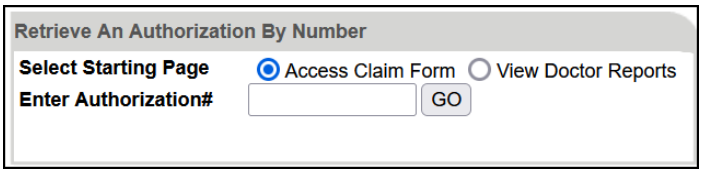
EXAMPLE If the patient's primary insurance carrier is Medicare, obtain an authorization for both the patient's Primary EyeCare or Diabetic Eyecare Plus plan and routine services. Submit the claim on the patient's Primary EyeCare or Diabetic Eyecare Plus authorization for the non-covered portion of the 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.

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, see Authorizing VSP Benefits Using Modern eClaim.
4. Click the **eInsurance** tab to open eClaim.
5. Under **Use For VSP Patients Only**, check that the **View Modern Mode** switch is on (to the right and blue).



6. Under **Retrieve An Authorization By Number**, perform the following:
   a. Select **Access Claim Form**.
   b. Type the authorization number you obtained in step 1 in the **Enter Authorization #** text box.
   c. Click **Go**.



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

7. Fill in the VSP authorization information by recording the services performed.

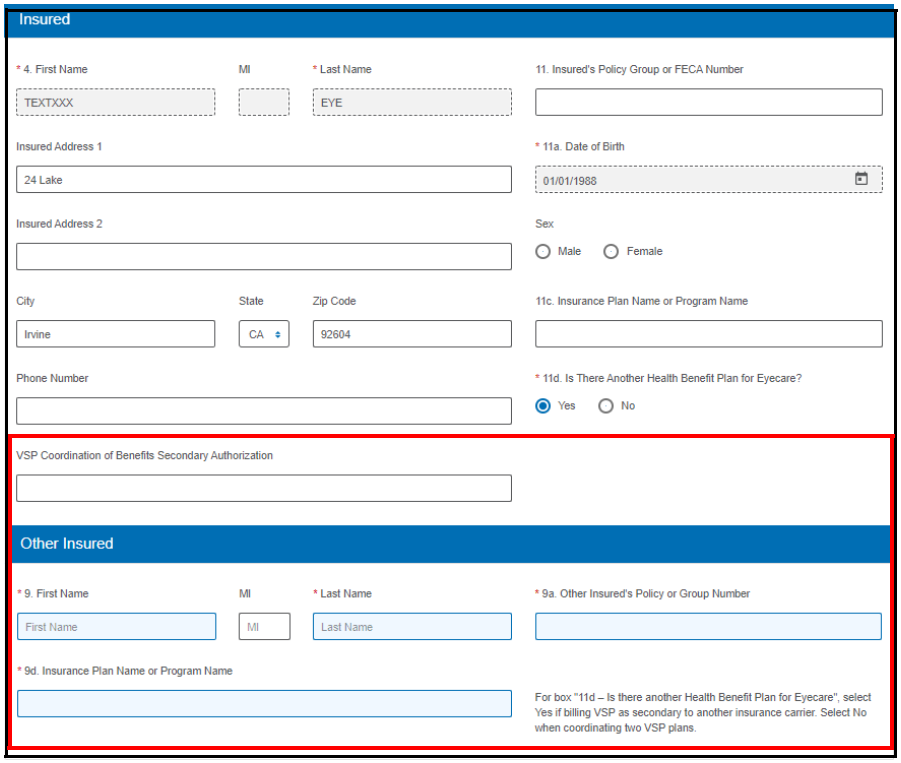
   Do not click Calculate to autopopulate the HCPCS/CPT codes. Continue past the Services section without entering any codes or charges.

NOTES

- 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.
- You do not need to record any invoice details after you record the services performed.

8. 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. Leave this field blank if you are coordinating only one VSP plan.
   c. Under Other Insured, 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**.



9. Scroll up to the **Services** section and enter the HCPCS/CPT codes to match the EOP from the primary insurance carrier.
10. Refer to the EOP from the primary insurance carrier to complete 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.

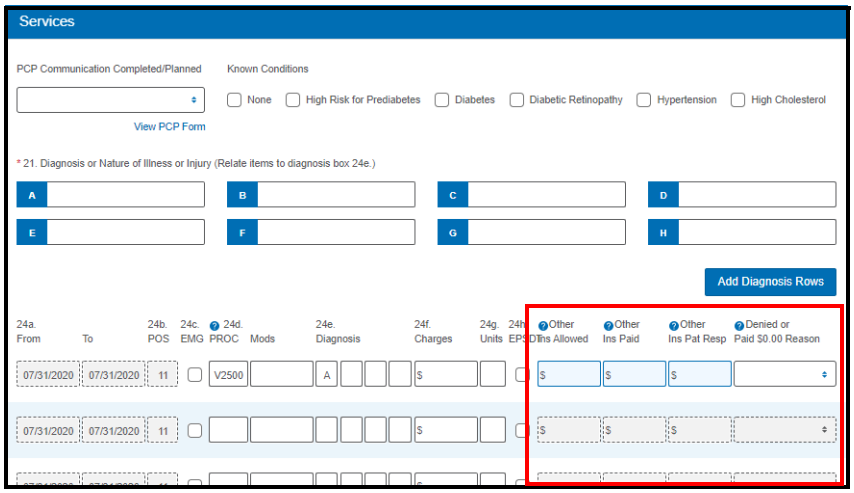
d. In the **Denied or Paid $0.00 Reason** drop-down menu, select the reason the primary EOP indicated that the claim was denied or paid $0.00.

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
Not Covered	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.
Deductible	Primary EOP indicates that the service was applied to the deductible and paid $0.
Max Allowance Met	Primary EOP indicates that the maximum allowance was met and paid $0.
Bundled Service	Primary EOP indicates that the payment for this service is included in the reimbursement of another service/procedure billed.
Timely Filing	Primary EOP indicates that the claim was denied due to untimely filing.
Capitation	Primary EOP indicates that the claim was denied due to capitation.



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

11. 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.
12. Scroll to the **Additional Information** section and type "Secondary COB claim" in the **19. Additional Claim Information** text box.
13. 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.

14. 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.