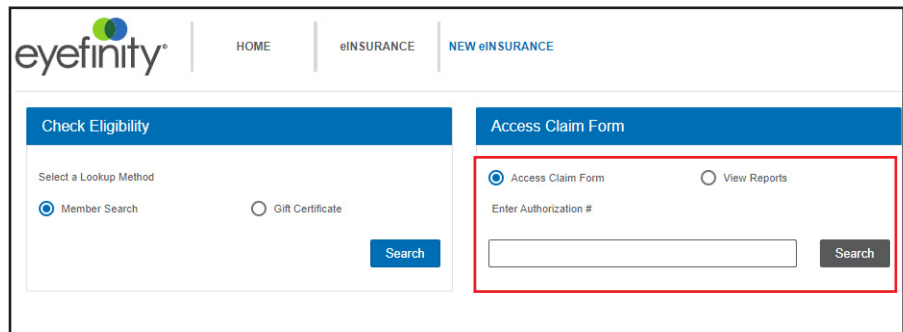


Submitting Exam-Only VSP Claims through eClaim

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

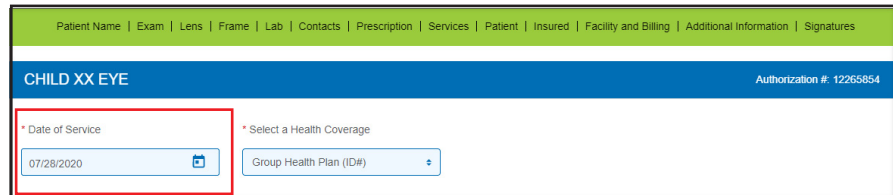
1. Obtain a VSP authorization for the patient. For more information, read [Authorizing VSP Benefits on eClaim](#).
2. Click **View CMS 1500 Form** or return to the eClaim home page and type the authorization number from step 1 in the **Enter Authorization #** text box and click **Search**.



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

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

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



The screenshot shows the Eyefinity eClaim form. The top navigation bar includes the Eyefinity logo and links for Patient Name, Exam, Lens, Frame, Lab, Contacts, Prescription, Services, Patient, Insured, Facility and Billing, Additional Information, and Signatures. Below the navigation bar, there is a section titled 'CHILD XX EYE' with the authorization number '12265854'. The 'Date of Service' field is highlighted with a red box. It contains a text input field with the date '07/28/2020' and a calendar icon. To the right of the 'Date of Service' field is a dropdown menu labeled 'Group Health Plan (ID#)'.

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

Exam

Exam Type

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

* 25. Federal Tax ID Number

Please select Physician or Supplier

☐ Lens ☐ Frame

5. Record information in the **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.

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

Services

PCP Communication Completed/Planned

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

* 21. Diagnosis or Nature of Illness or Injury (Relate items to diagnosis box 24e.) Show HCPCS/CPT Descriptions

A	H52.13	B		C		D	
E		F		G		H	

Add Diagnosis Rows

- 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.

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

Services

PCP Communication Completed/Planned
No - Reason on File

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

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

Show HCPCS/CPT Descriptions

A H52.13 B C D E F G H

Add Diagnosis Rows

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

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

Services

PCP Communication Completed/Planned
No - Reason on File

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

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

Show HCPCS/CPT Descriptions

A H52.13 B C D E F G H

Add Diagnosis Rows

6. If you selected a diabetes or diabetic retinopathy condition in step 9a, complete these steps:
- 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.
 - Enter a diagnosis pointer in **24e Diagnosis**.
 - Enter a zero-dollar amount (0 or 0.00) for **24f Charges**.
 - Enter a single unit (1) for **24g Units**.

24a. From	To	24b. POS	24c. EMG	24d. PROC	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSDT
04/18/2023	04/18/2023	11	☐	92015	A	\$40.00	1	☐
04/18/2023	04/18/2023	11	☐	92014	A	\$100.00	1	☐
04/18/2023	04/18/2023	11	☐	2023F	A	\$0.00	1	☐
04/18/2023	04/18/2023	11	☐			\$		☐
04/18/2023	04/18/2023	11	☐			\$		☐
04/18/2023	04/18/2023	11	☐			\$		☐

Add Procedures

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

24a. From	To	24b. POS	24c. EMG	24d. PROC	Mod	24e. Diagnosis	24f. Charges	24g. Units	24h. EPSDT
07/28/2020	07/28/2020	11	☐	92015		A	\$		☐
07/28/2020	07/28/2020	11	☐	92004			\$		☐

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

NOTE

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

9. Record information in the **Patient** section:
 - 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 01/01/2010	6. Patient Relationship to Insured Child	Primary Phone 	* Sex ☐ Male ☐ Female		
* Patient Address 1 24 Lake	Patient Address 2 	* City Irvine	* State CA	* Zip Code 92604	

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

NOTE

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

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

NOTE

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

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

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

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

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

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

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

NOTES

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

